



# Child Neglect Practitioner's Toolkit

South East Wales Regional Child  
Protection Forum

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## SECTION 1

A) The results and long term consequences of poor standards of home hygiene

<b>Results</b>	<b>Long term effects on the child</b>
Examples:	Examples:
<p>Persistent dirty carpets, bedding, chairs, clothing. Child smells. Infestation. Itching and scratching. Infected bites, skin infections.</p>	<p>Itching and scratching leads to loss of sleep. Irritable and crying. Raises family stress levels. Skin lesions become infected. Spread of infection, may need repeated antibiotics over a long periods of time. Others reluctant to interact with child. Affects social, emotional and development progress.</p>
<p>Persistent inhalation of polluted air in the home accumulated dust, cigarette animal hair. Damp atmosphere, and fungus growing on walls etc. Stagnant air through lack of ventilation.</p>	<p>Repeated chest infections, asthma attacks, inhalation of second hand cigarette smoke, chronic lung disease. Repeated chest infections debilitating. Babies may require frequent hospital admission.</p>
<p>Eating food from the floor which is contaminated with dirt and/or animal faeces. Food left on the floor that becomes mouldy. Eating food that is past sell by date. Keeping food at incorrect temperature (bacterial growth). Using dirty/contaminated crockery utensils. Inadequate cleaning particularly of feeding bottles and other equipment.</p>	<p>Toxoplasmosis and Toxicara widespread damage to all tissues can result in impaired vision. Recurrent gastro-enteritis. Salmonella, Botullism. Frequent gastro-enteritis can cause damage to gastrointestinal tract reducing effectiveness of function.</p>

B) The long-term results and consequences of failure to provide an appropriate diet for children

Result		Long term effects on child
Insufficient food intake for growth needs	Deficiencies of essential nutritional elements. If severe in under 2 years impaired brain growth. Poor growth, thin older female reduced energy levels. Miserable and lethargic.	Anaemia, poor bone growth (rickets/severe) poor absorption of essential vitamins..... learning difficulties, development delay, poor concentration, delayed neurological development. Psychological effects of being small and thin. Poor participation in social activities social isolation. Poor academic achievement.
Restricted/ rigid diets/foods	Imbalanced diet too much... fats, protein, vitamins, minerals and carbohydrates dependent type of diet. Poor growth, mineral and vitamin deficiencies.	
Early introduction of inappropriate solid foods to babies	Imbalanced diet, insufficient levels of nutrition for growth. Immature digestive system cannot cope, constipation kidneys overload.	
Low nutritional value food	High carbohydrates and fats. Poor growth but maybe very overweight. Need to differentiate between a well-nourished child/baby overweight or child/baby through fat carbohydrates e.g. snacks.	

C) The result and consequence of failure to supervise and provide a safe environment

<b>Results</b>	<b>Long term effects on child</b>
<p>Examples:            Inside/outside home            Falls            Scalds/burns            Ingestion of poisons and toxic substances            Fires in the home            House fire            Suffocation (plastic bags, baby left alone propped on cushions)            Road traffic accidents            Abduction            Abuse by risky adults</p>	<p>Death            Permanent brain damage            One or damage to vital organs            permanent scarring            Loss of function of limbs            Repeated surgical interventions            Chronic lung damage            Accumulative effects of long-term medication.</p> <p>Loss of family and home.            Chronic illness/disability, permanent residential care, poor school attendance, impact on academic achievement, inability to participate in childhood pursuits, social exclusion, poor self-esteem and worth. Repeated hospitalisation, stigmatisation.            Reduced opportunities in adulthood.            Risk of mental health problems.</p>
<p>Unsupervised meal times/prop feet            Unsupervised bathing, baby left in</p>	<p>Death through suffocation, choking, nutritional intake may be inadequate. Death through drowning, hypothermia, burns/scalds. Near drowning incidents.</p> <p>Weight loss. Irreversible brain and lung damage.</p>
<p>Left with unsuitable or dangerous            Left alone with young children.            Left alone.            Exposure to violent pornographic            Exposure to domestic violence.</p>	<p>Significant harm through all forms of abuse. Acute life threatening neglect. Sibling abuse/bullying. Obvious dangers of being left alone, including emotional trauma. Death/abduction. Emotional and sexual abuse.</p> <p>Consequences of self-evidence.</p>

D) The results and long-term consequences of failure to obtain appropriate health care

<b>Results</b>	<b>Long term effects on the child</b>
Failure to obtain vaccinations, risk of contracting potentially serious childhood illnesses, Measles, Mumps, Rubella, Meningitis, Polio, Whooping Cough.	Death Irreversible brain damage Damage to major organs Chronic lung conditions Reproductive prospects Source of infection in he community
Failure or delay in obtaining medical treatment when the child is ill. Illness suffering prolonged unnecessary illness, condition more difficult to treat increased risk of having more, potentially toxic medication, hospitalisation, source of infection in the community.	Death chronic ill health, impairment of major organs, dependent on infection/condition. Prolonged medical intervention. Repeated hospital clinic attendance.
Failure to enable child to access developmental/heath promotion opportunities delayed or failure to detect treatable conditions, squints, hearing loss, congenital dislocation of the hips, undescended testicles, heart abnormalities, delayed development growth.	Visual and hearing impairment, impairment of mobility, delay in providing appropriate resources to maximise potential learning disabilities, poor academic achievement, chronic heart and lung conditions, low self-worth/esteem.

E) The result and long-term consequences of failure to provide personal hygiene for the child

<b>Results</b>	<b>Long terms effects on child</b>
<p>Persistent failure to adequately wash/change nappy . Nappy area in babies quickly becomes red and sore leading to pain and discomfort. Area becomes infected, septic spots and/or fungal infection, ammonia, dermatitis, has appearance of 2nd degree burns. Poor toilet, hygiene, soreness around anus, may develop fissure, reluctance to open bowels, constipation. In females spread of infection to genitalia can cause urinary tract infection. Skin folds become moist, ideal for bacterial growth, infection.</p>	<p>Pain and discomfort cause irritable and crying baby recognised source of increased stress levels. Infection may be difficult to clear and require local systematic treatment. Pain associated with constipation may cause behaviour difficulties in toddlers and children and may have dietary problems. Particular consideration needs to be the implications for disabled, incontinent child/young people. Social contact may be reduced. People reluctant to interact as baby/child smells. Impacts on self-esteem and social interactive skills.</p>
<p>Hands and nails, babies put hands in mouth. Source of transmission or threadworms. Handling contaminated food on floor or animal faeces if home hygiene poor. Gastroenteritis toxoplasmosis* toxocariasis*. Sharpe broken nails cause damage to skin, nails tear causing pain/infection.</p>	<p>* Can be major health hazard in young children, causing widespread damage to all tissues and damage to retina of eye.</p>
<p>Hair, daily grooming essential for detection of head lice. Washing hair would be part of grooming. Head lice leads to excessive scratching, skin is broken, becomes infected/infectious. Hair tangled and knotted and smells, gives general unkempt appearance.</p>	<p>As child grows, they become more aware of their personal appearance and its impact on others and can be victimised by both children and adults. They become marginalised within their communities and may face academic and social exclusion. They may not have developed skills to care for themselves which may impact on future relationships and role as parents. The effects of exclusion may be far reaching.</p>

F) The result and long-term consequences of failure to provide personal/environmental warmth

<b>Result</b>	<b>Long term effects on child</b>
<p>Examples:            This commonly is due to a poorly heated environment and inappropriate clothing. Particularly dangerous in young babies, absence of shivering to protect reflex, death.            Premature babies in particular may have difficulty retaining their body heat.            Hypothermia is compounded if the baby is lying in wet bed or cot.</p>	<p>Death can also result from pneumonia and untreated chest infection.</p>
<p>May develop cold injury, hands and feet are swollen/red. May be apathetic, babies maybe reluctant to feed.</p>	<p>Loss of function of limbs affected. Dehydration and weight loss. Malnutrition as reluctant to feed, weight loss baby fat.</p>
<p>May develop hypostatic pneumonia, repeated chest infections.</p>	<p>Repeated hospital admissions if no improvement in circumstances. Potentially life threatening.</p>
<p>Clothing is inadequate for weather conditions, may 'stand out' from their peers, children may present at school with pallor and blueness of extremities, may be lethargic and disinterested in interaction with peers.</p>	<p>Poor participation in school activities. Poor academic achievement if repeated illness. May elicit pity or derision from peers appearance. Low self-esteem.</p>
<p>In extreme cases of frostbite, the child may lose part of their toes.</p>	<p>Pain, surgical intervention, loss of mobility function.</p>

## SECTION 2

### A Day in the Life of Child

#### What Is The Childs Daily Routine?

##### Waking

Do they use a clock to get up? Does someone get them up?

