

ASSESSING AND RESPONDING TO CHILD NEGLECT

***A TOOLKIT FOR THE CHILDREN'S
WORKFORCE***

13th NOVEMBER 2017

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Section One

1 Introduction – what is Neglect?

- 1.1 Working Together to Safeguard Children 2015¹, the statutory framework that defines co-operation between agencies working with children, young people and their families, states that:

‘Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time.’

It defines neglect as:

‘The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- **provide adequate food, clothing and shelter (including exclusion from home or abandonment);**
- **protect a child from physical and emotional harm or danger;**
- **ensure adequate supervision (including the use of inadequate care-givers); or**
- **ensure access to appropriate medical care or treatment.**

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.’

- 1.2 Contributing factors can include: parental mental ill-health, parental substance misuse, domestic abuse, poor parental functioning (including a failure to nurture and/or provide stimulation), parental learning disabilities, inadequate housing, poverty or debt and a range of associated vulnerabilities.
- 1.3 A child who is neglected often suffers from other abuse as well. Neglect is dangerous and can cause serious, long-term damage up to and including death.
- 1.4 Working Together goes on to state that ultimately:

‘(Local authorities) should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient.’

¹ [Working Together to Safeguard Children – Department for Education 26 March 2015](#)

1.5 This toolkit has been produced in recognition of the difficulties experienced by the children’s workforce in assessing and working with neglect at all levels of the Continuum of Need and should be used in conjunction with the Early Help Assessment and the Single Assessment to inform subsequent interventions.

2 Why do Parents Neglect their children?

2.1 A number of factors have been suggested which explain why some parents neglect their children. Many neglectful parents have learning disabilities or childhood histories of parental death, separation or divorce, frequent moves of address, lack of structure and supervision.

2.2 Parental problems such as mental illness, substance misuse, domestic abuse and learning disabilities are all known to increase the likelihood of children experiencing emotional abuse and neglect, particularly when they appear in combination.²

2.3 Fundamental Factors	Circumstantial Factors
Lack of parenting capacity	Poverty and/or debt
Deep-seated attitudinal/behavioural/psychological problems	Particular relationships
Long-term health issues including mental Ill-health	Lack of skills/knowledge
Entrenched problematical drug/alcohol use	Temporary illness
Long-term abusive or controlling Relationships/domestic abuse	Lack of support
	Environmental factors
	Exploitation

2.4 It is increasingly recognised that neglect is damaging for children, especially in terms of psychological damage. The presence of one or more elements of the ‘toxic trio’ (parental mental ill-health, parental substance misuse, domestic abuse) in a family can lead to a deterioration in parenting capacity. For

² [Davies C. and Ward H. Editors \(2012\) Safeguarding Children Across Services: Messages from Research London: Jessica Kingsley Publishers](#)

example post natal depression can lead to a parent becoming unresponsive to all of their children’s physical and emotional needs.

2.5 In the case of domestic abuse, the non-abusing parent may struggle around parenting capacity as a result of the level of abuse and coercive control being exercised. It is important to keep the lived experience of the child(ren) at the centre of all assessments but to acknowledge that, where parents are themselves the victims of abuse, addressing this abuse and accessing appropriate help for the parent could in itself improve outcomes for the child(ren).

2.6 This Child Neglect Toolkit considers a range of types of neglect, the signs and indicators associated with these, the effects of these and the implications for intervention. It is not designed to provide ‘the answer’ to child neglect, but aims to provide the children’s workforce with an evidence base to acknowledge neglect and to elicit a response tailored to the issues presented in each individual family.

3 Types of Neglect (detailed characteristics can be found from Page 8)

Type of Neglect	Typical Characteristics
Emotional neglect	Commission and omission ‘Closure’ and ‘flight’: families avoid contact, ignore advice, miss appointments, are negative towards professionals, make their children unavailable However, they may seek help with a child who needs to be ‘cured’ Intervention is often delayed Associated with avoidant/defended patterns of attachment and frequent moves Where domestic abuse is a factor, this may be masked by the symptoms of emotional neglect and the abused parent may present as parentally ineffective or disinterested
Disorganised neglect	Classic ‘problem families’ or ‘Troubled Families’ Thick case files Can annoy and frustrate but endear and amuse Compliance can be feigned Family and living conditions often in chaos and

	<p>disruption; poor school attendance or punctuality</p> <p>Reasoning minimised, emotions are dominant</p> <p>Feelings drive behaviour and social interaction</p> <p>Worker may feel the agenda is manipulated by the family's immediate needs</p> <p>Domestic abuse may be masked by this apparent disorganisation; the abuser manipulates the professional away from the root cause of the neglect</p>
Depressed or passive neglect	<p>Classic neglect</p> <p>Material and emotional poverty</p> <p>Homes and children dirty and smelly</p> <p>Urine soaked mattresses, dog faeces, filthy plates, rags at the windows</p> <p>A sense of hopelessness and despair (can be reflected in workers)</p>
Severe deprivation	<p>Parents with serious issues of depression, learning disabilities, drug addiction, alcohol misuse</p> <p>Where domestic abuse is a factor, substances are misused as a coping mechanism; victim 'blamed' by the perpetrator</p> <p>Care system at its worst – multiple placements</p> <p>Attachment disorders</p> <p>Children left in cot or 'serial caregiving'</p> <p>Imprisonment in own home</p> <p>Basic needs (food, drink, safety) ignored</p> <p>Combination of severe neglect and absence of selective attachment: child is essentially alone</p>

4 What is the Child Neglect Toolkit?

4.1 The Child Neglect Toolkit is designed to assist the identification and assessment of children and young people who are at risk of or who are suffering from neglect. It is intended to help you reflect upon a child's or young person's circumstances, to put into context any concerns you may have and to identify risks, strengths and protective factors in a child or young person's life.

4.2 The Child Neglect Toolkit can be used to inform decision-making, assessments and plans. It can also be used to support individual or group supervision with your manager or peers. The Toolkit can be used with families, but it does not replace the [Early Help Assessment](#) or Single Assessment; it should be used

alongside these and supplement them. It should also be used alongside our agreed [SSCB Threshold Guidance](#).

5 Who is the Child Neglect Toolkit for?

5. The Child Neglect Toolkit is designed for use by any practitioner working with children, young people and vulnerable young adults (such as young parents and young people covered by the SEND Code of Practice).

