



## **Neglect Matrix for Practitioners**

### **2020**

This matrix is a useful guide in terms of thinking where a family may sit on the Continuum of Need. A child's needs should be understood and analysed in the wider context. The agreed Partnership tools have been designed to assist professionals in understanding the child or children's lived experience, holistically.

# Indicators of neglect

## Parenting capacity

### Physical care

Level 1	Level 2	Level 3	Level 4
Physical needs are provided for – e.g. food, drink, appropriate clothing, medical and dental care	Basic physical care needs are provided but could be improved	Inconsistent availability of food in the house and irregular mealtimes/ routines	Empty cupboards, decaying food, children go unfed
	Parent/s can cope without the provision of support/ resources but if support provided parenting would be enhanced	Sporadic loss of heating and lighting	Regular absence of heating/ lighting, house is cold and unlit
	Young, inexperienced parents with inconsistent support from family/ friends	Inappropriate weaning, too early/ too late	Inappropriate weaning i.e. regularly given solids and dangerous food items
		Child sometimes presents in school as hungry	Child often in school reporting no breakfast
		Inconsistent application of medication	Critical medication not given
		Child regularly presents as tired and pale	Child falls asleep in class, potentially anaemic
		Child dressed in poorly fitting clothes, wrong size shoes	Child constantly inadequately clothed for the weather conditions
		Child has poor hygiene, sometimes smells and has untreated injuries take time to heal	Child often has persistent untreated head lice, infected injuries, and has a very strong smell of urine, damp or body odour.
		Child presents in school with illness but no explanation from parents	Child sent to school with acute illness
		Child often arrives late for school and is last to be collected	Poor school attendance
		Child has poorly maintained dental health	Child has untreated tooth decay.
		Evidence that parent/carer is prioritising own needs over needs of the child	Child not taken for essential medical appointment or investigations that may have a long term effect on health

## Safe care

Level 1	Level 2	Level 3	Level 4
Parent/s protect from danger and harm at home and elsewhere	Inconsistent supervision, parents aware of child/young person's whereabouts but not always physically present when they should be	Parent inconsistently allows child to play at great risk of physical injury e.g. in the road, on walls/ high level activities	Child sustains injuries whilst playing dangerously, falls off play equipment, is knocked down by cars
	Child has frequent presentation to GP for low level accidents which may indicate inconsistent supervision	Child has had recent admissions to Accident & Emergency due to lack of supervision from parents/carers	Child has multiple admissions to Accident & Emergency and parents ignore advice
	Safety equipment, e.g. fireguards and stair gates, not used consistently	Child under 10 years sometimes left alone either at home or in the street without appropriate supervision	No active supervision, left to own devices, seeks company of much older children. Found wandering in the street or around shops
	Limited awareness of dangers and risks to child/young person- but readily develops understanding with support	Child has access to dangerous equipment, fire, hot objects, drugs etc	Child sustains scalds, ingests harmful drugs/chemicals, in possession of knives and other dangerous objects
	Inconsistent child care arrangements – e.g. carers too inexperienced, or a number of different carers	Child left in care of young children	Child left with inappropriate carers e.g. who are under the influence of drugs and alcohol. Child is injured whilst being cared for by carers due to lack of supervision
	Parent/s offer inconsistent boundaries	No boundaries set around young person's behaviour resulting in aggressive, challenging, disruptive behaviour	Parent's behaviour is frightening to the child resulting in the child presenting with disturbed behaviour (mental health problems)
	Child has inappropriate levels of sexual knowledge	Child/young person is exposed to sexually explicit material	Child/Young person not protected from contact with perpetrators of sexual harm

## Emotional care

Level 1	Level 2	Level 3	Level 4
Parent/s show warmth, praise and encouragement	Parent's emotional response is not always consistent	Child often made the scapegoat	Child is family scapegoat
	Parent/s have unmet emotional needs impacting on their ability to be attuned to their child	Child not given praise	Child singled out for punishment
	Child unsure of parental response which impacts on emotional relationships with parents	Child given inconsistent physical contact and reassurance	Child rarely comforted/ reassured physically
	Parent occupied with sibling/s with higher level needs, e.g. disabilities, and needs additional support	Few age appropriate toys in the house	Absence of age appropriate toys
	Child spends considerable amount of time alone, and has limited access to leisure facilities	Child spends long, regular periods in their bedroom	Child spends all their time in their bedroom
	Child/ young person's key relationships with family members not always maintained	Parent sometimes ignores child, child displays attention seeking behaviour	Parent goes out of their way to ignore verbal/non verbal signals from the child.
	Complex family dynamics result in ongoing levels of instability	Child is rarely comforted when distressed	Parent always ignores child's distress and becomes angry
		Parent often indifferent to child's presence	Parent ignores child's presence
		Parent rarely referees disputes between siblings	Poor parenting contributes to sibling conflict