What time does this happen? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen everyday?

##### Breakfast

Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

##### Dressing

Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they're doing this? Is there hot water and clean clothes to use?

##### Getting to School

Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

##### In School

What do they like about school? What don't they like about school? Do they have friends? What do they do with their friends? Are they being bullied? What do they do break times? What do they eat at lunchtimes? Do they have favourite teachers or subjects?

##### School holidays/weekends

Do they look after anyone? Do they have chores/jobs to? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when not in school? Who supervises mealtimes?

### After school

Does someone collect them from school? Is this person on time? Are they part of any after school clubs? How do they get home from school? Do they look after anyone else after school? Do they meet with friends? Do they have something to eat when they get home? What do they have? Who makes it for them? Do they prepare food for anyone else?

### Evenings

Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat together with their family/ carers? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch TV? If so, what do they watch? Do they use the internet / social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, where, who with and what do they do? Do they like toys and games? Do they have any? What do their parents/carers do in the evening? What do they think about what they do? Do they spend time with parents/carers in the evening? If so, what do they do? Are they put in charge of anyone else in the evening?

### Bedtime

Do they have a set time to go to bed? Who decides it is time for bed? Where do they sleep? Do you like where you sleep? Is it clean and warm? Do they change for bed? Do they wash and brush their teeth at bedtime? Do they sleep without being disturbed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?

## SECTION 3

### Identifying Concerns/ Assessing all 3 domains.

**Overview:** The starting point of any assessment is to get the parents to understand and acknowledge children's/social Services' concerns. They will have possibly been involved in an "Initial Child Protection Conference" or another agency meeting, but what have they understood. The aim of this session is to make sure the couple understand what the concerns are and to determine the potential for change.

**Tools:** make up some cards labelled with identified concerns relating to the case e.g.



**Method:** read the ICPC recommendations, go over each point, and get the parent / carer to talk about their opinions. Use the cards, get the parents / carers either singularly or together, to place the cards with the concerns on in 2 piles – "high" concerns or "low" concerns. Encourage them to say why they feel this way.

## SECTION 4

### INTERACTION OBSERVATION CHART

Parents details, name and DOB

Childs Details, name and DOB

Date and Venue:

	Child	Parent	Reaction
Playing			
Talking			
Touch			
Play			
Reassurance			
Affection			
Boundaries			
Guidance			
Praise			
Criticism / Negative comments			

## SECTION 5

### EMOTIONAL ABUSE AND NEGLECT: An Assessment Checklist:

Physical care and wellbeing is there any reason to be concerned about the child's physical care and wellbeing in terms of:

- A. Nutrition and feeding?
- B. Physical warmth?
- C. Physical Health?
- D. Mental and emotional health?
- E. Safety and Protection?
- F. Cleanliness?
- G. Possessions and personal space?
- H. Pets and animals?
- J. Visitors to household?
- K. Parents emotional involvement with the child?

If any of these may be issues, explore them in more detail as follows:

#### Nutrition and Feeding

- Regularly fed?
- Enough food?
- Appropriate food?
- Patiently handled during feeding? And/or not punished for not eating?
- Encouraged to eat?
- Encouraged to develop appropriate skills?
- Flexible routines?
- Parent aware of child being over or under weight?
- Parent seeking help regarding nutrition/feeding problems?
- Evidence that child is thriving? Or any reason to suspect that child is not thriving?

Is there anything about 'nutrition and feeding' that seems likely to have a significant negative impact on the child? If so, what is it and what is the impact?

#### Physical warmth

- Appropriately dressed for the weather?
- Bedroom appropriately heated?
- House in general is appropriately heated?

Is there anything about 'warmth' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

### Physical Health (includes dental)

- Physical health needs are anticipated by parent? And get an appropriate and timely response?
- Expert advice is sought appropriately regarding non-emergencies?
- Expert advice is sought appropriately regarding emergencies?
- Expert advice is acted on?
- Any special needs of child are understood and appropriately acted on?
- Parent ignores or does not recognise needs for diagnosis and/or treatment of physical health needs?
- Parent acts in a way that increases likelihood of poor physical health?  
(This may include not taking known appropriate prevention measures and/or not acting on advice in this respect).
- Is there appropriate and active management of any head lice?

Is there anything about 'physical health' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

### Mental and emotional health

- Parent ignores or does not recognise need for diagnosis and/or treatment of mental and emotional health needs.
- Parent refuses to allow or provide or facilitate diagnosis and/or treatment of mental and emotional health needs.
- Parent acts in a way that increases likelihood of poor mental and emotional health?  
(This may include not taking known appropriate prevention measures and/or not acting on advice in this respect).

Is there anything about 'mental and emotional health' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

### Safety and protection

- Child is not left alone inappropriately?
- All babysitters are over 14? And known to child? And are adults or young people without obvious problems that may affect ability to care for child?
- Safe physical boundaries? (e.g. not allowed/able to wander from home, and /or parents have clear idea of limits of play areas).
- Safety equipment in use? (e.g. stair-gate regarding under 5s, fireguard etc).
- Windows and doors cannot be opened by child if unsafe for them to do so?
- Appropriate safety measures in place?
- Dangerous household substances kept safely? (e.g. bleach, cleaners, insecticide etc).
- Dangerous personal items kept safely? (e.g. medication, needles, drugs etc).
- Dangerous household equipment kept safely? (e.g. cookers, electrical appliances, knives, lighters etc).

- Effective supervision in potentially dangerous situations - an and out of home?
- Child not expected/allowed to do inappropriate dangerous tasks (e.g. cooking, lighting fires, supervising very young siblings etc).
- Any history of fire-setting? (Inside or outside the home? By any member of household?)
- Is the garden (area immediately around home) safe? (In terms of dangerous objects, boundaries, balconies, stairwells etc.)

Is there anything about 'safety and protection' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

#### Cleanliness

- General hygiene in home is reasonable?
- Animal faeces (etc) are under control? And out of reach of child?
- Old food is cleared away?
- Rubbish is safely disposed of?
- Child has clean clothing available?
- Child doesn't smell? And especially is not teased or rejected by peers because they smell?
- Bedding is clean and dry?
- Food is stored hygienically?
- Toilets are not fouled?
- There are facilities for washing and bathing? And they are used regularly?
- Does house have an unclean smell?

Is there anything about 'cleanliness' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

#### Possessions and personal space

- Child has own clothing?
- Child plays with appropriate toys And possess toys of own?
- Child has personal space (e.g. bedroom) - including personal privacy?
- Child has appropriate personal possessions?

Is there anything about 'possessions and personal space' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

## Animals and pets

- Are the pets appropriately cared for?
- Are pet's needs prioritised over those of child?
- Are pets safe in terms of harm to child? (e.g. biting, poisoning, smothering etc)
- Is significant proportion of family income being spent on pets? To the detriment of the child?
- Is denial to access to, or ill-treatment of, a pet used to control or punish the child?
- Are animals avoidably harmed by any member of the household?
- Do parents ensure child learns to behave appropriately with pets, and take appropriate responsibility for them?

