Final

Assessment Tool for Neglect

With acknowledgement to Cardiff LSCB

Cwm Taf Safeguarding Children	Date: March 2013	Status: Endorsed Final Version
Board		
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Using the Assessment Tool for Neglect

The Assessment Tool for Neglect gives an objective measure of the care of a child by a carer. The Tool provides a qualitative grading for actual care delivered to a child, taking account of commitment and effort shown by the carer. It is a descriptive scale which defines the care given, identifying both strengths and weaknesses as the case may be. Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them. Thus, if a child is provided with good food, good clothes and a safe house Cwm Taf Assessment Tool for Neglect will score better irrespective of the financial situation. The grades are on a 20 point continuum (extending from best to worst in increments of 5) a score of 5 is the best and 20 the worst. This grading is based on how carer(s) respond to the child's needs. This is applied in four areas of need – physical, safety, emotional care and building self esteem and resilience. Each area is made up of different sub-areas and some sub-areas are further broken down into different elements of care. The score for each area is made up of scores obtained from each of these elements. Methods are described below in detail. It can be scored by the carer(s) themselves if necessary or practicable.

How is the Assessment Tool organised?

It has two main components:

The Record Sheet (Appendix 1)

This has 'areas' and 'sub-areas' in a vertical column on the left hand side and scores and columns 1-4 horizontally, for each sub-area. Underneath the boxes are numerical scores for each column, ranging from 5, being no concerns, to 20, indicating that legal advice is recommended.

How to use the Record Sheet

Fill in the service users name and the date of assessment at the top of the Record Sheet.

The main carer is the person to whom these observations relate:

- One or both parents
- Substitute carer
- Each parent separately

Note this in the appropriate space at the top right corner of the Record Sheet.

Methods

The home <u>must</u> be visited to make observations to ensure the accuracy of the prescriptive scoring. This may be on several occasions. Lists of prompts are available with the Assessment Tool and should be referred to during the visit. These prompts are not exhaustive rather they are examples. The tool can also be used retrospectively where there is already enough information on the elements or sub-areas to enable scoring.

So far as practicable, use the *steady state* of an environment and discount any temporary insignificant upsets e.g. bereavement, recent loss of job and illness in parents. It may be necessary to revisit and score at another time.

If a carer is trying to mislead deliberately by giving a wrong impression or inaccurate information: score as e.g. 'misleading explanation', grade four.

Obtaining information on different items or sub-areas

A) PHYSICAL

1. **Nutritional** (a) quality (b) quantity (c) preparation and (d) organisation

Take a comprehensive history about the meals provided including nutritional contents (milk, fruits etc.), preparation, set meal times, routine and organisation. Also note the carer's knowledge about nutrition as well as the carer's reaction to suggestions made regarding nutrition (whether keen and accepting or dismissive). Without being intrusive observe for evidence of provision, including food, kitchen appliances and utensils, dining furniture and its use. It is important not to lead, but to observe the responses carefully for honesty. Observation at a meal time in the natural setting (without special preparation) is particularly useful. Score on amount offered and the carer's interaction with younger children to ensure they are fed, rather than the actual amount consumed. Be aware some children may have eating/feeding problems.

2. **Housing** (a) maintenance (b) décor (c) living facilities

Observe the whole house including bedrooms. If deficient, ask to see if effort has been made to remedy. Ask yourself if the carer is capable of doing repairs or remedial actions for themselves.

3. Clothing (a) insulation (b) fitting and adequacy (c) appearance

Observe. Consider if effort has been made towards repair, cleaning and ironing.

4. **Hygiene (**a) cleanliness (b) age appropriate independence

Observe child's appearance (hair, teeth, skin, nails, rashes due to long term neglect of cleanliness). Ask about practice.

5. **Health** (a) opinion sought (b) follow-up (c) surveillance

Ask if the carer seeks information from other professionals or some knowledgeable adults on matters of health and who decides when health care is needed. Check about immunisation uptake, health surveillance uptake and reasons for any non-attendance at required appointments.

Corroborate with relevant professionals. Distinguish genuine difference of opinion between carer and professional from non-genuine misleading reasons. Beware of being over sympathetic with carer if the child has a disability or chronic illness. Remain objective.