6 How to use the Child Neglect Toolkit

- 6.1 The Toolkit should be used to gather information about the circumstances of a child or young person.
- 6.2 Where children are parenting children (teenage or vulnerable young parents) the Toolkit should be used to assess both the circumstances of the child and of the young parent if they are dependent upon other adults for their care, ie living at home or with family members.
- 6.3 The gradings in the Toolkit align with the Sunderland Levels of Need Threshold Continuum Model 2017 (see page 39 for summary) and will in themselves suggest an appropriate level of response. However, the whole picture for a family needs to be taken into account before deciding upon the level or type of intervention. In most circumstances this will be based on a 'best fit' professional judgement using all aspects of the Toolkit and other assessments such as the Early Help Assessment or the Single Assessment.

Suggested levels of response and intervention can be found directly after the Toolkit.

Caution – if *any aspect* of the family's circumstances has been assessed as Tier 4 (High risk of harm, statutory response required) this must be discussed immediately with your line-manager or designated safeguarding lead and consideration must be given to making a referral to the Integrated Contact and Referral Team (ICRT) using this [form](#).

Section Two

Child Neglect Toolkit

When undertaking any assessment it is important to be aware of and take into account the individual child's specific needs arising from any learning or physical disability and ethnicity. However, there should be no 'cultural' or 'religious' reasons for accepting differences in standards of care.

		Level on Continuum of Need Threshold Guidance				
Emotional Neglect	Area of Concern	Level 1 No Concerns Universal Services Can Meet Need (Child-focused care-giving)	Levels 1-2 Single Need Targeted Response Required (Child-focused care-giving but identified unmet need)	Level 2 Child's Health or Development Impaired Multi-Agency Early Help Response Required (Adult-focused care-giving)	Level 3 Needs not met Statutory Response may be Needed (Child's needs are secondary to adult's)	Level 4 High risk of harm Statutory Response Needed (Child's needs are not considered)
	Commission and omission. 'Closure' and 'flight': families avoid contact, ignore advice, miss appointments, are negative towards professionals, make their children unavailable. However, they may seek help with a					Indicators of Emotional Neglect
Child's learning and Development 0 – 2 years		High quality, age appropriate stimulation, parent/carer talks to the child, is tactile, makes good eye contact, good access to educational and stimulating toys	Adequate and age appropriate stimulation, child has access to educational and stimulating toys, parents make some eye contact and stimulate speech	Not adequate or appropriate, baby or toddler left alone while adult pursues own interests, limited interaction between adult and child, variable access to toys i.e. toys out of reach	Baby left alone, lack of stimulation unless the child demands attention. Toddler left to own devices whilst adult pursues their own interests. Lack of responsiveness to attempts made by younger children to gain attention.	Child's mobility restricted e.g. confined to pram, stroller or chair, adult is irritated by any demands made, no stimulation, no conversation with child or limited eye contact made.

<p>child who needs to be ‘cured’ Intervention is often delayed. Associated with avoidant/defended patterns of attachment and frequent moves. Where domestic abuse is a factor, this may be masked by the symptoms of emotional neglect and the abused parent may present as parentally ineffective or disinterested.</p>	<p>NB there is no statutory requirement for parents to access Early Years Provision some children aged 2 have entitlement</p>	<p>Parent/carer accessing entitlement to Early Years’ provision including children’s centre services e.g. parents group, mother and toddler groups, funded early education.</p>	<p>Child registered with provision and parents are aware of what is available but don’t always access services.</p>	<p>Rarely or infrequently access Early Years provision.</p>	<p>Not accessing free provision or services provided through children’s centre and not understanding the benefit for the child to attend.</p>	<p>Non-engagement, not wanting to be “visible” to professionals and a lack of insight in terms the impact for the child e.g. social and emotional development.</p>
	<p>Child’s learning and Development 3 – 4 years</p>	<p>Good quality, interactive stimulation, talking, playing and reading to the child, developing the child’s vocabulary and initiating discussion and conversation.</p>	<p>Sufficient and satisfactory stimulation, less evidence of playing or reading with the child, growing dependency on visual stimulation rather than interaction between child and adult.</p>	<p>Variable levels of stimulation and interaction with the child, may respond for short periods but the adult grows tired and puts the TV on to occupy the child, or sits child in front of a tablet device.</p>	<p>Stimulation and levels of interaction deficient. Child is not sufficiently stimulated, growing concerns re speech and language development, lack of interaction with children of a similar age.</p>	<p>Extremely poor stimulation and where there is interaction it is negative, aggressive and dismissive.</p>
	<p>Approval (All Ages)</p>	<p>Talks about the child with delight and praise without prompting. Generous emotional and material rewards for achievement.</p>	<p>Talks fondly about the child when asked. Generous praise and emotional reward, less material reward.</p>	<p>Agrees with other people’s praise of the child, low key praise and unenthusiastic emotional reward.</p>	<p>Indifferent if child praised by others and to child’s achievements which are only quietly acknowledged.</p>	<p>If the child is praised by someone else, their successes are rejected, achievements not acknowledged, reprimand or ridicule is the only reward if at all.</p>

	Disapproval (All Ages)	Mild and consistent verbal disapproval if any set limit is crossed.	Consistent terse verbal. Mild physical sanctions and other mild sanctions if any set limits are crossed.	Inconsistent boundaries or methods, terse, shouts or ignores for own convenience. Mild physical and moderate other sanctions.	Inconsistent. Shouts, harsh verbal or moderate physical or severe other sanctions.	Terrorised, ridiculed, severe physical or cruel sanctions. Child drawn into domestic abuse of one parent by the other; child used as pawn in domestic abuse (harmed or threatened with harm to effect compliance).
	Acceptance (All Ages)	Unconditional, always warm and supportive even if child is failing.	Unconditional, even if temporarily upset by child's behaviour, always warm and supportive.	Annoyance at child's failure and demands less tolerated.	Unsupportive or rejecting if the child is failing or if their behavioural demands are high.	Indifferent if child is achieving and rejects or denigrates if the child makes mistakes or fails.
	Witnessing or hearing domestic abuse	No recorded or reported incidents.	No recorded incidents, but parental behaviour towards each other may be inappropriate causing child distress.	Some recorded or reported incidents impacting upon child's well-being, health, school attendance etc	Frequent or repeated incidents of domestic abuse, numerous CCNs or reports through Operation Encompass impacting adversely on child.	Incidents such that protective action is required (eg refuge). Child is emotionally and/or physically harmed by the DA.