Is there anything about 'pets and animals' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

## Visitors to the household

'Visitors' may be of concern if they are 'strangers' - i.e. adults or young people who have no significant relationship with the child - or are unrelated adults or young people who live or spend significant time at the child's home. Using this definition:

- Is the child's home often frequented by 'visitors' - i.e. adults or young people who have no significant relationship with them?
- Is the child effectively left in the care of 'visitors'?
- Does the presence of the 'visitors' disrupt the child's normal routines, or result in inappropriate routines?
- Do 'visitors' needs take precedence over the child's needs?
- Do 'visitors' stay overnight?
- Are 'visitors' genuinely friends of a parent, or are they exploiting or abusing a parent?

Is there anything about 'visitors' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

## Parent's emotional involvement with child

- Child not comforted when distressed?
- Parent expects comfort from child when parent distressed?
- Child is denigrated?
- Child is not rewarded/praised for effort to achieve? Or no pride taken by parent in child's achievements or efforts? Or parent emphasises and/or punishes failure?
- Parent has limited physical and emotional contact with the child? Affection is not shown and expressed?
- Parents have negative attitude toward child?
- Parents lack emotional maturity? (e.g. do they genuinely care for/support each other, and can they articulate this?)
- Sense of belonging and togetherness and security in the family? (i.e. sense of parents commitment to the child and to protect the child?)
- Child is free to express themselves?

Is there anything about 'emotional involvement' that seems likely to have a significant negative impact on the child? If so, what is it, and what is the impact?

Consider also the way in which the parent interacts with the child in the following terms:

Style of Interaction	Indicators
Controlling overt hostility	<ul style="list-style-type: none"> <li>• Physically abrupt</li> <li>• Physically rough</li> <li>• Angry</li> <li>• Impatient</li> </ul>
Controlling Covert hostility	<ul style="list-style-type: none"> <li>• Ignores child's mood and wishes</li> <li>• Demonstrates pseudo-sensitivity</li> <li>• Child's wishes not seen as important or are devaluated by parent</li> </ul>
Unresponsive	<ul style="list-style-type: none"> <li>• Parent distant and emotionally unavailable</li> <li>• Parent disinterested in child</li> </ul>
Sensitive	<ul style="list-style-type: none"> <li>• Parent is alert to child and child's needs, and attuned to them</li> </ul>
Inept - all of the above	<ul style="list-style-type: none"> <li>• Parent unable to maintain coherent pattern of sensitively, or sustain over time</li> </ul>

Consider also the attachment of parent and child. See 'child' below.

#### Routines

- Routines are age appropriate regarding meals, bedtimes, access to television, school attendance, homework?
- Routines are consistent and consistently applied?

Is there anything about 'routines' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Controls

- Child is locked or shut in rooms or cupboard etc?
- Child is subject to punishment or sanctions that cause damage or pain?
- Parent not able to instigate/ maintain appropriate controls and/or maintain structure/routines and/or ensure safety and protection

Is there anything about 'controls' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Parent's expectations of child

- Age appropriate?
- Ability appropriate?
- Poor awareness of child's needs?
- Poor awareness of child's developmental progress?

- Unrealistic?
- Significant inconsistent?
- Child inappropriately expected or allowed to act as carer for parent or sibling?

Is there anything about 'parents expectations' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Domestic Violence

- Does the child experience domestic violence as part of family life? ('Experience' means being aware of, not just being actually involved in it or seeing it. Violence includes assault, verbal abuse and threats).

Is there anything about 'domestic violence' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Parent's behaviour

- Parent not able to instigate and maintain basic routines?
- Parent's behaviour is chaotic and/or unpredictable and/or inconsistent?
- Parent allows multiple carers - especially if they do not have a relationship with the child?
- Parent allows age./gender inappropriate carers?
- Parent leaves child unattended?
- Parent provides reactive rather than proactive care?
- Parent treats animal better than child?
- Parent acquires possessions for themselves, but markedly less so for child?
- Parent provides better living conditions for themselves than for child? (e.g. bedrooms).
- Parent does not help child to know right from wrong?
- Parent involves child in criminal/drug related/anti-social behaviour?
- Parent does not appropriately attempt to address child's inappropriate behaviour? This includes committing offences, causing damage, being abusive and/or threatening, not attending school etc.
- Parents allows, or does not discourage, or fails to prevent bullying by siblings.

Is there anything about 'parents behaviour' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Psychological maltreatment

Consider the possibility of psychological maltreatment in the following terms. These behaviours by a parent are likely to cause significant long-term damage to a child.

Conditions	Example
Spurning	<ul style="list-style-type: none"> <li>• Belittling, degrading and other non-physical forms of hostility or rejection</li> <li>• Shaming and/or ridiculing child for showing normal emotions</li> <li>• Consistently singling child out for criticism and/or punishment and/or to do chores, and/or to receive fewer rewards</li> <li>• Public humiliation</li> <li>• Private humiliation</li> <li>• Scapegoat</li> <li>• Blanking</li> </ul>

Terrorising	<ul style="list-style-type: none"> <li>• Placing child unpredictable or chaotic circumstances</li> <li>• Placing child in recognisably dangerous situations</li> <li>• Setting redid or unrealistic expectations with the threat of loss, harm or danger if they are not met.</li> <li>• Threatening or perpetrating violence against the child</li> <li>• Threatening or perpetrating violence against a child's loved ones or objects</li> <li>• Inconsistent application of rules so child does not know where the goalposts are</li> </ul>
Isolating	<ul style="list-style-type: none"> <li>• Confining or unreasonably limited the child's freedom of movement within their environment</li> <li>• Placing unreasonable limitations on social interactions with peers or adults in community</li> </ul>
Exploiting and corrupting	<ul style="list-style-type: none"> <li>• Modelling, permitting or encouraging anti-social behaviour (such as prostitution or substance misuse).</li> <li>• Modelling, permitting or encouraging developmentally inappropriate behaviour</li> </ul> <p>(such as prettification, infantilisation, living a parent's unfulfilled dream).</p> <ul style="list-style-type: none"> <li>• Restricting or interfering with cognitive development</li> </ul>
Denying emotional responsiveness	<ul style="list-style-type: none"> <li>• Being detached and uninvolved (through either incapacity or lack of motivation)</li> <li>• Interacting with child only when absolutely necessary</li> <li>• Failing to express affection caring and love for child</li> </ul>

Is there anything about parent's interaction" that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Leisure Activity

- Child has access to age appropriate video, dvd, computer games etc?
- Child has access to adult pornography?
- Child has controlled access to the internet?
- Child has unrestricted access to late-night television?
- Child is not supervised by responsible person during potentially dangerous leisure activities? Or allowed to undertake age-inappropriate activities?

Is there anything about 'leisure activities' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

## Self Harming

Self harming may include using drugs or alcohol or deliberate exposure to danger.

- Does the child experience self-harming, or threats of self-harming by a parent or sibling as part of family life?
- Is the child self-harming, or threatening self-harm?

Is there anything about 'self-harming' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

## Educational needs

- Parent does not ensure appropriate education?
- Parent does not allow and/or recognise the need for treatment and/or services regarding serious educational problems or needs?
- Parent is not involved in child's education? (e.g. not assisting with homework, ensuring child has equipment, engaging with teachers as appropriate, etc)
- Child is unable to access curriculum or fully benefit from education experience? (e.g. because behaviour in class, relationships with peers and/or adults in school, ability to concentrate and/or learn, punctually and/or attendance, social skills and/or acceptability etc)

Is there anything about 'educational needs' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

## Parents attitudes to professionals

- Are parents likely to refuse (actually or effectively) to be involved with professionals? Is there any history of false or non-compliance
- Do parents accept that professional involvement is appropriate? Necessary?