B) SAFETY

1. **In Presence** (a) awareness (b) putting into practice (c) supervision outside the home **(**d) safety features

This means how safely the home environment is organised. It includes safety features and the carer's behaviour regarding safety in every day activity (e.g. lit cigarettes left lying in the vicinity of child). The awareness may be inferred from the presence and appropriate use of safety fixtures and equipment in and around the house or in the car (child safety seat etc.), by observing handling of young babies and supervision of toddlers. Also, observe how the carer instinctively reacts to the child being exposed to danger. If observation is not possible, then ask about the awareness. Observe or ask about the child being allowed to cross the road, play outdoors etc. If possible, verify from other sources.

2. **In Absence** (a) safety measures

This covers child care arrangements when the carer is away. Take account of reasons, periods of absence, and age of the minder. Check answers out with other sources.

C) EMOTIONAL CARE

1. **Carer** (a) sensitivity (b) timeliness of response (c) reciprocation

This mainly relates to the carer. Sensitivity denotes the carer showing awareness of any signal from the child. Timeliness of response denotes the timing of carer's response in the form of appropriate action in relation to the signal from the child. The carer

may become aware, yet respond a little later in certain circumstances. Reciprocation represents the emotional quality of the response.

2. **Mutual Engagement** (a) interaction (b) quality

Observe mutual interaction during feeding, playing, and other activities this gives a sense of whether both are actively engaged. Observe what happens when the carer and the child talk, touch, seek each other out for comfort and play, babies reaching out to touch while feeding or stop feeding to look and smile at the carer. Consideration should be given to the impact on the interaction when the child has behavioural problems.

Unplanned interaction is the best opportunity to observe theses areas. Observe if carer spontaneously talks and verbalises with the child or responds when the child makes overtures. Note who derives pleasure from the activity, the carer the child or both. Note if it is leisure engagement or functional (e.g. feeding etc).

D. BUILDING SELF ESTEEM AND RESILIENCE

1. Stimulation (a) age and/or development appropriate (b) education and peer relationships

Observe or enquire how the child is encouraged to learn. Examples include: stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, providing developmentally stimulating equipment. (activity should be age appropriate) If stimulation is lacking, try to note if it was due to carer being occupied by other essential chores.

2. Appreciation (a) approval (b) acceptance

Find out how and how much the child's achievement is rewarded or neglected. It can be assessed by asking how the child is doing or simply by praising the child and noting the carer's response (agrees with delight or child successes rejected or child is put down).

Observe or probe how carer generally feels when the child is feeling sad or after the carer has reprimanded the child, or when the child has been reprimanded by others (e.g. teacher when child is not behaving well). See if the child is rejected or accepted at these times with warm and supportive behaviour.

3. Disapproval (a) emotional regard

If the opportunity presents, observe how the child is reprimanded for undesirable behaviour, otherwise enquire tactfully (does the child throw tantrums? How does the carer deal with it if it happens when they are tired or preoccupied themselves?)

Beware of discrepancy between what is said and what is done. Any observation is better in such situations e.g. child being ridiculed or shouted at. Check if carer is consistent.

Reference system

The Reference System (Appendix 2)

A capital letter denotes an 'area', numerals denote a 'sub-area' and a small letter denotes an 'element'. For example, A/1a = area of 'physical' care sub-area 'nutrition' for this element 'quality' for this sub-area; meaning quality of nutrition for physical care.

Scoring

Make sure your information is factual as far as possible. Go through the explanatory table in the record sheet in order, Sub-Areas and Elements. Find the description which matches best, read one grade on either side to make sure. Put a tick in the box of the chosen description (The number at the bottom of the column will be the score for that element or sub-area). Where more than one element represents a sub-area, use the method described below to obtain the score for the sub-area.

To obtain a score for a sub-area from the scores in each of its elements:

Read the score for the boxes ticked for different elements of a particular sub-area. If there is a clearly repeated number but none of the boxes ticked are beyond 15 (column 3) score that number for that particular sub-area. To score on the Neglect Summary Analysis Sheet tick the appropriate score box against the sub-area.