	Sensitivity and responsiveness to the child's emotional and physical needs (All Ages)	Parent/carer anticipates or picks up very subtle signals and responses or even anticipates the needs of the child – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child, warm, caring and loving.	Understands the child's verbal and non-verbal communication and mostly responds to and meets the needs of the child except when undertaking essential chores. Parent/carer is able to respond in a warm and reassuring way to the child.	Parent/carer not sensitive or responsive to the child's verbal or non-verbal communication until the child cries or shows distress. The parent or carers response is dependent on how they are feeling i.e. if they are in a good mood. Treats are lacking.	Parent/carer is insensitive to the needs of the child and only responds when the child provides repeated, prolonged or intense signals of distress. The response to the child can be brisk, flat or functional i.e. physical care as opposed to an emotional, nurturing response e.g. annoyed and frustrated by the child demanding attention.	Insensitive or aggressive response to sustained or intense signals unless the child has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity to the needs of the child, even blaming the child for being distressed e.g. whingey, clingy, cry baby etc.
	Relationship and interaction between child, parent or carer (All Ages)	Good communication between parent/carer and child which is age appropriate, frequent, pleasurable and both acquire mutual enjoyment.	Positive communication between parent/carer and child, even if child is defiant, evidence of mutual enjoyment.	Child mostly initiates interaction with the adult, response negative if the child's behaviour is defiant, adult passively participates but some enjoyment from the interaction.	Interaction with parent/carer mainly initiated by the child, seldom the carer. Parent/carer mainly engaging on a physical rather than emotional level, child tries to derive comfort or attention e.g. attempts to sit on knees, tries to show a toy.	Child appears resigned to their needs not being met or apprehensive to make approaches, parent/carer adverse to overtures from child, child plays on their own, detached and away from adult, selective engagement by the adult.

Impact of Emotional Neglect Levels 2, 3 and 4	Analysis of assessment of Emotional Neglect
<p>When attachment behaviour rejected: Child learns that caregiver’s physical and emotional availability is reduced when emotional demands are made – so gives up; Caregiver most available when child is showing positive affect, being self-sufficient, undemanding and compliant; Reverse roles, “false brightness” to care for/ reassure parent. Frightened, unhappy, anxious, low self esteem Withdrawn, isolated, fear intimacy and dependence Precocious, ‘streetwise’, self-reliant May show compliance to dominant caregivers but anger and aggression in situations where they feel more dominant. May learn that power and aggression are how relationships work and to get your needs met Behaviour increasingly anti-social and oppositional Brain development affected: difficulties in processing and regulating emotional arousal; developmental milestones missed; developmental delay apparent</p>	<p>Are there any identified elements of Emotional Neglect at Level 4 (High Risk of Harm)?</p> <p>If yes – discuss immediately with your designated safeguarding lead and consider a referral into ICRT</p>
	<p>Does the majority of identified need sit within Level 3 (Child’s needs are secondary to adult’s)?</p> <p>If yes – discuss with your designated safeguarding lead and consider a referral into ICRT. Single Assessment may be appropriate. Consider alongside the rest of the assessment – minimum response should be an Early Help Plan and Team Around the Family</p>
	<p>Does the majority of identified need sit within Level 2 (Adult-focused care-giving)?</p> <p>If yes – consider alongside the rest of the assessment – it is likely that an Early Help offer should be made and a Team Around the Family set up</p>

Disorganised Neglect	Area of Concern	Level on Continuum of Need Threshold Guidance				
		Level 1 No Concerns Universal Services Can Meet Need (Child-focused care-giving)	Levels 1-2 Single Need Targeted Response Required (Child-focused care-giving but identified unmet need)	Level 2 Child's Health or Development Impaired Multi-Agency Early Help Response Required (Adult-focused care-giving)	Level 3 Needs not met Statutory Response may be Needed (Child's needs are secondary to adult's)	Level 4 High risk of harm Statutory Response Needed (Child's needs are not considered)
Classic 'problem families' or 'Troubled Families'. Thick case files. Can annoy and frustrate but endear and amuse. Compliance can be feigned. Family and living conditions often in chaos and disruption. Reasoning minimised, emotions are dominant. Feelings drive behaviour and social interaction. Worker may feel the	Attention to health matters	Visits in addition to the standard checks. Up to date with immunisation unless genuine reservations.	Up to date with scheduled visits and immunisation unless exceptional or practical problems.	Omissions for reasons of the adult's personal convenience, but takes up if persuaded.	Omissions because of carelessness. Accept service if provided at home.	Clear disregard of child's welfare. Frustrates home visits.
	Preparation and organisation of mealtimes	Established routine, regular family meals together, sat at table (if available) and clear expectations re manners.	Satisfactory meals prepared, well organised, often seated at appropriate times.	Poorly organised, irregular timing and a focus on the adult's needs and not on the child.	Often no preparation. If there is, then child's need or taste not accommodated.	Chaotic, children and adults eat when and what they can, child lives on snacks, cereals or takeaways, overall a lack of visible food or access to food.
	Quality of meals	Aware and thinks ahead, provides excellent quality food and drink, balanced diet – accessible at all times.	Manages to provide reasonable quality food and drink.	Provision of reasonable quality food but inconsistent through lack of awareness or effort.	Food is poor quality because of a lack of prioritisation or of reasonable quality only if parent is prompted or advised.	Parent/carer is not being honest about the diet they provide to their child/ren leading to an inadequate diet.