Is there anything about 'parents attitudes' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

## History and context

Is there a history or context current concerns in terms of:

- Abuse or neglect?
- Mental ill health?
- Learning disability?
- Drug or alcohol misuse?
- Poverty or financial problems?
- Homelessness?
- Frequent changes of home and/or school?
- Child going missing - with or without parents?
- Addictive behaviour by parents?

Is there anything about 'History and context' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

impact in the child? If so, what it is and what is the impact?

### The child

- Is the child 'difficult'? (Crying, refusing to engage with parents or in play etc).
- Is the child 'passive'? (i.e. vacant facial expression, failing to respond to adults, reluctant to play)
- Is the child able to enjoy social intercourse, take turns, respond to adult interest etc)?
- Does the child have a secure attachment to parent?
- Does the child have strong feelings of self-worth and self-confidence?

Is there anything about 'the child' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

If there are concerns regarding the child's behaviour, demeanour, development and/or emotional well-being - consider the following in more detail. These checklists are intended for use by professionals who are involved in identifying possible issues for a child and parent(s). An 'expert' opinion - for example from a psychiatrist - is not necessarily required in this context, but may be if issues appear to warrant exploration in more detail.

### Attachment relationships:

Consider any concerns regarding the child in the following terms:

Type of attachment	Indicators
Secure attachment	Child has strong feelings of self confidence and self worth
Secure/avoidant attachment	Child does not seek out physical contact Child is generally wary Child's play is inhibited Child indiscriminate regarding who they interact with parent fail to recognise or are indifferent to child's needs
Insecure/ambivalent or resistant attachment	Child seeks contact, but does not settle when receives it Child resists attempts at pacification Child demands parental attention, but angrily resists it Child nervous of new situations This behaviour often reflects parents' behaviour that is inconsistent and insensitive, rather than hostile and rejecting
Insecure/disorganised attachment	Child is confused and disorganised Child is experiences parent(s) as frightening and/or frightened and not as source of safety and comfort
Non-attachment	Child is profoundly developmentally impaired Child has difficulty controlling feelings of aggression Child has difficulty controlling impulses

Is there anything about 'attachments' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

### Conscience development

- Does child show normal anxiety following aggressive or cruel behaviour?
- Does child show guilt on breaking rules?
- Does child project blame onto others?

Is there anything about 'conscience development' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Impulse Control

- Does child exhibit poor control? And/or depend on others to provide external controls on behaviour?
- Does the child exhibit a lack of foresight?
- Does the child have a poor attention span?

Is there anything about 'impulse control' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Self esteem

- Does child get satisfaction from tasks well done?
- Does child see self as undeserving?
- Does child see self as incapable of change?
- Does child have difficulty having fun?
- Does child not attempt new tasks?
- Does the child have any appropriate aspirations?

Is there anything about 'self esteem' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Interpersonal relationships

- Does child show inappropriate affection and trust?
- Does child lack trust in others?
- Does child demand affection but lack depth in relationship?
- Does child exhibit hostile dependency?
- Does child need to be in control of all situations?
- Does child have impaired social maturity?
- Does child not make demands of parents?

Is there anything about 'interpersonal relationships' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

#### Emotions

- Does child have trouble recognising their own feelings?
- Does child have difficulty expressing feelings appropriately especially anger, sadness and frustration?
- Does child have difficulty in recognising feelings in others?
- Is the child fearful, severely inhibited, or unduly apprehensive?
- Is the child soiling and/or wetting?
- Does the child have unusual fantasies, or escapes from reality?

Is there anything about 'emotions' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

### Cognitive problems

- Does child have trouble with basic cause and effect?
- Does child have trouble with logical thinking?
- Does child appear to have confused thought processes?
- Does child have difficulty thinking ahead?
- Does child have an impaired sense of time?
- Does child have difficulties in learning?

Is there anything about 'cognitive problems' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

### Developmental problems

- Is the child's personal social development delayed?

Is there anything about 'developmental problems' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

### Child's behaviour

- Is the child non-compliant or overly compliant (e.g. at school)
- Is the child self-destructive or self harming?
- Does the child have poor self control and/or short concentration span?
- Is the child unresponsive and/or attention seeking?
- Does child have atypical sleep patterns?
- Is the child aggressive to parents or siblings? (Or threaten aggression).
- Is the child aggressive (or threatening) to other children? Or other adults?
- Does the child set fires?
- Does the child steal?
- Is the child aggressive to animals?
- Is the child bullied? Or a bully?
- Is the child's behaviour abnormal or abnormally challenging?

Is there anything about 'child's behaviour' that seems likely to have a significant negative impact in the child? If so, what it is and what is the impact?

### Information direct from child

Risk assessments should always include the child's views regarding their experiences. They may need help doing this from teachers, health professionals and/or social workers.

Is the child saying anything that suggests that they may be emotionally abused and/or neglected? and what is the impact?

### Information direct from parents or family members

Are parents or family members saying anything that suggests that the child may be emotionally abused and/or neglected? If so, what is it, and what is the impact?

### Information from professionals who know the child/family

Are professionals who know the child or family saying anything that suggests that the child may be

## EVALUATION

On the basis of the information considered

### 1. Assess all areas of identified risk

Address each issue separately rather than focussing on the individual(s) involved.

### 2. Order risk in terms of their significance for child

Bear in mind that the consequences of neglect and emotional abuse may be a) long-term and/or immediate. b) Serious and/or less serious. c) Enduring and/or short-term. Also bear in mind the balance of frequency of risky behaviour and seriousness of outcome.

### 3. Consider the way in which issues interact

Bear in mind that almost all behaviour is the result of interaction between individual and environmental characteristics.

### 4. Identify what must change (or be done differently)

Do this for each of the identified risks. What must happen if these are to be reduced to a level at which there is no longer risk of significant harm. (These are 'necessary changes') Identify what specific outcomes are necessary for the child.

### 5. Establish whether the parent has tried, or been asked to make, similar changes before

To what extent were they successful?

Why might they succeed now if they didn't before?

Bear in mind that unless something crucial changes, the best indicator of future behaviour is past behaviour.

### 6. Evaluate strengths and weakness

Do this in respect of the family as a whole and of individuals within it. Bear in mind this is not simply a matter of listing positives and negatives, but rather of weighing them and balancing them.

### 7. Identify prospects for successful change

Of the necessary changes (identified at 4 above) within ones can realistically be achieved within timescales that are meaningful for the child? And which ones probably can't be achieved, and why?

### 8. Identify how achievable changes will be made

By whom? By when? With what help and support? Using what resources? And what will success look like?

Bear in mind that 'achievement' in this context means 'sustainable achievement'.

### 9. Identify how necessary changes will be made if parents cannot or will not achieve them?

Who needs to do what? By when? With whom? Using what processes? using what resources?

### 10. Identify the impact making necessary changes that parents cannot achieve, on the changes can achieve?

Bear in mind that some required change may be of over-riding significance.

### 11. Devise plans to manage risk

Child protection work invariably involves making complex assessments, balancing risks, and determine the safest path. Professionals necessarily take risks in respect of children, families, themselves, colleagues and agencies. For such risks to be professionally defensible risk management strategies must have the following characteristics:

- Be soundly based on the structured and clearly argued risk assessment
- Be recorded - so that the conclusions reached and the thinking that underpins them are clear for all to see - including parents
- Clearly identify what must change (necessary change) and what might otherwise be beneficial (desirable change). The process of achieving change often requires a balancing of a) potential loss against gain and, b) support against intervention. There must be a realistic prospect of achieving necessary change within a timescale and context that is meaningful in terms of the child's long-term and short-term needs.
- Clearly identify who must change. This should be done in terms of who is

responsible for making the changes, and who is going to assist them to achieve change.

