|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | **Date of Birth:** |  | **Age:** |  |
| **Agency/Practitioner:** |  | **Date Completed:**  |  | **Mosaic ID No:** |  |

**Neglect Assessment**

**Using the Neglect Assessment:**

The is an assessment tool which can be used to assist in the assessment of neglect and care giving. The tool will identify strengths and difficulties across a number of child development areas. It will be triggered by concerns about the care the child is receiving. Whilst it may be focussed on assessing difficulties, this tool also identifies strengths. Focussing on strengths assists the practitioner and the parent/carer to appreciate the potential that exists within the family for change and improvement. This potential, or lack of, will inform decisions about possible support or interventions to meet areas of need for the child.

**Practice Tips:**

* Work through the 4 areas, ticking the description that best describes the care that the child receives, based on your observations, partner agency observations and parental feedback in the session.
* Use the “areas flagged for intervention” at the end of the tool to identify actions required that can be included in the planning process. It will improve understanding about the level of concern and will help target specific areas that highlight greater risk of poor outcomes for the child. By repeating this assessment tool at the 3-month review point you can measure progress, no improvement or deterioration.
* We are measuring whether parenting is good enough and that improvements are sustained when we review.
* Use the tool to have an open, honest discussion with the parent/carer so they are clear about the impact their parenting responses have on their child. This will counter the risk of becoming too adult focussed and losing sight of the child’s lived experience.
* We want parents to overcome their difficulties but not at the expense of children living in persistently neglectful homes.
* Be curious, we need to triangulate our information to understand the child’s world. Don’t take things at face value.
* Consider the impact of poverty on families and their abilities to meet their children’s needs, including experience of discrimination and stigma. The way we interact in these sessions can reinforce or relieve feelings of blame, shame and disempowerment. Those feelings get in the way of meaningful engagement and change. Be the worker that “shifts” people instead of “shattering” people.
* Remember- the difference between a family living in poverty with a strong parent/child relationship and one in which the relationship is poor and unresponsive is important in deciding what to do next.

**Area of Physical Care**

**A**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUB AREAS** | **1****All Needs Met** | **2****Essential Needs Met**  | **3** **Some Essential Needs Unmet**  | **4****Many Essential Needs Unmet**  | **5****Most/All Essential Needs Unmet** | **How does this impact on the child?**  |
| 1. **Nutrition**
 |
| 1. Quality
 | Provides excellent quality and healthy food and drink | Provides reasonable quality and healthy food and drink. | Provides reasonable quality healthy food but inconsistently. | Provides poor quality food or an unhealthy diet through lack of awareness or effort. Improves when prompted. | Does not consider the health or quality of diet. When prompted, very little improvement. |  |
| 1. Quantity
 | Enough food all of the time. | Enough food nearly all the time. | Enough food most of the time. | Sometimes not enough food. | Not enough food most of the time. |  |
| 1. Preparation
 | Always carefully prepared or cooked for the child. | Well prepared and usually taking account of thechild’s needs. | Prepared mainly to meet the parent’s needs. The child’s needs sometimes accommodated. | Often little preparation. The child’s needs and tastes are notaccommodated or the child inappropriately prepares their own meal. | Hardly ever any preparation. Child lives on snacks/cereals/junk food and is expected to prepare their own food. |  |
| 1. Organisation
 | Meals organised and well timed. Family sitting together. Excellent routines in place.**Area of Physical Care****A** | Well organised, often seating together and regular timing of meals. Good routines in place most of the time. | Poorly organised, irregular timing, no proper seating. Sporadic and inconsistent routines. | Badly organised, no clear mealtimes or routines in place.  | Chaotic, eat when and whatever food is there at whatever time of day or night. Food not always available. |  |
| 1. **Housing (Home Conditions)**
 |
| 1. Maintenance
 | Very well maintained. Additional features that benefit the child. e.g. insulation, double glazing, draught proofing and house safe for children. | Well maintained and some additional features. Efforts made to benefit the child onlylacking if issues such as money interfere | No additional features but reasonably maintained. | In disrepair. Some repairs could be carried out by the parents. Parents flag up issues to landlord. | Dangerous disrepair (exposed nails, live wires) and some repairs could be carried out by the parent/carer. Parents do not flag up issues to landlord. |  |
| 1. Décor
 | Excellent. Child’s development age and choice is evident.  | Good. Some evidence of child’s development age and choice. | In need of some decoration but age appropriate and reasonably clean. | In urgent need of decoration. Little or no evidence of age appropriate décor. Dirty and uncared for. | In very urgent need of decoration with no evidence of age appropriateness. Extremely dirty and/or an unpleasant smell.. |  |
| 1. Facilities
 | Both essential facilities and heating, bathing, play and learning space. | Essential facilities. Effort to maximise benefit for the child. Lacking only due to practical constraints e.g. finance. | Essential to bare Little effort to maximise benefit to the child. | Essential to bare. Adult needs are met first and child needs met if anything is left. | Child dangerously exposed or not provided for e.g. lack of heating, electricity, adult needs taking priority. |  |
| 1. **Clothing**