## Environmental

Level 1	Level 2	Level 3	Level 4
Housing has basic amenities and appropriate facilities, and appropriate levels of cleanliness/hygiene are maintained	Housing conditions are barely adequate – cramped living conditions	Children of different sex sharing bedrooms, several children sharing a room. Bedding not always clean	Children/parents sleeping in living space, several children in a room, inadequate beds (broken base, torn and soiled mattress). Bedding consistently soiled or not available
	Parents accruing rent arrears which may jeopardise tenancy if action is not taken	Threat of eviction and sporadic periods of homelessness	Unable to maintain accommodation, accommodated by friends/neighbours
	Parent/s struggling to maintain standards of hygiene/repair in the house	Poorly maintained washing/toilet facilities, unhygienic conditions	Blocked toilets, broken bathing and washing facilities
		Dirty dishes in sink and dirty surfaces	Sharp objects on the floor, rotten food in kitchen and living area. Spilling bags of rubbish
		Keeping of pets which pose a threat to young children	Pets, dogs etc bite children and soil the floors etc
		Accommodation requires repair - broken windows, doors, bare electrical cables, intermittent heating/lighting etc, house sparsely furnished	House unsecured, numerous serious health & safety hazards for children/adults, no heating/lighting, no curtains, furniture etc

## Child development / health

Level 1	Level 2	Level 3	Level 4
Child/ young person in good health and developing appropriately for age	Child/ young person has organic reason for not reaching developmental milestones	Child not encouraged to reach developmental milestones (limited stimulating activities on offer – few toys, delay in attending nursery, not encouraging attendance in sport or other activities)	No attempts made to encourage/assist child to reach developmental milestones
	Child has persistent minor health problems	Child left in pram/car seat for longer periods of time than necessary	Child left for extended periods of time in pram/car seat  Baby not spending enough time on floor to meet physical developmental milestones (sitting up, crawling, pulling up to walking)
	Inconsistently being brought to key health appointments	Infrequently being brought to key health appointments	Not being brought to attend key health appointments
	Dental care not meeting recommended frequency for age of child  Child inconsistently wears prescribed glasses or other eye sight correctional aids or hearing devices	Fails to consistently follow medication regimes  Dental appointments consistently missed  Hearing and visual aids not always used	Critical medication not administered  Not being brought to dental appointments resulting in premature dental decay  Child prevented from wearing prescribed glasses or other correctional aids/ hearing devices
	Delay in response to minor injuries	Minor injuries left untreated	Failure to seek medical attention for serious injuries e.g. scalds, head injuries

## Indicators of abuse

Physical	Development	Behaviour
Faltering weight or growth	Child not physically and emotionally at the same stage as peers with no medical explanation	Dysfunctional relationship with parent (avoidant, ambivalent, disorganised, attachment pattern).
Skin sores, rashes, flea bites, scabies or ring worm	Language not at the same stage as peer with no medical explanation	Doesn't cry or respond to parent's behaviour from an early stage
Thin or swollen tummy	Attention span limited	Showing wariness and distrust of adults
Anaemia	Socio-emotional immaturity – difficulty in relating to adults and peers	Rocking, sucking or biting excessively
Poor muscle tone or prominent joints	Learning difficulties	Bed wetting or soiling
Recurrent and persistent minor infections	Lack of self esteem	Demanding or aggressive behaviour
Frequent attendances at Accident and Emergency departments, walk in centres or admissions to hospital	Poor coping skills – not able to regulate difficult emotions (older children)	Sleeping difficulties, often tired and falling asleep
Unexplained bruising		Acts out excessive violence with other children
Severe nappy rash		Lacks social skills and has few if any friends
Short stature – where there is not an underlying medical reason including genetic factors		Abusing alcohol or drugs
Unkempt and dirty – matted hair, dirty skin, body odour		Seeks physical contact from strangers
Having broken bones or unexplained bruising, burns or other injuries at different stages of healing		Self-stimulating or self-injurious behaviour or both
		Being withdrawn or overly obedient
Being unable to explain an injury, or providing explanations that are inconsistent, vague or unbelievable		Being reluctant to go home or misses school
		Begging, stealing or hoarding food
		Depressed
		Eating disorders or changes in eating habits
		Takes risks/destructive behaviour
		Thoughts about suicide

## Impact of neglect

Physical	Development	Behaviour
Increased likelihood of experiencing post-traumatic stress and depression	Difficulty in developing healthy relationships including with their own children	Young people more likely to be exposed to child sexual or other types of exploitation
If a baby is malnourished, neural cells can become weak or damaged and this can cause lowered brain function	If a child has a poor relationship, attachment or little interaction with a parent then it can change how their brain develops emotional and verbal pathways	Neglect can severely alter the way a child's brain works. This can lead to an increased risk of depression in later life as well as dissociative disorders and memory impairments.
Poor physical health such as obesity – struggling with aches and pains	Struggling with parenting/relationships	Depression and anxiety, eating disorders, self-harm, post-traumatic stress
	Learning difficulties, lower educational attainment, difficulties in communicating	Drug and alcohol misuse
		Anti-social and criminal behaviour

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