- Be effective in mitigating risks
- clarify responsibility for making necessary changes - including responsibility of parents and family members
- Identify and implement contingency plans to achieve necessary changes in the event of poor compliance or lack of success (for whatever reasons)
- Set timescales that are congruent with the child's development needs

## Determining a hypothesis

It is important to be realistic about the possibility of achieving a successful outcome. The following factors should be considered.

### Poor

- Parents substantially deny reasonability
- Abuse is sadistic or bizarre
- Help or treatment is refused - or parent fails to engage beyond expressed intent
- Involved professionals are seen as 'the problem' or the cause of problems
- The child is subject to psychological maltreatment
- Parents do not show empathy for the child and/or attachments are poor
- Contact is poorly attended
- Parents have serves and chronic drug and/or alcohol problems
- The child does not want to return to parental care
- Change is unlikely to be achieved within a timescale that is meaningful for the child

### Doubtful

- Parents are ambivalent about accepting their reasonability
- Parents are ambivalent about accepting professional help - e.g. by poor or inconsistent compliance with a Protection Plan
- Parents blame each other and are unable to resolve or move beyond this
- Attachments are uncertain and/or anxious
- Parents make child take, or allow, responsibility for providing significant nurturing etc to parents, or inappropriately involve child in dealing with adult issues

### Hopeful

- Parents accept need for change and responsibility for creating and sustaining it
- Parents are able to accept help and demonstrate and consistently make effective use of it
- parents do not blame child, and put child's needs first
- Parents have realistic expectations of child

## SECTION 6

# GRADED CARE ASSESSMENT TOOL FOR NEGLECT RECORD SHEET

The LSCB wishes to acknowledge that the Caerphilly Safeguarding Children Board Assessment Tool for Neglect is an adaptation of the Graded Care Profile, which originated in Luton and was devised by Dr O P Srivastava, Consultant Community Paediatrician, Luton Child Development Centre.

## A. AREA OF PHYSICAL CARE

Sub Areas	1	2	3	4	5
1. NUTRITION					
a. Quality	Aware and proactive, provides excellent quality food and drink	Aware and manages to provide reasonable quality food and drink	Provision of reasonable quality food but inconsistent through lack of awareness or effort	Provision of poor quality food through lack of effort, only occasionally of reasonable quality if pressurised	Quality not a consideration at all or falsely represents food given
b. Quantity	Ample	Adequate	Adequate to variable	Variable to low	Mostly low or starved
c. Preparation	Painstakingly cooked/prepared for the child	Well prepared for the family always accommodating child's needs	Preparation infrequent and mainly for the adults, child sometimes accommodated	More often no preparation. If there is, child's need or taste not accommodated. Inadequate facilities for preparation	Hardly ever any preparation. Child lives on snacks/cereals, age inappropriate
d. Organisation	Meals elaborately organised - seating, timing, manners	Well organised - appropriate seating, regular timing of meals	Poorly organised, irregular timing, improper seating, dirty bottles	Ill-organised, no clear meal time, unhygienic feeding equipment	Chaotic - eat when and what one can
e. Emotional Care	Mealtimes are enjoyable, family focused, child's needs attended to	Time allocated for meals, child aware of routine		School lunch boxes not providing adequate daily calories/intake	Children appear underweight, seeking food/ stealing
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support services recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services</i>

## A. AREA OF PHYSICAL CARE

### Prompt Questions

#### 1. NUTRITION

##### a. Quality

- Carer gives toddler/baby food, which is inappropriate for his/her age.
- There is no use of fresh vegetables/fruit.
- There is excessive use of sugar, sweets, crisps, chips.
- Special dietary needs are not met e.g., allergies.

##### b. Quantity

- Carer does not provide at least one prepared meal per day, including school meals.
- The child appears to be extremely hungry.
- The child has been observed to eat excessively/ravenously.
- School age child is not provided with adequate lunch or dinner money.

##### c. Preparation

- There are inadequate working facilities, which permit meals to be prepared, e.g., cooker. There is inadequate cooking equipment e.g., pots and pans.
- Feeding methods for young child/baby appear to be unhygienic e.g., unsatisfactory/dirty bottles.
- Scraps of old food are observed on the living/dining room floor.

##### d. Organisation

- Special dietary needs are not met e.g., allergies.

##### e. Emotional Care

- Carer appears to feed baby without holding him/her.
- School age child is not provided with adequate lunch or dinner money.

## A. AREA OF PHYSICAL CARE

<b>Sub Areas</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2. HOUSING</b>					
a. Maintenance	Additional features benefiting child, age appropriate, double glazing, child's safety needs addressed	No additional features but well maintained	State of repair adequate. Family address maintenance issues, reported accidents to child in home	In disrepair, amenable to self repair but family unmotivated. Observed accidents to child in home	Dangerous disrepair, amenable to self repair (exposed nails, live wires), observed accidents to child in home
b. Décor	Excellent, child's taste/needs specially catered for	Good, child's taste/needs accommodated	In need of decoration but reasonably clean and organised	Dirty/chaotic environment, exposure to hazards within the home	Dirty and squalid, bad odour, exposure to hazards within the home
c. Facilities	Essential and additional amenities, central heating, shower and bath, play and learning facilities	All essential amenities, effort to maximise benefit for the child if lacking due to practical constraints (child first)	Essential to bare, no effort to maximise benefit to the child who shares equally. No heating system in home	Essential to bare, inadequate bedding, lack of warmth, unclean, no heating system which works, dirty toilet and bath, child shares parents bed	Child dangerously exposed or unprovided for
NOTE: Discount any direct external influences like repair done by another agency but count if the carer has spent a loan or a grant on the house or had made any other personal effort towards house improvement					
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention support services recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## A. AREA OF PHYSICAL CARE

### Prompt Questions

#### 2. HOUSING

##### a. Maintenance

- The outside doors are badly fitted/do not work.
- Inside doors are left unfitted and damaged.
- Windows have been left unglazed/uncovered.

##### b. Décor

- The house has a bad smell.
- The furniture is broken or unhygienic.
- There is no covering on the floor.
- The bedroom window lacks curtains/blinds.
- Conditions in the carer's bedroom are very superior to those in the child's bedroom.

##### c. Facilities

- The home lacks showering/bathing facilities, which work and are available for washing.
- The home lacks a toilet, which works.
- The toilet and wash basin are dirty.
- The kitchen is dirty.
- The kitchen equipment is unwashed.
- The house lacks a heating system, which works.
- The child has inadequate bedding.

## A. AREA OF PHYSICAL CARE

Sub Areas	1	2	3	4	5
<b>3. CLOTHING</b>					
a. Insulation	Well protected with high quality material garments	Well protected even if with cheaper material garments	Adequate weather protection	Inadequate weather protection, lack of warmth, hat, gloves, shoes	Dangerously exposed
b. Fitting	Excellent fitting and design	Proper fitting even if handed down	Clothing inconsistent sometimes well fitted, sometimes not	Clearly improper fitting	Grossly improper fitting
c. Look age 0-5	Newish, clean, ironed	Effort to restore any wear, clean, ironed	Repair lacking, usually not quite clean or ironed	Worn, somewhat dirty and crumpled	Dirty, badly worn and crumpled, odour
d. Look age 5+	Newish, clean, ironed	Effort to restore any wear, clean, ironed. Odour if bed wetter, not otherwise	Worse than above unless self-helped. If younger (under 7) gets relatively better clothes	Same as above unless self-helped. Even under 7 same as above	Same as above, no means even of self help by the child
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support services recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## A. AREA OF PHYSICAL CARE

### Prompt Questions

#### 3. CLOTHING

##### a. Insulation

- The child does not have clothes appropriate for the weather.
- The child has no waterproof coat.
- The child's shoes let in water.