**Area of Physical Care****A** |
| 1. Insulation e.g. warm clothing
 | Well protected with appropriate range of good quality clothing. | Well protected even if garments are made with poorer quality material. | Adequate to variable weather protection. | Inadequate weather protection. | Dangerously inadequate. Child is exposed to bad weather. |  |
| 1. Fitting
 | Clothing fits very well.  | Properly fits even if handed down. | Sometimes inadequate fit. | Often inadequate fit. | Completelyinadequate fit. |  |
| 1. Appearance
 | Appears almost new, clean and cared for.  | Appears to look clean and cared for. |  Not always consistently clean or cared for. | Appears worn, sometimes dirty and crumpled. | Appears to be dirty, badly worn and crumpled/and or unpleasant odour all of the time. |  |
| 1. **Hygiene**
 |
| Child aged 0 – 4 | Cleaned, bathed andhair and teeth cared for daily. | Clean, bathed and hair and teeth cared for most days. | Bathing is less regular but babies are usually clean. Older toddlers less so. | Occasionally bathed but often can be dirty and hair and teeth can be uncared for. | Rarely bathed, clean or hair cared for. Frequent head lice untreated. Early signs of dental decay. |  |
| Child aged 5 – 7 | Some independencewith keeping clean andbathing but always helped and supervised. | Reminded to keep clean and bathe. Supervised and helped if needed. | Not always reminded to keep clean and bathe or routinely monitored. | Reminded only now and then with minimum supervision. | No concerns shown about keeping personal hygiene. Chronic dental decay, frequent untreated head lice and body odour |  |
| Child aged 7+ | Reminded, helped andmonitored. | Reminded regularly and followed up if not done. | Sometimes reminded. | Usually left to their own initiative. | No concerns shown about personal hygiene or support for child. |  |
| 1. **Health**
 |
| 1. Disability / Chronic Illness
 | Compliance with treatment and advice is excellent. Very good affection shown. | Compliance is good. Any issues relate to practicality or finance. Good affection shown. | Compliance is sometimes lacking for no apparent reasons.Inconsistent affection shown. | Compliance is frequently lacking and trivial reasons offered as excuses. Little affection shown. | Serious compliance failure. Medication not given.Inexplicable deterioration in condition. Lack of affection. |  |

**Area of Physical Care**

**A**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensures that the potential of the family to change is recognised and their achievements built upon. Be clear about complicating factors such as the impact of financial difficulties, or the lack of a support network. Explore the reasons behind gaps in care provision. A strong parent/child relationship and commitment of the parent is key.