Example:				
	Column	Column	Column	Column
NUTRITION	1	2	3	4
Quality		Χ		
Quantity		X		
Preparation		X		
Organisation			X	
Scoring	5	10	15	20
In this examp	le the scor	e for this su	ub-area (nutr	ition) would
be 10.			•	•

Follow the same principle for getting an overall score for an 'area' by taking an average of the sub-area scores. If there is even a single score **above 15 (Column 3)**, score that point regardless of any other scores.

This method helps identify the problem even if it is one sub-area or element. The tool's primary aim is to safeguard a child's welfare while being objective. If the average score is used it will not show up the high scores which are the areas of concern.

Having worked out the score for the sub-areas and elements, transfer the scores onto the Neglect Summary Analysis sheet, ticking the corresponding boxes (**Appendix 2**).

Targeting

If the score is poor in an element or sub-area, it can be targeted by noting it in the table on the Target Sheet (Appendix 3). Interventions can then be planned with the family to aim for a better score after a period of involvement. Aiming for one grade better will place less demand on the carer than aiming for the ideal in one leap.

Application

It is envisaged that the Cwm Taf SCB Assessment Tool for Neglect can be used to:

- Assess neglect both Child in Need and CP
- Assess known neglect, benchmarking change, progress and deterioration at specified intervals.

RECORD SHEET

APPENDIX 1

A. AREA: PHYSICAL CARE

Prompt Indicators

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.
- Carer interacts with child e.g. assist child to eat or appears to feed baby without holding him/her.

b. Quantity

- Carer does not provide at least one <u>prepared</u> meal per day, including school meals.
- The child appears to be extremely hungry.
- The child has been observed to eat excessively/ravenously.

c. <u>Preparation</u>

- There are inadequate 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. dirty bottles.
- Scraps of old food are observed on the living/dining room floor.
- School age child is not provided with adequate lunch or dinner money.

d. Organisation

- Special dietary needs are not met e.g. allergies.
- · Meals are family focussed, eat at a table together
- Established routine are in place

A. AREA: PHYSICAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4
1.		NUTRITION		
a. Quality	Aware and proactive. 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 daily calories/intake not considered	Quality not a consideration at all or falsely represents food given
b. Quantity	Sufficient to meet child's needs	Adequate to variable Not consistently sufficient to meet child's needs	Variable to low. Insufficient to meet child's needs or persistently overfed/overeats.	Mostly low or starved. Children appear underweight, seeking food/ stealing Mostly high or overeating/obesity. Constantly seeks food
c. Preparation	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/takeaways, or food not age appropriate
d. Organisation	Well organised - appropriate seating, regular timing of meals, child aware of routine. Meals family focussed	Poorly organised, irregular timing, improper seating, e.g. dirty bottles. Little interaction with child	Ill-organised, no clear meal times, unhygienic feeding equipment. No interaction with child	Chaotic, no arrangements for feeding the child, s/he eats whatever is available, if at all. Child overeats if opportunity is presented e.g. at school
Scoring →	5 No concern	10 Prevention/support services recommended	15 Child Protection	20 Legal advice recommended

A. AREA: PHYSICAL CARE

Prompt Indicators

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.
- Exposed live wires and nails
- Garden overgrown cluttered and can't be used

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. <u>Living Facilities</u>

- 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: PHYSICAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4
2.		HOUSING		
a. Maintenance	Home well maintained and child's safety needs addressed.	State of repair adequate. Family address key maintenance issues. Child's safety needs not always addressed.	In disrepair, amenable to self-repair but family not motivated. Observed accidents to child in home as maintenance not undertaken.	Dangerous disrepair, amenable to self repair (e.g. exposed nails, live wires), Child constantly exposed to hazards within the home.
b. Décor	Good, child friendly and free from clutter.	In need of decoration but reasonably clean and organised	Dirty/cluttered/chaotic environment.	Dirty, long term ingrained, squalid, bad odour, exposure to hazards within the home.
c. Living Facilities	All essential amenities, good heating, bathing, play and learning facilities.	Essential to adequate, no effort to maximise benefit to the child e.g. adequate private bed space, no consistent heating in home.	Essential to inadequate e.g. no bedding, lack of warmth, unclean, no heating system which works, dirty toilet and bath, child shares parents bed	No facilities provided for the child's individual needs
Scoring →	5 No concern	10 Prevention support services recommended	15 Child Protection	20 Legal advice recommended