##### b. Fitting and Adequacy

- The child has clothes that do not fit him/her.
- There are insufficient nappies for baby/toddler.
- The child sleeps in his/her day time clothes.
- The child lacks his/her own personal clothes.
- The child lacks enough clean clothes to allow regular changing.

##### c. Look - age 0-5 years

- A child who soils/wets is left in dirty/wet clothes or dirty/wet bedding.
- There is no place for keeping the child's clothes together e.g., cupboard/drawers/basket/bag.
- The child lacks enough clean clothes to allow regular changing.
- The child's clothes smell.
- The child's clothes look really dirty.
- There are large holes/tears or several missing buttons/fasteners on the child's clothes.

##### d. Look - age 5+ years

- A child who soils/wets is left in dirty/wet clothes or dirty/wet bedding.
- There is no place for keeping the child's clothes together e.g., cupboard/drawers/basket/bag.
- The child lacks enough clean clothes to allow regular changing.
- The child's clothes smell.
- The child's clothes look really dirty.
- There are large holes/tears or several missing buttons/fasteners on the child's clothes.

## A. AREA OF PHYSICAL CARE

<b>Sub Areas</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4. HYGIENE</b>					
a. Age 0-4	Cleaned, bathed and groomed regularly daily	Regular, almost daily	Irregular but often less so with older toddlers	Occasionally bathed but seldom groomed	Seldom bathed or clean
b. Age 5-7	Some independence at above tasks but always helped and supervised	Reminded and provided for regularly, followed and helped if need perceived	Irregularly reminded and provided but not followed	Reminded only now and then, minimum supervision	Parental indifference/no supervision
c. Age 7+	Reminded followed, helped regularly	Reminded regularly and followed if lapses	Irregularly reminded, and provision not consistent	Left to their own initiatives. Provision minimum and inconsistent	Parental indifference/no supervision
<i>Scoring →</i>	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support services recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## A. AREA OF PHYSICAL CARE

### Prompt Questions

#### 4. HYGIENE

##### a. Age 0-4 years

- The child looks dirty.
- The carer looks dirty.
- Family members suffer from head lice infections.
- Family members have chronic skin problems.
- There is evidence of nappy rash not being treated.

##### b. Age 5-7 years

- The child looks dirty.
- The carer looks dirty.
- Family members suffer from head lice infections.
- Family members have chronic skin problems.

##### c. Age 7+ years

- The child looks dirty.
- The carer looks dirty.
- Family members suffer from head lice infections.
- Family members have chronic skin problems.

## A. AREA OF PHYSICAL CARE

Sub Areas	1	2	3	4	5
<b>5. HEALTH</b>					
a. Opinion Sought	Not only on illnesses but also other genuine health matters and with sincerity. Preventative, including dental and optical care	From professionals/ experienced adults on matters of genuine and immediate concern about child health	On illness or any severity/or frequent disingenuous consultation and/or medication	When illness becomes moderately severe (delayed), dental care and optical care not attended to	When illness becomes critical (emergencies) or even that ignored
b. Follow Up	All appointments kept. Rearranges if problems	Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints	Fails one in two appointments even if of clear benefit for reasons of personal inconvenience	Attends after prompting by health professional. Contests its usefulness even if it is of clear benefit to the child	Fails a needed follow up a third time despite reminders. Misleading explanations
c. Surveillance	Visits in addition to the scheduled surveillance, up to date with immunisation unless genuine reservations	Up to date with scheduled surveillance and immunisation unless exception or practical problems	Omission for reasons of personal inconvenience, takes up if persuaded	Omissions because of carelessness, accepts health input if accessed at home	Clear disregard of child's welfare, no access home visits
d. Disability/ chronic illness (3 mths after diagnosis)/ illness	Compliance excellent, (any lack is due to difference of opinion)	Any lack of compliance is due to pressing practical reason	Compliance is lacking from time to time for no pressing reason (excuses)	Compliance frequently lacking for trivial reasons, significant minimisation of child's health needs	Serious compliance failure, medication not given for no reasons, carer misleading with information, inexplicable deterioration
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support services recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## A. AREA OF PHYSICAL CARE

### Prompt Questions

#### 5. HEALTH

##### a. Opinion Sought

- Carer has failed to report medical problems in the child, e.g., discharge from ears, squint, recurring diarrhoea.
- Carer appears to be unaware that the child has a need for dental treatment.
- Carer seeks medical opinion inappropriately.

##### b. Follow Up

- Carer fails to follow through on planned medical appointments if required.

##### c. Surveillance

- Carer fails to attend for regular developmental checks with young child.

## B. AREA OF CARE OF SAFETY

Sub Areas	1	2	3	4	5
<b>1. IN PRESENCE</b>					
a. Awareness	Keep awareness of safety issues how ever remote. Pets appropriately cared for	Aware of important safety issues	Poor awareness and perception except for immediate danger	Oblivious, dangerous animals/pets present	Parental indifference
b. Practice Pre-mobility age	Very cautious with handling and laying, seldom unattended	Cautious whilst handling and laying, frequent checks if unattended	A bit precarious handling, inconsistent supervision	Handling precarious unattended even during care chores (bottle left in the mouth)	Dangerous handling, left dangerously unattended, during care chores like bath
Acquisition of mobility	Constant vigilance and effective measures against any perceived dangers when up and about	Effective measures against any imminent danger	Inconsistent measures taken against imminent danger	Ineffective measures if at all, improvement from mishaps soon lapses	Inadvertently exposes to dangers (dangerously hot iron near by)
Infant school 4 – 7 years	Close supervision indoor and outdoor	Supervision indoors, no direct supervision outdoor if known to be at a safe place	Little supervision indoors or outdoors, intervenes if in appreciable danger	No supervision. Intervenes after mishaps which soon lapses again	Minor mishaps ignored or the child is blamed, intervenes casually after major mishaps
Junior and Senior School 8 – 16 years	Allows out in known safe surroundings within appointed time checks if goes beyond	Can allow out in unfamiliar surroundings if thought to be safe and in knowledge, reasonable time limit. Checks if suspicious	Not always aware of whereabouts outdoors believing it is safe as long as returns in time	Parental indifference about daytime outings, concerned about late nights in case of child younger than 13	Parental indifference despite knowledge of dangers outdoors, railway lines, ponds, unsafe building or staying away until late

## B. AREA OF CARE OF SAFETY

### Prompt Questions

#### 1. IN PRESENCE

##### a. Awareness

- The house or garden/yard is frequently fouled with animal faeces or urine.

##### b. Practice pre-mobility age

###### Acquisition of mobility

- The home has no safety gate in regular use for a toddler.
- If fires are used there is no fire guard.
- The child is left in an un-enclosed garden/yard.
- The child has frequent accidents inside the house or in the garden involving injuries.
- The carer does not know where a young child is within the home/building.

###### Infant School 4-7 years

- The carer does not know where a young child is when he/she is out playing.
- The carer does not know where a young child is within the home/building.
- The child does not know where the carer is.
- The child has frequent accidents inside the house or in the garden involving injuries.

###### Junior and Senior School 8-16 years

- The child has frequent accidents inside the house or in the garden involving injuries.
- The carer cannot state the agreed limits of the child's play area.
- The child is locked out of the house.