**Area of Safety**

**B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUB AREAS** | **1****All Needs Met** | **2****Essential Needs Met**  | **3** **Some Essential Needs Unmet**  | **4****Many Essential Needs Unmet**  | **5****Most/All Essential Needs Unmet** | **How does this impact on the child?**  |
| 1. **In Presence of Parent**
 |
| 1. Awareness of Safety
 | Very aware of appropriate safety and risk issues.  | Aware of important safety and risk issues. | Poor awareness of safety and risk except for immediate danger. | Rarely notices safety or risk issues. | Unconcerned about safety or risks. |  |
| 1. Practice at Pre-mobility Age
 | Always cautious with handling and laying down child. Baby seldom left unattended. Safer sleeping adhered to. Responds immediately to signs of distress. | Cautious whilst handling and laying down child. Frequent checks if unattended. Safer sleeping adhered to. Responds well to distress. | Handling of child is uncertain. Frequently unattended when in the house. Poor understanding of safer sleeping requirements. Not always responsive to distress. | Handling of child is uncertain.Unattended during care chores e.g. feeding bottle left in mouth. Rarely responds to signs of distress. | Dangerous handling.e.g. left dangerously unattended whilst feeding or bathing. No response to distress other than anger and frustration. |  |
| 1. Practice at Toddler Stage
 | Constant alertness and effective measures against any dangers. | Alert and effective measures against any danger.**Area of Safety****B** | Action taken to prevent danger are of limited use. | If action is taken it is ineffective. Short term improvement, after mishaps, soon lapses. Often exposed to family conflict. | Inadvertently exposes to serious dangers. E.g. hot iron left near by, exposed to fights and arguments in the family. |  |
| 1. Practice at 5 yrs +
 | Close supervision indoors and outdoors.  | Supervision indoors. No direct supervision outdoors if known to be at a safe place. | Little supervision in or out of doors.Intervenes only if in considerable danger. | No supervision. Intervenes after mishaps which soon lapses. | Minor mishaps ignored or the child is blamed. Intervenes casually even after major mishaps and lapses. |  |
| 1. Practice 5 – 10yrs
 | Allows out in known safe surroundings with agreed time limits and checks. | Allows out in unfamiliar surroundings if felt to be safe. Sets reasonable time limits and checks. | Not always aware of whereabouts outdoors. Believing it is safe as long as the child returns on time. | Unconcerned about daytime outings but concerned about late nights. | Unconcerned despite knowledge of dangers outdoors.E.g. railway lines, ponds, unsafe building, or staying away until late evening. |  |
| 1. Traffic Age 0 – 4yrs
 | Well secured in the pushchair or pram or walks at child’s pace with hand firmly held. | 3 to 4 year old allowed to walk, but close by parent.Always in sight, hand held firmly if necessary e.g. crowds or by roads. | Infants not secured in pram. 3 toyear old expected to keep up with adult when walking. Occasional glance back if left behind. | Babies not secured in pushchair. 3 to 4 year old child left far behind when walking. | Babies, toddlers unsecured, careless with pram or pushchair. 3 to 4 year old child left to wander unsupervised. |  |
| 1. Traffic Age 5 yrs +
 | 5 to 10 year old escorted by adult when crossing a busy road. Walk closely together. | 5-8 year old allowed to cross road with a 13+ child. 8-9year old allowed to cross alone if they are safe to do so.**Area of Safety****B** | 5-7year old allowed to cross with a child who is under 13yrs.8-9 year old allowed to cross alone. | 5-7year old allowed to cross with a child who is under 13yrs. 8-9 year old allowed to cross alone.5-7year old allowed to cross a busy road alone because they are believed to be safe. | At age 7 child crosses a busy road alone without any concerns from parent regarding safety. |  |
| 1. Safety Features

This item along with other safety provisions which are not fixtures, such as bike helmets or safety car seats can be used  | All relevant safety features. Gates, guards, secure windows, locked medicine cabinets, smoke alarms, household chemicals secured, electrical and gas safety devices, safety within gardene.g. pond. | Most essential features.Improvisation and DIY safety features when they cannot be afforded. | Lacking in essential features, very little improvisation or DIY is ineffective. | No safety features and some hazards through lack of repair or concerns. Some clutter and hoarding. | No safety features and dangerous hazards or disrepair.E.g. exposed electric wires and sockets, unsafe or broken windows, clutter and hoarding causing fire risks and poor ventilation, dangerous household chemicals, no smoke alarms. |  |
| 1. **Absence of the Parent**
 |
|  | Child is left in care of a competent and safe adult. Never in the sole care of a young person under 16. | Child aged 1-12 years is left for a short time with a young person over 13 who is familiar, competent with no significant problems. The above applies to babies only in urgent situations.**Area of Safety****B** | When out playing leaves a 0-9 year old with a child aged 10- 13yrs or a person not known to be competent. | When out playing a 0-7 year old is left with an 8-10 year old or person not known to be competent. | When out playing a 0-7 year old is left alone or with a slightly older childi.e. 8 or less, or with an unsuitable or risky young person or adult. |  |

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensures that the potential of the family to change is recognised and their achievements built upon. Be clear about complicating factors such as the impact of financial difficulties, or the lack of a support network. Explore the reasons behind gaps in care provision. A strong parent/child relationship and the commitment of the parent is key.