A. AREA: PHYSICAL CARE

Prompt Indicators

3. CLOTHING

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. Appearance

- 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: PHYSICAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4			
3.	3. CLOTHING						
a. Insulation	Protective good quality clothing appropriate for weather conditions	Adequate protective appropriate for weather conditions	Inadequate weather protection, lack of warm clothes, no hat or gloves, poor fitting shoes, e.g. jumpers in the summer	Clothing totally inappropriate and inadequate for weather conditions.			
b. Fitting and adequacy	Properly fitting even if handed down	Clothing inconsistent sometimes well fitted, sometimes not.	Clearly improper fitting	Grossly improper fitting			
c. Appearance	Newish, clean, ironed and effort to restore any wear. Addresses any odour if bed wetter.	Repair lacking, usually not quite clean or ironed Carer does not consistently assist child to self care.	Worn, often dirty and crumpled. Carer does not assist child to self care. Inequity of clothing provision when more than 1 child	Dirty, badly worn and crumpled, odour. Carer does not acknowledge that the child is self caring.			
Scoring →	5 No concern	10 Prevention/support services recommended	15 Child Protection	20 Legal advice recommended			

A. AREA: PHYSICAL CARE

Prompt Indicators

- 4. HYGIENE
 - a) Cleanliness
 - 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 appropriate independence
 - · Provides appropriate toiletries for child
 - Carer unaware child needs help and support in developing self care skills
 - Carer monitors child's hygiene and takes steps to address any problems

A. AREA: PHYSICAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4		
4.	4. HYGIENE					
a. Cleanliness	Cleaned, bathed or washed daily	Not regularly bathed or washed.	Infrequently bathed, washed hair seldom groomed. Often grubby appearance	Seldom bathed or clean. Dirt ingrained hair matted.		
b. Age appropriate independence	Some independence at above tasks but always helped and supervised	Not regularly reminded and provided for inconsistently e.g. toothpaste and brush. Not always recognising the child needs help to develop self care skills	Reminded only now and then, minimum supervision	Parental indifference/no supervision		
Scoring →	5 No concern	10 Prevention/support services recommended	15 Child Protection	20 Legal advice recommended		

A. AREA: PHYSICAL CARE

Prompt Indicators

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, unnecessarily presents the child as ill.
 - Carer fails to seek immediate medical opinion for when a child is significantly unwell.
- b. Follow Up
 - Carer fails to follow through on planned medical appointments if required.
 - Carer fails to follow through on planned medical appointments even when prompted.
- c. Surveillance
 - Carer fails to attend for regular developmental checks with young child.
 - NB Consider the specific needs of a child with complex health needs or disability in each section

AREA: PHYSICAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4
5.		HEALTH		
a. Opinion Sought	Seeks appropriate advice from professionals/ experienced adults on preventative matters and those of immediate concern about child health. (Preventative, includes dental and optical care)	Seeks advice on illness of any severity and appropriately administer medication. Advice not routinely or overly sought on minor health problems.	When illness becomes moderately severe seeking advice is delayed, dental care and optical care not attended to	Seeks advice only when illness becomes critical (emergencies) or even that is ignored
b. Follow Up	All appointments kept. Rearranges if problems	Fails one in three appointments.	Attends only after prompting by professionals. Contests its usefulness even if it is of clear benefit to the child	Fails any needed follow up appointments despite reminders.
c. Surveillance	Up to date with scheduled surveillance and immunisation. Unless informed choice made to decline.	Routine checks missed for reasons of personal inconvenience, takes up if persuaded	Compliance frequently lacking for trivial reasons, significant minimisation of child's health needs. Accepts health input if accessed at home.	Serious compliance failure, medication not given for no reasons, carer misleading with information, inexplicable deterioration, no access for home visits
Scoring →	5 No concern	10 Prevention/support services recommended	15 Child Protection	20 Legal advice recommended

B. AREA: SAFETY

Prompt Indicators

IN PRESENCE

a. Awareness

- The house or garden/yard is frequently fouled with animal faeces or urine.
- Home is cluttered and messy
- Child sent to nursery with young siblings

Primary School

- 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.

Secondary school

- 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. Putting into practice

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.