## B. AREA OF CARE OF SAFETY

Sub Areas	1	2	3	4	5
<b>1. IN PRESENCE</b>					
c. Traffic Aged 0-4	Well secured in the pram, harnesses or walking hand clutched with child's pace	3-4 years old allowed to walk but close by, always in vision, hand clutched if necessary i.e., crowd	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, intermittent glance back if left behind	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation	Babies unsecured, careless with pram, 3-4 year old left to wander and dragged along in frustration when found
Age 5 and above	5-10 year old escorted by adult crossing a busy road walking close together	5-8 year old allowed to cross road with a 13+ child. 8-9 allowed to cross alone if they reliably can	5-7 year olds allowed to cross with an older child but below 13 simply watched, 8-9 crosses alone	5-7 year old allowed to cross a busy road alone in belief that they can	A child aged 7 crosses a busy road alone without any concern or thought
d. Safety Features	Abundant features, gate, guards, drug lockers, electrical safety devices, intercom to listen to the baby, safety with the garden pond and pool etc	Essential features, secure doors, windows and any heavy furniture item, safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alarm. Improvisation and DIY if cannot afford	Lacking in essential features, very little improvisation or DIY (done too casually to be effective)	No safety features. Some possible hazard due to disrepair (tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances)	Definite hazard due to disrepair - exposed electric wires and sockets, unsafe windows (broken glass), dangerous chemicals carelessly lying around
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## B. AREA OF CARE OF SAFETY

### Prompt Questions

c. Traffic Age 0-4 years

Aged 5 + years

- The carer allows young child to cross busy roads on his/her own.
- The infant/nursery child makes his/her own way to school or nursery.

d. Safety Features

- The garden is full of rubbish.
- The home has no safety gate in regular use for a toddler.
- If fires are used there is no fire guard.
- Outside doors cannot be locked.
- Windows can easily be opened by small child.
- Dangerous substances are placed within young child's reach.
- Potentially dangerous objects are left within easy reach of young child.

## B. AREA OF CARE OF SAFETY

Sub Areas	1	2	3	4	5
2. SAFETY IN ABSENCE					
a.	Child is left in care of a vetted adult, never in sole care of an under 16. Parent/child always aware of each others whereabouts	Out of necessity a child aged 1-12 left with a young person under 14 who is familiar and has no significant problem, for no longer than as necessary, as an isolated incident. Above arrangement applies to a baby only in an urgent situation	For recreational reason leaves a 0-9 year old with a child age 10-13 or a person known to be unsuitable.  Parents unsure of child's whereabouts	For recreational reason a 0-7 year old is left with an 8-10 year old or an unsuitable person.  Child found wandering. Child locked out	For recreational reason a 0-7 year old is left alone or in a company of a relatively older but less than 8 year old child or an unsuitable person.  Child found wandering. Child locked out.
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## C. AREA OF CARE OF LOVE

Sub Areas	1	2	3	4	5
1. CARER					
a. Sensitivity	Anticipates or picks up very subtle signals, verbal or non verbal expression or mood	Comprehends clear signals, distinct verbal or clear non verbal expression	Not sensitive enough, stimuli and signals have to be intense to make an impact e.g., cry	Quite insensitive, needs repeated or prolonged intense signals, parents emotional difficulties dominate	Insensitive to even sustained intense signals or aversive. Parents insensitive to impact on child of their parenting
b. Response Emotionally In Tune with Child	Responses in tune with signals or even before in anticipation	Responses mostly in tune except when occupied by essential chores	Inconsistent emotional response due to own needs dominating.	Even when child in distress responses delayed	No responses unless a clear mishap for fear of incrimination
c. Reciprocation (quality)	Responses complimentary to the signal. Both emotionally and materially, can get over stressed by distress signals from child. Emotional warmth	Material responses may be lacking (treats etc) but emotional responses warm and reassuring	Child exposed to carer's inconsistent responses due to parental mood.	Emotional response brisk, flat and functional, lacks warmth, annoyance if child in moderate distress but attentive if in severe distress. Child becoming indiscriminate in relation to others	Aversive/punitive even if child in distress, acts after a serious mishap mainly to avoid incrimination, any warmth/remorse deceptive. Child indiscriminately affectionate to others
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## C. AREA OF CARE OF LOVE

### Prompt Questions

#### 1. CARER

##### a. Sensitivity

- Carer response to child's immediate need or behaviour is insensitive/inconsistent.
- Carer does not check spiteful play with siblings/pets.
- Carer expects child to look after him/herself inappropriately.

##### b. Response Emotionally In Tune

- Carer does not comfort child when distressed.
- Child is provocative with carer to elicit boundary/control setting.

##### c. Reciprocation (quality)

- Child does not notice/care when carer leaves the room (age appropriate).
- Child is inappropriately withdrawn with other adults.
- Child is clingy/anxious for too long after short separation from carer (age appropriate).

## C. AREA OF CARE OF LOVE

Sub Areas	1	2	3	4	5
2. MUTUAL ENGAGEMENT					
a. Interaction	Parent frequently initiates interaction with child and shows enjoyment	Parent and child both initiate interaction and show enjoyment.	Interaction mainly by child, sometimes by carer, negative if child's behaviour is defiant	Parent seldom initiates interaction. Child seeking engagement with parent.	Child appears resigned or apprehensive, constantly seeks parental contact .
b. Quality	Frequent pleasure engagement, mutual enjoyment, carer may seem to enjoy a bit more	Quite often and both enjoy equally	Less often engaged for pleasure, child enjoys more, carer passively participates getting some enjoyment at times	Engagement mainly functional, indifferent when child attempts to engage for pleasure, child can derive some pleasure (attempts to sit on knees, tries to show a toy)	Parent aversive to seeking pleasure from relationship. Overtures, if any, mainly negative. Child resigned or plays on own.
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## C. AREA OF CARE OF LOVE

### Prompt Questions

#### 2. MUTUAL ENGAGEMENT

##### a. Interaction

- Carer does not show physical affection to/for child.
- Carer spends very little time with child.
- Carer does not interact with child.
- Carer does not listen to child.

##### b. Quality

- Carer does not comfort child when distressed.
- Carer does not control child when control is needed.
- Child is indiscriminately affectionate to stranger.

## D. AREA OF CARE OF ESTEEM

Sub Areas	1	2	3	4	5
1. STIMULATION					
a. Age 0-2 years	Ample and appropriate stimulation (talking, touching, looking), equipment plenty	Enough and appropriate intuitive stimulation but less of commercial equipment	Inadequate and inappropriate, baby left alone while carer pursues own recreation, inconsistent interaction with baby	Baby left alone while carer pursuing own pleasure unless prompted by baby's demands.	Absent, even mobility restricted (confined in chair/pram) for carer's convenience. Irrate at baby's demands.
b. Age 2-5 years	<p><i>Interactive stimuli</i>, talking to, playing with, reading stories and topics, plenty and good quality</p> <p><i>Toys &amp; gadgets</i>, items of uniform, sports equipment, books etc, elaborate provision</p> <p><i>Outings</i>, taking the child out for recreational purposes, freq. visits to child centred place locally and away</p> <p><i>Celebrations</i>, both seasonal and personal with pomp and zeal</p>	<p>Sufficient and of satisfactory quality.</p> <p>Provides all that is necessary and tries for more, improvises if unaffordable</p> <p>Enough visits to child centres places locally (e.g., parks, occasionally away e.g., zoos</p>	<p>Variable, adequate. Parent needs encouragement to meet child's development needs</p> <p>Essential only. No effort to improvise if unaffordable</p> <p>Child accompanies carer wherever carer decides, usually child friendly places</p> <p>Mainly seasonal and low key personal</p>	<p>Deficient, even if totally unoccupied</p> <p>Lacking on essentials and not encouraged to care for toys</p> <p>Child simply accompanies, or locally plays outdoors in neighbourhood</p> <p>Only seasonal, low key not child friendly</p>	<p>Nil</p> <p>Nil, unless provided by other sources, gifts or grants</p> <p>No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends</p> <p>Even seasonal festivities absent or dampened</p>
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## D. AREA OF CARE OF ESTEEM

### Prompt Questions

#### 1. STIMULATION

##### a. Aged 0-2 years

- Carer is unaware of child's age appropriate developmental needs.
- Carer has poor eye contact with child.
- Carer does not provide child based family routines
- Carer does not provide books/toys for child.

##### b. Aged 2-5 years

- Carer does not provide child based family routines
- Carer does not provide books/toys for child.