**Area of Responsiveness**

**C**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUB AREAS** | **1****All Needs Met** | **2****Essential Needs Met**  | **3** **Some Essential Needs Unmet**  | **4****Many Essential Needs Unmet**  | **5****Most/All Essential Needs Unmet** | **How does this impact on the child?**  |
| 1. **Carer**
 |
| 1. Sensitivity
 | Anticipates or picks up very subtle signalsboth verbal or nonverbal expressions including emotions or mood.  | Understands distinct verbal or clear non-verbal expressions including emotions or mood. | Not sensitive enough. Signals have to be intense to be noticed e.g. child crying. | Insensitive. Needs repeated or prolonged and intense signals to be noticed e.g. screaming. | Insensitive to even repeated and prolonged intense signals, averse to signals or angry response to signals. |  |
| 1. Timing of response
 | Responses well timed with signals or even anticipates those signals. | Responses mostly timely except when occupied by essential chores. | Not timely if distracted. Timely if they are not otherwise occupied or if the child is distressed. | Responses delayed even when child is in distress. | No responses unless there is a clear mishap that is very serious. |  |
| 1. Appropriate responsiveness to the child
 | Warm emotional and practical responses appropriate to the signal.  | Practical responsese.g. treats are lacking but emotional responses are warm and reassuring. | Emotional and practical responses warm if in good mood. Otherwise flat. | Emotional response is brisk, flat and functional.Annoyance if child in moderate distress but attentive if in severe distress. | Unpleasant/punitive even if child in distress. Acts after a serious mishap mainly to avoid criticism. Any warmth or remorse is deceptive or completely absent. |  |
| 1. **Mutual Engagement**
 |
| 1. Two Way Communication
 | Two way with parent usually going first and engaging child. | Equally positive by both. Parent responds even if the child is defiant/challenging. | Approaches mainly by child and, sometimes by the carer. Negative response if thechild’s behaviour is defiant/challenging | Mainly by the child. Seldom by the carer. | Child appears resigned or apprehensive and does not make any approaches. |  |
| 1. Quality
 | Both engage and enjoy it.Frequent pleasure shown and frequent play. Play is important.s | Both engage and enjoy it.Pleasure is usually shown and regular time for play. | Sometimes engaged and pleasure shown. The child gets most enjoyment and the carer passively joins in and occasionally gets enjoyment. | Engagement mainly practical.Indifferent when child attempts to engage. Child can derive some pleasure e.g. attempts to sits on knees, tries to show toys. | Dislikes approaches by the child. Child is resigned or plays on its own. Carer engages only if told to do so. |  |

**Area of Responsiveness**

**C**

**Area of Responsiveness**

**C**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensures that the potential of the family to change is recognised and their achievements built upon. Be clear about complicating factors such as the impact of financial difficulties, or the lack of a support network. Explore the reasons behind gaps in care provision. A strong parent/child relationship and the commitment of the parent is key.