<p>agenda is manipulated by the family's immediate needs. Domestic abuse may be masked by this apparent disorganisation; the abuser manipulates the professional away from the root cause of the neglect.</p>	<p>Overall quality and quantity of nutrition</p>	<p>Ample</p>	<p>Adequate</p>	<p>Adequate to Variable</p>	<p>Variable to Low</p>	<p>Inadequate</p>
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	Child's learning and Development 5 Years plus	<p>Attends school or nursery and participates fully, parents/carers engaged and supportive of their child's education e.g. home reading, supporting their child with homework.</p> <p>Parents provide adequate equipment and school uniform.</p>	<p>Attends school or nursery, child participates well and parents take an active interest in their child(ren)'s education and support them to complete tasks at home.</p> <p>Parents provide adequate equipment and school uniform.</p>	<p>Concerns noted may include low level attendance and punctuality issues, parents/carers not supporting home reading etc., child collected late at the end of the day or arrangements are ad hoc, low level concern re cleanliness or lack of appropriate clothing for the weather. Arriving to school with no breakfast, tired and irritable, poor quality packed lunches and parents not accessing FSM. Unable to concentrate.</p> <p>Year 5/6 either make their own way home or escort younger siblings home which can involve crossing busy roads.</p>	<p>All the issues identified in 2 with additional concerns relating to:</p> <p>Persistent absence below 90% and lack of engagement with school including minimal or feigned engagement by parents with preventative services e.g. Parent Link Workers, Attendance Officers, frequent changes of schools, inter-agency information re the care and welfare of the child from a number of sources, Police, School Nurse, and others</p> <p>Child not making sufficient progress and not reaching their potential.</p>	<p>All the issues in 2 and 3 with additional concerns relating to:</p> <p>Parents removing the child from school with no satisfactory explanation or opt to Education Otherwise which is not in the best interests of the child.</p> <p>Frequent house moves, new partners, risky behaviour, drug and alcohol misuse, excess caring responsibilities, Child Sexual Exploitation issues (Please complete additional CSE assessment tool if these concerns exist) SSCB procedures</p>
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	Awareness of safety (All Ages)	Abundant safety features which are age appropriate including secure play areas inside and out i.e. gates and fire guards, baby intercom, medicines and cleaning product securely stored.	Aware of important safety features and most are in place.	Lack of awareness and essential safety features are not in place. Inappropriate curfews, lack of appropriate supervision with older children.	Dismissive or oblivious to safety risks, no safety features in place, identifiable hazards and child/ren can easily access harmful medicines or cleaning products. Children missing not followed up/ reported.	Not bothered about the need to provide a safe environment, failure to accept or act on professional advice, child/ren exposed to exposed wires and sockets, broken windows, drug paraphernalia or accessible medicines. Children frequently missing not followed up/ reported.
	Basic Care 0 – 4 years	Age appropriate care and handling, back to sleep guidance followed for young babies, constant vigilance as child develops and becomes more mobile, appropriate safety measures in place, secured in pram, buggy or when walking with parent/carer.	Cautious care and handling, if left unattended frequent checks made, effective measures against any imminent danger, appropriate harnesses used in pram or buggy, always in sight if walking with parent, hand held as necessary.	Handling of young child careless, frequently unattended when laid or playing, lack of effective measures to ensure safety of the child e.g. fire guard not in place and child mobile, parent/carer not providing effective supervision.	Handling of young child precarious, left unattended, supervision and care not prioritised, bottle left in mouth, ineffective safety measures in place or not consistently followed e.g. removing hazards, babies not secure in prams, toddlers not secured in buggies, older toddlers left far behind when walking with parent/carer or dragged along with irritation.	Rough, careless and dangerous handling of very young children, child/ren not secured in pram or buggies, left unattended e.g. in the bath, exposure to danger such as hot irons etc., older toddlers left to wander indiscriminately, dragged along by adults with frustration.

	Basic Care 5 years plus	Close supervision indoor and out, allowed to play in known safe areas with supervision, older children allowed increased independence with established boundaries e.g. allotted time to return, children aged 5 – 10 escorted when crossing a busy road, walking closely with parent/carer.	Supervised indoors, no direct supervision outdoor if known to be in a safe area, allowed out in unfamiliar surroundings if thought to be safe, reasonable boundaries and time limits set. 5 – 8 year old allowed to cross road with a 13+ child, 8 – 9 year old allowed to cross alone if they are safe to do so.	Little supervision in or out of doors, supervision left to older siblings, parents/carers not always aware of the child's whereabouts, child not playing in close proximity to the home i.e. out of sight, over reliance on being able to contact child via mobile phone, crossing roads with an older child but under 13+, watched by parent/carer, 8 – 9 year olds allowed to cross alone.	No supervision, child/ren sustaining low level injuries due to hazards, parent/carer not taking appropriate action to minimise hazards and prevent further injuries or takes action but fail to pre-empt other potential hazards, parent/carer unconcerned about daytime outings, concerned about late nights where the child is younger than 13, 5 – 7 year olds allowed to cross busy road(s) alone because this is thought to be safe.	Minor mishaps ignored or the child is blamed, intervenes casually after major mishaps, unconcerned despite knowledge of dangers outside e.g. railway lines, ponds, child playing in unsafe buildings or staying away until late evening, a child aged 7 crosses a busy road(s) alone without any concerns or thought regarding their safety.
	Alternative Care Arrangements	Child left in care of a competent and safe adult.	Child, out of necessity, left with a young person aged 13+ who is competent and mature, access to additional support available e.g. neighbour or grandparent.	For own benefit leaves child/ren in the care of a young person under 13 who is not competent and mature, e.g. vulnerable, has a Learning Difficulty and there is no access to additional support.	For own benefit leaves child/ren in the care of a child who is only a few years older than the child/ren or a person not known to the child/ren or a person known to be unsuitable.	For own benefit leaves a child alone with a person not known to the child/ren or with an unsuitable person. Children frequently missing (risk of CSE) are not followed up/reported.

	Sensitivity and responsiveness to the child's emotional and physical needs of the child (All Ages)	Parent/carer anticipates or picks up very subtle signals and responses or even anticipates the needs of the child – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child, warm, caring and loving.	Understands the child's verbal and non-verbal communication and mostly responds to and meets the needs of the child except when undertaking essential chores. Parent/carer is able to respond in a warm and reassuring way to the child.	Parent/carer not sensitive or responsive to the child's verbal or non-verbal communication until the child cries or shows distress. The parent or carer's response is dependent on how they are feeling i.e. if they are in a good mood. Treats are lacking.	Parent/carer is insensitive to the needs of the child and only responds when the child provides repeated, prolonged or intense signals of distress.	Insensitive or aggressive response to sustained or intense signals unless the child has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity to the needs of the child, even blaming the child for being distressed e.g. whingey, clingy, cry baby etc.
	Access to sports and Leisure	Well organised outside school hours e.g. swimming, clubs	All affordable support	Not proactive in finding but will use immediate local facilities	Child access through self-effort, parents/carers indifferent	Disinterested even if the child is involved in unsafe/unhealthy activities
	Outings for recreational purposes	Frequent visits to child centred places both locally and further away	Regular visits to child centred places e.g. parks and occasionally further away	Child accompanies parent/carer wherever they decide but usually in child friendly places	Child simply accompanies adult locally e.g. shopping or visiting parents/carers friends' houses	No outings for the child, may play in the street but carer goes out locally e.g. pub