## D. AREA OF CARE OF ESTEEM

Sub Areas	1	2	3	4	5
1. STIMULATION					
c. Aged 5+ years	<p><i>Education</i>, active interest in schooling and support at home, attendance regular, no authorised absences</p> <p><i>Sports and Leisure</i>, well organised outside school hours, e.g., swimming, scouts etc</p> <p><i>Peer interaction</i>, facilitated and vetted</p> <p><i>Provision</i>, elaborate e.g., sports gear, computers</p>	<p>Active interest in schooling, support at home when free of essential chores</p> <p>All affordable support</p> <p>Facilities</p> <p>Well provided and tries to provide more if could</p>	<p>Maintains schooling but little support at home even if has spare time</p> <p>Not proactive in finding out but avails opportunities if offered</p> <p>Support available through friendships</p> <p>Under provided</p>	<p>Little effort to maintain schooling or mainly for other reasons like free meals etc</p> <p>Child avails by self effort, carer not motivated</p> <p>Child finds own friendships, no help from carer unless reported to be bullied</p> <p>Poorly provided</p>	<p>Not bothered or can even be discouraging for other gains</p> <p>Not bothered even if child is unsafe/unhealthy pursuit</p> <p>Parental indifference, lacks motivation.</p> <p>Parental indifference.</p>
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## D. AREA OF CARE OF ESTEEM

### Prompt Questions

#### c. Aged 5+ years

- Carer regularly withdraws her child from school/nursery.
- Child turns up late for school/nursery.
- Carer fails to respond to school liaison requests.
- Carer does not return school diary/notes etc relevant to the child's welfare.
- Carer does not provide child based family routines e.g., appropriate for schooling.
- Carer does not provide books/toys for child.

## D. AREA OF CARE OF ESTEEM

Sub Areas	1	2	3	4	5
2. APPROVAL					
a.	Talks about the child with delight/praise without being asked, generous emotional and material reward for any achievement	Talks warmly about the child when asked, generous praise and emotional reward, less of material reward	Doesn't initiate praise of child, but agrees with others. Often countered by criticism.	Indifferent if child praised by others, indifferent to child's achievement which is quietly acknowledged	Negates if the child is praised, achievements not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism.
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## D. AREA OF CARE OF ESTEEM

### Prompt Questions

2. a. APPROVAL
  - Carer does not show pride in child's achievement.
  - Child does not seek praise from carer.

## D. AREA OF CARE OF ESTEEM

Sub Areas	1	2	3	4	5
3. DISAPPROVAL					
a.	Mild verbal and consistent disapproval if any set limit is crossed	Consistent boundaries in place by carer if any set limits are crossed.	Inconsistent boundaries or methods, shouts or ignores for own convenience, mild physical and moderate other sanctions, parents argue	Inconsistent, shouts/harsh verbal, moderate physical or severe other sanctions. Parents frequently argue in front of the children	Terrorised. Ridiculed, severe physical or other cruel sanctions. Parents violent in front of the children
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

## D. AREA OF CARE OF ESTEEM

### Prompt Questions

3. a. DISAPPROVAL
  - Carer is involved in violence with partner/other adult in front of child.
  - Carer frequently quarrels with partner/adult in front of child.
  - Carer has made suicidal threats in front of child.
  - Carer has attempted suicide in the presence of the child.
  - Carer has threatened to leave the child or put him/her into care.

## D. AREA OF CARE OF ESTEEM

Sub Areas	1	2	3	4	5
4. ACCEPTANCE					
a.	Unconditional acceptance. Always warm and supportive even if child is failing	Unconditional acceptance even if temporarily upset by child's behavioural demand but always warm and supportive	Annoyance at child's failure, behavioural demands less well tolerated	Unsupportive to rejecting if child is failing or if behavioural demands are high. Failure to address child's difficulties.	Indifferent if child is achieving but rejects or denigrates if makes mistakes or fails
NOTE: If the style of parenting (over proactive, permissive to foster independence, authorisation) or type of values instilled is of concern, please make a note in the corresponding comment box on the record sheet.					
Scoring →	<b>5</b> <i>No concern</i>	<b>10</b> <i>No concern</i>	<b>15</b> <i>Prevention/support service recommended</i>	<b>20</b> <i>Child Protection</i>	<b>25</b> <i>Consultation with legal services recommended</i>

# NEGLECT SUMMARY ANALYSIS

<b>FAMILY NAME:</b>	<b>DATE:</b>
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25															
20															
15															
10															
5															
	Nutrition	Housing	Clothing	Hygiene	Health	In Presence	Traffic	Absence	Carer	Mutual Engagement	Stimulation	Approval	Dis-approval	Acceptance	
	<b>PHYSICAL CARE</b>					<b>CARE OF SAFETY &amp; SUPERVISION</b>			<b>EMOTIONAL CARE</b>						

25 = Child Protection + Legal Strategy Meeting  
 20 = Child Protection  
 15 = Preventative Support Services recommended  
 5 = No concern

20 = threshold  
 10 = No concern

## NEGLECT SUMMARY ANALYSIS - TARGETING AREAS OF CONCERN TO BE ADDRESSED AS PRIORITY

<b>Date of Analysis:</b>	<b>Family Name:</b>
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	<b>TARGETED AREAS</b>	<b>CURRENT SCORE</b>	<b>TARGETED SCORE</b>	<b>TIMESCALE</b>	<b>REVIEWED SCORE</b>
1					
2					
3					
4					
5					

## SECTION 7

### An Accumulative Chronology of Neglect and it's Impact

<i>DATE OF REFERRAL</i>	<i>REASON FOR REFERRAL / ISSUES</i>	<i>ACTION TAKEN</i>	<i>OUTCOME</i>	<i>RISK LEVEL FOR SPECIFIC REFERRAL</i>	<i>ANALYSIS OF IMPACT ACCUMALATIVE</i>	<i>ACCUMALATIVE RISK LEVEL</i>

**An Accumulative Chronology of Neglect and it's Impact  
EXAMPLE**

<b>DATE OF REFERRAL</b>	<b>REASON FOR REFERRAL / ISSUES</b>	<b>ACTION TAKEN</b>	<b>OUTCOME</b>	<b>RISK LEVEL FOR SPECIFIC REFERRAL</b>	<b>ANALYSIS OF IMPACT ACCUMALATIVE</b>	<b>ACCUMALATIVE RISK LEVEL</b>
1.1.10	Very poor home conditions, kitchen dirty, no food, no clean clothes.	Initial Assessment completed, parents advised to address the issue	Further visit, home conditions improved. Case closed.	Low		
25.3.10	Poor home conditions, children found wandering around the street.	Initial Assessment completed, Child in Gran's care whilst found wandering. Home conditions good enough.	Case closed.	Low		
4.6.10	Poor school attendance, child's behaviour deteriorating.	Letter to family with community based services. EWO informed	Case closed	Low		
5.11.10	Children hungry, children's poor presentation, poor home conditions.	House cluttered, limited food available, food parcel given.	Refer to tenancy support. Case closed	Low		
2.1.11	Concerns regarding parent's alcohol abuse, parents arguing. Home conditions poor.	Initial Assessment completed, child in need plan in place. Work with parents around managing the home.	Case closed – 1.08.11	Low		
4.2.12	Child calls 999, parents arguing	Police attended – no disclosure made.	Case closed.	Low		
6.6.12	Domestic Violence incident – parents drunk, poor home conditions.	Strategy Discussion. Section 47 Investigation. Children placed with Grandparents. Child Protection Conference arranged.	CP Plan and CIN Plan in place. Case closed – 1.5.13	Medium		
4.6.13	Domestic disturbance parents drunk, poor home conditions, child with injury.	Strategy Discussion, Section 47 investigation, child placed in foster care.	ICO applied for, children remain in care.	High		

SAMPLE

SAMPLE