B. AREA: SAFETY

Sub Areas	Column 1	Column 2	Column 3	Column 4
1.		IN PRESENCE		
(a) Awareness	Aware of important safety needs of child. e.g. safety in home, traffic, supervision	Poor awareness of safety needs of child except for immediate danger	Oblivious to safety of child, dangerous animals/pets present	Parental indifference, child's safety not considered. Child exposed to danger
Primary school	Supervision indoors, no direct supervision outdoors 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
Secondary School	Can allow out in unfamiliar surroundings if thought to be safe and in reasonable time limit. Checks if suspicious	Not always aware of whereabouts outdoors believing it is safe as long as returns on time	Parental indifference about daytime outings, concerned about late nights.	Parental indifference to whereabouts, despite knowledge of dangers in locality outdoors, railway lines, ponds, unsafe building. No at all concerned about staying out until late.
(b) Putting into				
Practice Pre-mobility age	Cautious whilst handling and laying, frequent checks if unattended	Insecure handling, inconsistent supervision	Insecure handling child left unattended even during care chores (bottle	Dangerous handling, left dangerously unattended, during care chores like bath.
Children becoming mobile	Effective measures in place against any imminent danger	Inconsistent measures taken against imminent danger	Ieft in the mouth) Ineffective measures if at all, improvement from mishaps soon lapses	Exposes to dangers (dangerously hot iron near by)
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended

B. AREA: SAFETY IN PRESENCE

Prompt Indicators

c. Supervision outside home

- Child allowed to walk without adult intervention along busy roads, e.g. dragging behind
- Child sent to nursery school with young siblings
- · Child found wandering
- 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: SAFETY

Sub Areas	Column 1	Column 2	Column 3	Column 4
1.	S	AFETY IN PRESENCE		
(c) Supervision outside the home	Well secured in the pram, harnesses or walking Hand clutched, at child's pace. 3-4 years old allowed to walk but close by, always in vision	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, intermittent	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation	Babies unsecured, careless or inappropriate use of pram e.g. piled with bags, unsafe use in traffic, pram not age appropriate 3-4 year old left to wander and dragged along in frustration when found
	5-8 year old allowed to cross the road with appropriate support Older children allowed to cross alone if previously tried with	Under 8 year olds allowed to cross with an older inappropriate child. Older children cross alone no appreciation of	Under 8 year olds allowed to cross a busy road alone	Under 8 year olds cross a busy road alone parents unaware of danger
(d) Safety Features	Essential features, secure doors, windows and any heavy furniture item, safe gas and electrical appliances.	child's ability to safely do so. Lacking in some essential safety features	No safety features.	Definite hazard due to disrepair e.g. exposed electric wires and sockets, unsafe windows (broken glass),
	Drugs and toxic chemicals out of reach smoke alarm Intercom to listen to the baby. Safety with the garden pond and pool etc	Drugs and toxic chemicals not consistently stored safely	Some possible hazards due to disrepair (tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances) Drugs and toxic chemical accessible to children	Dangerous chemicals carelessly lying around
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended

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B. AREA: SAFETY

Sub Areas	Column 1	Column 2	Column 3	Column 4
2.	·	SAFETY IN ABSENCE		
(a) Safety Measures.	Child is left in care of an approved person e.g. • Never in sole care of an under 16.	Leaves a child occasionally with a person known to be	Frequently leaves a child with an unsuitable person or another child.	Child is left alone
	 As an isolated incident and from necessity a child left with a young person under 14 who is familiar and carer deems 	unsuitable or another child. Parents unsure of child's whereabouts,	Child found wandering.	Young children regularly left with other children or frequently left with an unsuitable person. Child found wandering.
	responsible. • Above arrangement applies to a baby only in an urgent situation	allows e.g. when playing outside	Child locked out	Child locked out. Child missing
	Parent/child always aware of each others whereabouts.			
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended

C. AREA: EMOTIONAL CARE

Prompt Indicators

1. CARER

a. Sensitivity

- Carer response to child's immediate need or behaviour is insensitive/inconsistent.
- Carer does not recognise the appropriateness of child's relationship with others e.g. hits/bites other children, cruel to animals.
- Carer appears to dislike the child e.g. overly critical favours other siblings.