**Area of Esteem**

**D**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUB AREAS** | **1****All Needs Met** | **2****Essential Needs Met**  | **3** **Some Essential Needs Unmet**  | **4****Many Essential Needs Unmet**  | **5****Most/All Essential Needs Unmet** | **How Does this impact on the child?**  |
| 1. **Stimulation**
 |
| Age 0 – 2yrs | A great deal ofappropriatestimulation. E.g. talking, touching, reading, singing. Many positive fun and educational toys.  | Adequate and appropriate stimulation. Some positive fun and educational toys. | Inadequate and/or inappropriate. Baby left alone while carer does what they want. Minimal provision of toys.Occasional interactions with the baby. | Baby left alone while carer pursues own interests unless the baby demands attention. No toys. | None. Even mobility restricted e.g. confined in chair/pram for the carer’s convenience. Irritated if the baby demands attention. |  |
| Age 2 – 5 yrs*Interactive Stimulation**Talking to and playing with the child.* *Reading stories and discussion.* | Plenty and good quality.  | Sufficient and of satisfactory quality. | Variable and inconsistent. | Deficient even if the carer is totally unoccupied. | No stimulation or interaction. |  |
| Age 2 – 5 yrs*Toys and gadgets**Items of uniform, sports equipment books etc.***Area of Esteem** **D** | Excellent provision.  | Provides all that isnecessary and tries for more. Adapts if carer can’t afford. | Essentials only. No effort to improvise if unaffordable. | Lack of even essential or basic toys. | None unless provided by otherse.g. gifts or grants. Not seen as important for the child. |  |
| Age 2 – 5 yrs*Outings**Taking the child out for recreational purposes.* | Frequent visits to child centred places both locally and further away. | Enough visits to child centred places locally (e.g. parks) and occasionally further away. | Child accompanies carer going where carer decides but usually in child friendly places. | Child accompanies carer e.g. local shopping. Plays outside with minimal supervision. | No outings for the child. May play in the street unsupervised. |  |
| Age 2 – 5 yrs*Celebrations* seasonal and personal. | Notable, happy, fun and appropriate. | Very good but may be limited e.g. by finances. | Mainly seasonal and low key personal e.g. birthdays. | Only seasonal. Low key. | Even seasonal festivities absent or dampened. |  |
| Age 5+ yrsEducation  | Very active interest in school which is supported at home.  | Active interest in school. Support at home when carer is free of essential tasks. | Some interest in school. but little support at home, even if carer has spare time. | Little interest and poor support in school. Interest for other reasons e.g. free meals. | Disinterested or even discouraging of school. |  |
| Age 5+ yrs*Sports and leisure.* | Well organised outside school hourse.g. clubs and swimming. | All support that is affordable. | Not active in finding activities, but will use local facilities occasionally. | Child finds activities for themselves Parent/carer is indifferent. | Disinterested even if the child is involved in other unsafe or unhealthy activities. |  |
| Age 5+ yrs*Peer / friend interaction.* | Assisted and new friends checked. | Some assistance and new friends checked. | Supports if a child is from a family who are friendly with carer. | Child finds own friends. No help from carer unless serious problems e.g. bullying. | No provision made and even discouraged. Isolated. |  |
| Age 5+ yrs**Area of Esteem** **D***Provision equipment.* | Fully provided e.g. sports gear or computer.  | Well provided and tries to provide more. | Some limited provision. | Poor provision. | No provision made and even discouraged.  |  |
| 1. **Approval**
 |
|  | Talks about child with pleasure and praises without prompting.Appropriate emotional and practical rewards for achievement. | Talks fondly about the child when asked. Generous praise and emotional reward, less practical reward e.g. financial constraints. | Agrees with other people’s praise of the child. Gives low key praise and some emotional rewards. | Uninterested if the child is praised by others.Indifferent to the child’s achievement which is only briefly acknowledged.. | Undermines if the child is praised.Achievements are not acknowledged. Reprimanded or mocking or overly critical is the only response. |  |
| 1. **Disapproval**
 |
|  | Clear and consistent verbal disapproval if a set limit is crossed. Sanctions are appropriate. | Consistent verbal and other sanctions if any set limits are crossed. | Inconsistent boundaries or methods. Shouts or ignores child. Low level physical and moderate other sanctions. | Inconsistent. Shouts/harsh verbal or moderate physical, or severe sanctions or no sanctions. | Terrorised. Ridiculed, severe physical or cruel and spiteful sanctions. |  |
| 1. **Acceptance**
 |
|  | Unconditional acceptance. Always warm and supportive even if child is failing. | Unconditional acceptance, even if temporarily upset by child’s behaviour.However, always warm and supportive. | Annoyance at child’sfailure. | Unsupportive or rejecting if the child is failing. | Indifferent if child is achieving and rejects or belittles if the child makes mistakes or fails.  |  |

**Area of Esteem**

**D**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensures that the potential of the family to change is recognised and their achievements built upon. Be clear about complicating factors such as the impact of financial difficulties, or the lack of a support network. Explore the reasons behind gaps in care provision. A strong parent/child relationship and commitment of the parent is key.

**Areas flagged for attention – Physical, safety, responsiveness & esteem**

|  |  |  |
| --- | --- | --- |
| **Area or Sub-Area**E.g. Physical: Housing: Maintenance | **Description and Child’s Needs**E.g. Description: Dangerous disrepair (exposed live wires).Child’s Need: Child needs to be kept safe from electric sshocks | **Action Required**E.g. 1. Parent to buy some electric masking tape and wrap around exposed wire/broken socket until the landlord repairs. 2. Parent and worker to notify the landlord of the danger and request immediate repair |
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| **Decisions** |
| Please record your decisions after completing this tool. Where the harm is considered ‘significant’, Child Protection Procedures must be followed.This should be discussed with your supervisor. |
|  | Concerns about neglect in this case have not been substantiated. |
|  | Some concerns about neglect in this case have been substantiated, but I do not consider that this child is suffering significant harm. |
|  | Concerns about neglect in this case have been substantiated and I am concerned that this child is suffering significant harm. |

|  |
| --- |
| **Further action arising from this assessment** |
| On-going work. Choose one or more of the following options: |
| This agency will undertake on-going support and guidance work with this family. |  |
| This agency will undertake on-going work with this family with the support, advice and guidance of other agencies. |  |
| Referral to Children’s Social Care due to Child Protection concerns |  |
| Consideration of the Public Law Outline required due to the chronic and persistent level of harm |  |
| No further action |  |

**Date Completed:**

**Worker’s Name:**