	Home condition and amenities (see separate section for more detail)	High standards of heating, decor, facilities including washer/drier/fridge etc., furniture and beds etc.	To a good enough standard but some areas may need attention e.g. no carpet on stairs due to lack of finances	Standards of cleanliness need attention, lack of order and generally disorganised, may be prioritising HD TV over washer	House is chaotic, dirty, smelly, no evidence that children have access to toys and appropriate reading material, over reliance on TV, phone and computer for stimulation, lack of heating and appropriate facilities to cook.	Environment is unsuitable and poses a danger for the welfare of the child, no heating, electricity or means of providing warm meals, evidence of alcohol or paraphernalia, animal faeces, unwashed dishes etc., unacceptable standard of hygiene
Impact of Disorganised Neglect Levels 2, 3 and 4				Analysis of Assessment of Disorganised Neglect		
<p>Families create crises. Anxious and demanding Infants: fractious, fretful, clinging, hard to soothe Young children: attention seeking; exaggerated affect; poor confidence and concentration; jealous; show off; go too far Teens: immature, precocious, impulsive; need to be noticed - leads to trouble at school and in community Neglectful parents feel angry and helpless: reject the child to grandparents, care or gangs</p>				<p>Are there any identified elements of Disorganised Neglect at Level 4 (High Risk of Harm)?</p> <p>If yes – discuss immediately with your designated safeguarding lead and consider a referral into ICRT</p>		
				<p>Does the majority of identified need sit within Level 3 (Child’s needs are secondary to adult’s)?</p> <p>If yes – discuss with your designated safeguarding lead and consider a referral into ICRT. Single Assessment may be appropriate. Consider alongside the rest of the assessment – minimum response should be an Early Help Plan and Team Around the Family</p>		
				<p>Does the majority of identified need sit within Level 2 (Adult-focused care-giving)?</p> <p>If yes – consider alongside the rest of the assessment – it is likely that an Early Help offer should be made and a Team Around the Family set up</p>		

		Level on Continuum of Need Threshold Guidance					
Depressed or Passive Neglect	Area of Concern	Level 1 No Concerns Universal Services Can Meet Need (Child-focused care-giving)	Levels 1-2 Single Need Targeted Response Required (Child-focused care-giving but identified unmet need)	Level 2 Child's Health or Development Impaired Multi-Agency Early Help Response Required (Adult-focused care-giving)	Level 3 Needs not met Statutory Response may be Needed (Child's needs are secondary to adult's)	Level 4 High risk of harm Statutory Response Needed (Child's needs are not considered)	
	'Classic' neglect. Material and emotional poverty. Homes and children dirty and smelly. Urine soaked mattresses, dog faeces, filthy plates, rags at the windows. A sense of hopelessness and despair (can be reflected in workers).	Opinion sought, professional advice followed	Appropriate opinion sought, not only on illness, but also other genuine health matters. All advice followed.	Opinion sought on issues of genuine and immediate concern about child health. Advice followed.	Opinion sought on illness of any severity or frequency.	Help sought when illness becomes moderately severe (delayed).	Help sought when illness becomes critical. Advice not followed
		Health follow-up	All appointments kept, or re-arranged if there is a problem.	Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints.	Fails one in two appointments, even if of clear benefit, for reasons of the adult's convenience.	Attend third time after reminder. Contests its usefulness, even if it is of benefit to the child.	Fails a needed follow-up a third time despite reminders. Misleading explanations.
Disability/chronic illness (3 months after diagnosis)		Compliance excellent (except where genuine difference of opinion).	Any lack of compliance due to pressing practical reason.	Compliance lacking from time to time for no reason.	Compliance frequently lacking for trivial reasons. Little affection.	Serious failure of compliance. No obvious affection.	

	Personal Hygiene and Dental Care 0 – 4 Years	Good hygiene routines, ensures children are bathed, teeth brushed, appropriate hair e.g. BME. Developmental stages met e.g. toilet training.	Regular, almost daily bathing etc., teeth and evidence of appropriate dental and personal hygiene products e.g. bubble bath, nappy rash cream and moisturisers (especially for BME or children with eczema)	Irregular routine but generally clean. There may be issues around toilet training and oral hygiene, and management of skin e.g. eczema, regular infestations of lice which are not always managed effectively.	Overall very low level of hygiene resulting in child(ren) appearing smelly and unkempt, persistent issues around head lice, poor dental hygiene or dental cavities.	Untreated nappy rash, removal of teeth due to poor care and lack of attention by a dentist, extremely dirty, not toilet trained, parent cannot remember last time child bathed, no evidence of hygiene products coupled with filthy clothing and bedding.
	Personal Hygiene and Dental Care 5 Years Plus	Age appropriate independence, i.e. able to perform tasks with a degree of independence, help and supervision available if necessary, hygiene products readily available.	Has access to hygiene products, demonstrates growing independence but supervised and helped as required.	Some elements require attention e.g. dental care, daily washing, washing hands after the toilet, limited access to appropriate toiletries.	No access to appropriate toiletries including if appropriate sanitary wear, parents do not promote good standards of hygiene or have unrealistic expectations re the child's independence.	Unacceptable level of hygiene and parents are unconcerned re the impact this has for the child.