b. <u>Timeliness of Response</u>

- Carer does not comfort child when distressed.
- Child is provocative with carer and/or display extreme behaviour to get a response or 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 overly familiar with other adults, e.g. is indiscriminately affectionate to stranger.
- Child is clingy/anxious for too long after short separation from carer (age appropriate).
- Carer response is appropriately responsive to child e.g. not only functional but emotionally warm

C. AREA: EMOTIONAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4		
1.	1. CARER					
a. Sensitivity	Anticipates and comprehends very subtle signals, verbal or non verbal expression or mood	Not consistently sensitive, to verbal or non verbal signs. Signals have to be intense to make an impact e.g. cry	Insensitive, needs repeated or prolonged intense signals, parents emotional difficulties dominate	Not sensitive to even sustained intense signals or appears to dislike child.		
b. Timeliness of Response	Response at time of signal or even in anticipation.	Doesn't anticipate however responds mostly at time if signal.	Even when child in distress responses delayed	No emotional responses to child.		
c. Reciprocation (quality)	Responses complimentary to the signal. Responses warm and reassuring	Child experiences carer's inconsistent responses.	Emotional response lacks warmth, annoyance if child in moderate distress but attentive if in severe distress.	Carer response punitive, blames, dislikes child, even if child in distress. Lacking in warmth, or remorse.		
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended		

C. AREA: EMOTIONAL CARE

Prompt Indicators

2. MUTUAL ENGAGEMENT

a. Interaction

- Carer does not show physical affection to/for child.
- Carer spends very little time with child.
- Carer does not initiate interaction 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.
- Carer derives little or no pleasure from interaction with child

C. AREA: EMOTIONAL CARE

Sub Areas	Column 1	Column 2	Column 3	Column 4		
2.	2. MUTUAL ENGAGEMENT					
a. Interaction	Carer and child both initiate interaction and show enjoyment.	Interaction initiated mainly by child, sometimes by carer, negative if child's behaviour is defiant	Carer seldom initiates interaction. Child seeking engagement with carer.	Neither carer nor child seeks interaction. Child appears resigned or apprehensive.		
b. Quality	Frequent pleasure and engagement, mutual enjoyment.	Less often engaged for pleasure, child enjoys more, carer passively participates getting some enjoyment at times	Engagement mainly functional, carer indifferent when child attempts to engage for pleasure, child can derive some pleasure.	Carer dismissive when child seeking pleasure from relationship. Response is negative. Child resigned or plays on own.		
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended		

D. AREA: BUILDING SELF ESTEEM AND RESILIENCE

Prompt Indicators

1. STIMULATION

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.

Aged 2-5 years

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

Aged 5+ years

- Carer regularly withdraws her child from school/nursery.
- Child turns up late for school/nursery.
- Child sent to school/nursery when clearly unwell to suit carers needs
- 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: BUILDING SELF ESTEEM AND RESILIENCE

Sub Areas	Column 1	Column 2	Column 3	Column 4		
1.		STIMULATION				
Age appropriate or development appropriate.	Interactive stimulation, sufficient and of good quality (e.g. talking to, playing with, reading stories) Age or development appropriate toys & learning equipment provided, improvises if unaffordable (uniform, sports equipment, books etc) Outings, visits to child centres places locally (taking the child out for recreational purposes, including park, swimming day trips holidays)	Inconsistent, interaction and stimulation, e.g. Parent needs encouragement to meet child's development needs Essential interaction only. No effort to improvise if unaffordable Child accompanies carer, usually to child friendly places	Indifference, poor interaction lack of stimulation e.g. Baby left alone while carer pursuing own interests unless prompted by baby's demands. Deficient, even if carer totally unoccupied Lacking in essential toys & learning equipment Child simply accompanies adult, no child focussed outings, e.g. only plays outdoors in neighbourhood without supervision	Absence of interaction, rare stimulation, • Mobility restricted confined in chair/pram) for carer's convenience. • Angry at baby's demands, blames child. • No toys or equipment unless provided by other sources, gifts or grants • Child ignored. Shouts at child interaction negative No stimulation, child criticised. Child not taken by carer on age appropriate outings may play in the street unsupervised. Carer goes out without considering child.		
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended		