	Basic Care 5 years plus	Close supervision indoors and out, allowed to play in known safe areas with supervision, older children allowed increased independence with established boundaries e.g. allotted time to return, children aged 5 – 10 escorted when crossing a busy road, walking closely with parent/carer.	Supervised indoors, no direct supervision outdoors if known to be in a safe area, allowed out in unfamiliar surroundings if thought to be safe, reasonable boundaries and time limits set. 5 – 8 year old allowed to cross the road with a 13+ child, 8 – 9 year old allowed to cross alone if they are safe to do so.	Little supervision in or out of doors, supervision left to older siblings, parents/carers not always aware of the child's whereabouts, child not playing in close proximity to the home i.e. out of sight, over reliance on being able to contact child via mobile phone, crossing roads with an older child but under 13+, watched by parent/carer, 8 – 9 year olds allowed to cross alone.	No supervision, child(ren) sustaining low level injuries due to hazards, parent/carer not taking appropriate action to minimise hazards and prevent further injuries or takes action but fail to pre-empt other potential hazards, parent/carer unconcerned about daytime outings, concerned about late nights where the child is younger than 13, 5 – 7 year olds allowed to cross busy road(s) alone because this is thought to be safe.	Minor mishaps ignored or the child is blamed, intervenes casually after major mishaps, unconcerned despite knowledge of dangers outside e.g. railway lines, ponds, child playing in unsafe buildings or staying away until late evening, a child aged 7 crosses a busy road(s) alone without any concerns or thought regarding their safety.
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	<p>Sensitivity and responsiveness to the child's emotional and physical needs of the child (All Ages)</p>	<p>Parent/carer anticipates or picks up very subtle signals and responses or even anticipates the needs of the child – signals can be verbal and non-verbal and the response is complimentary to the emotional and physical needs of the child, warm, caring and loving.</p>	<p>Understands the child's verbal and non-verbal communication and mostly responds to and meets the needs of the child except when undertaking essential chores. Parent/carer is able to respond in a warm and reassuring way to the child but treats are lacking.</p>	<p>Parent listless and unresponsive to children's needs and demands, limited interaction. Lack of pleasure or anger in dealings with children.</p>	<p>Parent/carer is insensitive to the needs of the child and only responds when the child provides repeated, prolonged or intense signals of distress. The response to the child can be brisk, flat or functional i.e. physical care as opposed to an emotional, nurturing response e.g. annoyed and frustrated by the child demanding attention - no hugs, warmth, or emotional involvement.</p>	<p>Insensitive or aggressive response to sustained or intense signals unless the child has had a physical or serious mishap. Even then their response can be harsh, dismissive, punitive without warmth, care or sensitivity to the needs of the child, even blaming the child for being distressed e.g. whingey, clingy, cry baby etc.</p>
	<p>Clothing - Fitting, Appearance and insulation (All Ages)</p>	<p>Dressed appropriately for the weather, freshly laundered and age appropriate, well fitting and smart, child feels comfortable and happy with what they are wearing.</p>	<p>Appropriate clothing for the weather including footwear, may be handed down but clean. Child(ren) have sufficient changes of clothes for different settings e.g. school and leisure.</p>	<p>Clothing not always clean, lack of quantity i.e. only one school uniform which has to last the week, footwear limited e.g. only wears pumps and not waterproof shoes, shoes are too big or small, low level grubbiness.</p>	<p>Do not wear clothes appropriate for the weather, smelly or musty, may be badly fitting, possibly staying in the same clothes all day and night, no access to additional clothing or age appropriate clothing and footwear.</p>	<p>Grossly inadequate - filthy, ill-fitting and child/ren are dangerously exposed to elements e.g. younger children and extreme weather conditions not having adequate warm clothing, teenagers having no outdoor clothes.</p>

	Peer/ friend interaction	Facilitated and vetted	Facilitated	Supports if a child is from a family who are friendly with parent/carer	Child finds own friends, no help from parent or carer unless reported to be bullied	Disinterested/ indifferent
Impact of Depressed/Passive Neglect Levels 2, 3 and 4				Analysis of Assessment of Depressed/Passive Neglect		
<p>No structure; poor supervision, care and food The younger the child, the more debilitating the effects. Lacks the interaction with parents required for mental and emotional development. Infant: Incurious and unresponsive; moan and whimper but don't cry or laugh At school: isolated, aimless, lacking in concentration, drive, confidence and self-esteem but do not show anti-social behaviour</p>				<p>Are there any identified elements of Depressed/Passive Neglect at Level 4 (High Risk of Harm)?</p> <p>If yes – discuss immediately with your designated safeguarding lead and consider a referral into ICRT</p>		
				<p>Does the majority of identified need sit within Level 3 (Child's needs are secondary to adult's)?</p> <p>If yes – discuss with your designated safeguarding lead and consider a referral into ICRT. Single Assessment may be appropriate. Consider alongside the rest of the assessment – minimum response should be an Early Help Plan and Team Around the Family</p>		
				<p>Does the majority of identified need sit within Level 2 (Adult-focused care-giving)?</p> <p>If yes – consider alongside the rest of the assessment – it is likely that an Early Help offer should be made and a Team Around the Family set up</p>		

		Level on Continuum of Need Threshold Guidance				
Severe Deprivation	Area of Concern	Level 1 No Concerns Universal Services Can Meet Need (Child-focused care-giving)	Levels 1-2 Single Need Targeted Response Required (Child-focused care-giving but identified unmet need)	Level 2 Child's Health or Development Impaired Multi-Agency Early Help Response Required (Adult-focused care-giving)	Level 3 Needs not met Statutory Response may be Needed (Child's needs are secondary to adult's)	Level 4 High risk of harm Statutory Response Needed (Child's needs are not considered)
<p>Parents with serious issues of depression, learning disabilities, drug addiction. Where domestic abuse is a factor, substances are misused as a coping mechanism; victim 'blamed' by perpetrator. Care system at its worst. Children left in cot or 'serial caregiving'. Imprisonment in own home. Deprived of food and drink.</p>					Several indicators of different types of neglect (see Impact of Severe Deprivation, below left)	Numerous indicators in combinations (see Impact of Severe Deprivation, below left) Multiple placements
	Impact of Severe Deprivation Levels 3 and 4			Analysis of Assessment of Severe Deprivation		
	<p>Infants: lack pre-attachment behaviours of smiling, crying, eye contact Children: impulsivity, hyperactivity, attention deficits, cognitive impairment and developmental delay, aggressive and coercive behaviour, eating problems, poor relationships Inhibited: withdrawn passive, rarely smile, autistic type behaviour and self-soothing Disinhibited: attention-seeking, clingy, over-friendly; relationships shallow, lack reciprocity. Attachment disorders. When the child is left alone for long periods in states of distress, the child's attachment system</p>			<p>Are there any identified elements of Severe Deprivation at Level 4 (High Risk of Harm)? If yes – discuss immediately with your designated safeguarding lead and make a referral into ICRT Does the majority of identified need sit within Level 3 (Child's needs are secondary to adult's)? If yes – discuss with your designated safeguarding lead and make a referral into ICRT. Consider alongside the rest of the assessment – minimum response is likely to be a Single Assessment.</p>		

<p>Hazardous environment. Combination of severe neglect and absence of selective attachment: child is essentially alone.</p>	<p>is acutely and chronically activated leading to risk of long-term psychopathology – shut down and dissociate Affected by domestic abuse: evidence suggests that domestic abuse harms infants and pre-school children the most, but the harmful effects are often only noticed during the teenage years. The psychological impact can be as great as the physical impact which can lead to significant trauma. Indicators include:</p> <ul style="list-style-type: none"> • Anxiety, restlessness, nightmares or sleep disruptions, eating disorders, headaches or chronic fatigue • Distraction as well as difficulties with thinking, learning, concentrating or processing information • Re-living violence through play • Fear of being alone or difficulty separating from parents • Physical aggression, inappropriate social responses to others, bullying or peer victimisation or a diminished ability to trust others 	<p><i>There should be no assessment of unmet need at Level 2 if signs and indicators of Severe Deprivation are present. These signs and indicators sit within Tiers 3 and 4.</i></p>
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Home Conditions

Home conditions can be an indicator of parenting capacity and poor home conditions can be a symptom of neglect. This element of the Child Neglect Toolkit is designed to support practitioners to identify concerning levels of need related to home conditions.

Home Conditions	Area of Concern	Level on Continuum of Need Threshold Guidance				
		Level 1 No Concerns (All Needs Met)	Levels 1-2 Single Need Targeted Response Required (Essential Needs Met)	Level 2 Child's Health or Development Impaired Multi-Agency Early Help Response Required (Some Essential Needs Met)	Level 3 Needs not met Statutory Response may be Needed (Many Essential Needs Unmet)	Level 4 High risk of harm Statutory Response Needed (Most or All Essential Needs Unmet)
	Smell Eg mouldy/rotten food, urine	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Kitchen floor dirty, covered in bits, crumbs, rubbish, animal faeces etc	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact

	Floor covering in any other room dirty, covered in bits, crumbs, rubbish, animal faeces etc	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	General decorative order poor eg stained or damaged walls, broken doors or windows	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	No or little food in home, cupboards	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact

	Kitchen sink, draining board, work surfaces, cooker, fridge or cupboard doors dirty	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Cooking implements, cutlery or crockery showing ingrained dirt and/or these items remain unwashed until they are needed again	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Toilet, bath or basin broken, dirty or showing ingrained dirt	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Beds, furnishing or furniture broken, dirty, stained or missing	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact

	Parent's or children's clothing unwashed, smelling or hair dirty or matted	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Garden or yard uncaared for, strewn with rubbish or containing dangerous items eg broken bottles, prams etc	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	No adequate seating/furnishing eg no tables, chairs, beds	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact

	Exposed needles or other drug paraphernalia visible in the house and/or within children's reach	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Rodents or rodent damage to property	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Hazardous environment eg broken electrical sockets, no smoke alarms, lack of safety gates or fire guards	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact

	No basic services (no water in house, no electricity or gas supply, no heating)	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	Extreme clutter or hoarding eg bin bags or clothing or toys left everywhere, lack of space to play	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact

	<p>Pets or animal hazards eg number of animals in the house, aggressive or threatening animals Note: research highlights the correlation between animal cruelty and child abuse and animal cruelty and domestic abuse</p>	Does not exist	Exists to some extent	Noticeable/has some impact	Very apparent	Serious impact
	<p>Impact of poor Home Conditions at Levels 2, 3 and 4</p> <p>Poor physical health – illness, infection Poor mental health Failure to thrive Social isolation as a result of being unkempt (bullying) Low self-esteem Risk of accident and injury, from minor to fatal Risk of injury by animals</p>	<p>Analysis of Assessment of Home Conditions</p> <p>Are there any identified elements of poor Home Conditions at Level 4 (Serious Impact)?</p> <p>If yes – discuss immediately with your designated safeguarding lead and consider making a referral into ICRT</p> <p>Do the majority of the poor home conditions sit within Level 3 (Very Apparent)?</p> <p>If yes – discuss with your designated safeguarding lead and consider making a referral into ICRT. A Single Assessment may be appropriate. Consider alongside the rest of the assessment – minimum response will be an Early Help Plan and a Team Around the Family</p>				

		<p>Do the majority of poor home conditions sit within Level 2 (Noticeable/Has Some Impact)?</p> <p>If yes – consider alongside the rest of the assessment – it is likely that an Early Help offer should be made and a Team Around the Family set up</p>
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Overall Assessment

Use the table below to summarise your assessment:

Type of Neglect			
			Tick
Emotional Neglect	The majority of indicators are:	Level 1: No concerns, universal services can meet need (Child-focused care-giving)	
		Levels 1-2: Single Need, targeted response required (Child-focused care-giving but identified unmet need)	
		Level 2: Child's health or development impaired (Adult-focused care-giving). Multi-agency response required	
		Level 3: Needs not met (Child's needs are secondary to adult's), statutory response may be required	
		Level 4: High risk of harm (Child's needs are not considered), statutory response required	
Disorganised Neglect	The majority of indicators are:	Level 1: No concerns, universal services can meet need (Child-focused care-giving)	
		Levels 1-2: Single Need, targeted response required (Child-focused care-giving but identified unmet need)	
		Level 2: Child's health or development impaired (Adult-focused care-giving). Multi-agency response required	
		Level 3: Needs not met (Child's needs are secondary to adult's), statutory response may be required	
		Level 4: High risk of harm (Child's needs are not considered), statutory response required	

Depressive or Passive Neglect	The majority of indicators are:	Level 1: No concerns, universal services can meet need (Child-focused care-giving)	
		Levels 1-2: Single Need, targeted response required (Child-focused care-giving but identified unmet need)	
		Level 2: Child's health or development impaired (Adult-focused care-giving). Multi-agency response required	
		Level 3: Needs not met (Child's needs are secondary to adult's), statutory response may be required	
		Level 4: High risk of harm (Child's needs are not considered), statutory response required	
Severe Deprivation	The majority of indicators are:	There should be no needs identified below Tier 3. Signs and indicators of severe deprivation sit within Levels 3 and 4.	
		Level 3: Needs not met (Child's needs are secondary to adult's), statutory response may be required	
		Level 4: High risk of harm (Child's needs are not considered), statutory response required	
Home Conditions	The majority of indicators are:	Level 1: All needs met	
		Levels 1-2: Essential needs met	
		Level 2: Some essential needs met	
		Level 3: Many essential needs unmet	
		Level 4: Most or all essential needs unmet	
Summary			
	<p>The assessment suggests an appropriate level of response. <i>However, your response should be supported by dialogue with other professionals and, if appropriate, your designated safeguarding lead.</i></p>		
<p>There are indicators which sit within Level 4 High risk of harm / most or all essential needs unmet</p>	<p>This indicates a very high level of risk and harm requiring a statutory response. Discuss with your safeguarding lead and make a referral into ICRT. If your safeguarding lead is not available, do not wait, make the referral.</p>		