D. AREA: BUILDING SELF ESTEEM AND RESILIENCE

Sub Areas Column 1			Column 2	Column 4						
1. STIMULATION										
•	Education and peer relationships	Education, active interest in schooling and support at home, attendance regular	Regularly attends school but little support for schooling at home	Little effort to maintain interest in schooling or attendance, does so mainly for other reasons like free meals etc	Not interested in schooling or attendance can even be discouraging					
		Sports and Leisure, well organised outside school hours Peer interaction,	Not proactive in finding leisure opportunities but takes up if offered Not encouraged to	Child has opportunities by self effort, carer not motivated	Not interested even if child is engaged in unsafe or unhealthy activities					
		facilitated and approved	maintain friendships	Child finds own friendships, no help from carer even if inappropriate	Parental indifference child isolated or develops inappropriate friendships					
Sco	ring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended					

D. AREA: BUILDING SELF ESTEEM AND RESILIENCE

SUB AREA APPRECIATION

Prompt Indicators

APPRECIATION

- Carer speaks warmly of child keen to describe achievements
- Carer criticises child frequently
- · Carer openly rejects child.
- Carer does not show pride in child's achievement.
- Child does not seek praise from carer.

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.
- Carer allows child to watch inappropriate TV programme or DVD or access to this on internet. Sexually explicit / violent frightens child.

D. AREA: BUILDING SELF ESTEEM AND RESILIENCE

Sub Areas	Column 1	Column 2	Column 3	Column 4							
2.	APPRECIATION										
Approval	Talks warmly about the child, generous praise and emotional reward. Some material reward for appropriate achievements	Doesn't initiate praise of child, but agrees with others. Praise often countered by criticism.	Indifferent if child praised by others, indifferent to child's achievement.	Achievements not acknowledged, reprimand or ridicule is the only reward if at all, low warmth, high criticism.							
Acceptance	Unconditional acceptance even if temporarily upset by child's behavioural demand. Always warm and supportive.	Annoyance at child's behavioural demands, less well tolerated	Unsupportive to rejecting of child, behavioural demands are high	Indifferent to child's achievements but rejects exaggerates if makes mistakes							
Scoring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	Legal advice recommended							

D. AREA: BUILDING SELF ESTEEM AND RESILIENCE

Su	ıb Areas	Column 1	Column 2	Column 3	Column 4						
3.	B. DISAPPROVAL										
•	Emotional regard	Consistent boundaries in place. Consistent	Inconsistent boundaries or routines.	Inconsistent boundaries,	Child stressed and frightened by parents						
		response by carer if any set limits are crossed.	Shouts at or ignores child.	Shouts, harsh verbal comment to child,	behaviour						
			Mild physical and moderate other	Moderate physical or severe other sanctions.	Ridiculed, severe physical or other sanctions.						
			sanctions.	Parents frequently argue in front of the children	Violent in front of the children						
			Parents behaviour when child present inconsistent and inappropriate e.g. argue, make threats	Parents display inappropriate behaviour e.g. threats of self harm							
Sc	coring →	5 No concern	10 Prevention/support service recommended	15 Child Protection	20 Legal advice recommended						

APPENDIX 2

CWM TAF SCB – ASSESSMENT TOOL FOR NEGLECT RECORD SHEET NEGLECT SUMMARY ANALYSIS

FAI	FAMILY NAME: DATE:											
20												
15												
10												
5												
	Nutrition	Housing	Clothing	Hygiene	Health	In Presence	In Absence	Carer	Mutual Engagement	Stimulation	Appreciation	Disapproval
PHYSICAL CARE					SAF	SAFETY EMOTIONAL CARE		BUILDING SELF ESTEEM AND RESILIENCE				
20 = Child Protection and Legal Strategy Meeting 15 = Child Protection 10 = Preventative Support Services recommended 5 = No concern												
Record of any professional disagreement which cannot be resolved												

APPENDIX 3

CWM TAF SCB – ASSESSMENT TOOL FOR NEGLECT RECORD SHEET NEGLECT SUMMARY ANALYSIS - TARGETING AREAS OF CONCERN TO BE ADDRESSED AS PRIORITY

Date of Analysis:		Family Name:			
	TARGETED AREAS	CURRENT SCORE	TARGETED SCORE	TIMESCALE	REVIEWED SCORE
1					
2					
3					
4					
5					
Review Date:					