<p>There are a significant number of indicators which sit within Level 3 Needs not met / many essential needs unmet</p>	<p>This indicates a moderate to high level of risk and harm that requires further investigation. Discuss with your safeguarding lead and consider making a referral into ICRT. You will need to make the parent aware that you are doing this. You can phone ICRT for advice on 0191 561 7007.</p>
<p>The majority of indicators sit within Level 2 Child's health or development impaired / some essential needs met</p>	<p>This indicates a moderate level of risk that requires a multi-agency Early Help Team Around the Family as a minimum response. Consider the impact of any Level 3 indicators you have identified, even if only one, and whether they suggest a safeguarding risk. Consider whether the Early Help Plan requires the input of the Early Help Service. The number and potential impact of the identified Level 2 and Level 3 indicators will determine whether the Universal Services can lead the Team or if capacity should be added by the Early Help Service. You can phone EHAAT for advice on 0191 561 4804. You will need the family's consent to set up a Team Around the Family.</p>
<p>The majority of indicators sit within Level 1, but there is at least one indicator which sits within Level 2 Single Need, targeted response required / essential needs met</p>	<p>This indicates a low level of risk that requires a single-agency response to address a single issue. A referral should be made to that agency. However, if there are a number of low-level concerns it may be that the family would benefit from a co-ordinated approach and that a Team Around the Family would be beneficial. It is unlikely that the Early Help Service would need to be involved at this stage. You can phone EHAAT for advice on 0191 561 4804. You will need the family's consent to make a single-agency referral or to set up a Team Around the Family.</p>
<p>All indicators sit within Level 1 No concerns / all needs met</p>	<p>This indicates no risk and no level of neglect. No response required.</p>

Section Three

Preliminary Assessment of a parent with a potential learning disability

- | 1. HISTORY | Tick box if present |
|---|--------------------------|
| Usually a fairly reliable indicator | |
| Self report | |
| Attending a special school | <input type="checkbox"/> |
| Special unit in mainstream | <input type="checkbox"/> |
| Needing extra help at school | |
| Family/other agencies | |
| Information about Special Education | |
| Needing lots of help at school | |
| Being slow generally | |
|
 | |
| 2. BACKGROUND INFORMATION | |
| Providing vague or naïve information about basic facts (e.g. not certain which hospital their child was born in, how long partner has been around, birth dates of children, type of schooling child receives) | <input type="checkbox"/> |
|
 | |
| 3. LEVEL OF SUPPORT | |
| Is evident that another person has a major role providing help/advice to the family (e.g. help with filling in forms, shopping, arranging housing, using public transport) | <input type="checkbox"/> |
|
 | |
| 4. LITERACY | |
| Significant problems with writing | |
| A reluctance to write in presence of others | <input type="checkbox"/> |
| Writing address, but misspelled, postcode absent | |
| Reading words but with limited understanding only | |
| Avoiding reading/writing tasks (“I haven’t got my glasses”) | |
|
 | |
| 5. TRAVEL | |
| Problems travelling on public transport | <input type="checkbox"/> |
| Always comes to appointments with another adult | |

- 6. APPOINTMENTS**
Erratic appointment keeping e.g. early, late, wrong day, odd excuses
- 7. FINANCE**
Problems managing money
 - trouble giving change for a note
 - problems estimating cost
 - running out of money quickly on a regular basis
- 8. ROUTINE**
Being overwhelmed by day to day routine
 Difficulty in sending child to school with kit needed
 Coping with household routine
 Difficulty prioritizing demands and activities
- 9. STRATEGIES**
Using lots of explanations/excuses for problems – e.g. “His glasses are at home” or “I lent my thermometer to a friend”
- 10. CHILD CARE**
Difficulties with child care
 - following a routine
 - predicting dangers
 - seeming to be always telling the child off
 - inappropriate feeding
 - apparent inability to praise child
 - child appearing to look after parent
- Significant illness or injury which may have caused a problem with cognitive functioning, i.e. head injury, meningitis, oxygen starvation

If several boxes have been ticked, then you should refer to the Adult Disability Team for further Assessment. You should also consider if a [referral to the Adult Safeguarding Team](#) is needed.

Sunderland Levels of Need Threshold Continuum Model

	GOVERNANCE	NEED	SERVICE LEVELS	ISSUES	OUTCOMES	
CONTINUOUS ASSESSMENT	Level 4	Child has suffered or is at risk of suffering 'significant harm'.				STATUTORY INTERVENTION
	Court Processes	Needs that cannot be met safely at home.	All	Children Looked After	Permanence	
	ICPC	Intensive support needed to live safely at home.		Child Protection	Improved outcomes – child kept safely at home	
	Children's Social Care	Young person in custody. (Specialist practitioner/agency response)		Youth Justice		
	Level 3	Circumstances for child/family are 'of serious concern'.		Children's Social Care, specialist, targeted and universal	Child in Need	Improved outcomes – child kept safely at home
Children's Social Care Early Help Service (step downs)	Support needed to live safely at home (Specialist practitioner/agency response)					
Level 2	Circumstances for child/family are 'not good enough'.				PREVENTION AND EARLY HELP PARENTAL AGREEMENT REQUIRED TO WORK AT LEVELS 1, 2 AND 3	
Early Help Service (relatively small number at this level)	Complex needs and issues requiring specialist multi-agency response; step-down from CIN/CP	Specialist and targeted	Universal and targeted services alone unable to meet needs	Improved outcomes – CSC referral not needed		
Early Help Universal and Early Help Service (majority of children/families at this level)	Additional needs and issues requiring targeted multi-agency response (specialist, universal or co-worked)	Targeted and universal	Universal services alone unable to meet needs	Improved outcomes – family better able to support selves		
Earliest Intervention (small number at this level)	Additional needs requiring single-agency response	Universal (occasionally targeted)	Single piece of work required to meet need	Needs addressed – universal services sufficient going forward		
Level 1	Circumstances for child/family are 'good enough'.					
Universal Providers	No unmet needs. Open access services available to all.	Universal including voluntary and community services	No unmet needs	Circumstances for child/family continue to be 'good enough' Child/family thrives		

