

KEY INDICATORS - DISORGANISED NEGLECT



	UNIVERSAL/EARLY INTERVENTION	EARLY HELP	TARGETED EARLY HELP	CHILDREN'S SOCIAL CARE
Characteristics of carers	Demanding and dependant Cope with babies (babies need them) but then struggle Flustered presentation Late for pick ups Low mood Unstructured family routines Problem driven Revert back to own needs Over dramatization of events	Feelings of being undervalued or emotionally deprived as a child-so need to be centre of attention/affection Lack of 'attunement' Crisis response Avoidance of contact Poor attachment Poor parenting Not engaging with health	Disguised compliance Putting own needs before child Drug/alcohol misuse Depression Not getting children to school Escalation of mental health	High criticism/low warmth Continuous use of medical issues to cover up/disguise Chaotic family Escalation of depression Domestic abuse Chronic substance misuse
Characteristics of children	Anxious and demanding Infants-fractious/clinging- difficult to soothe Lateness at school/nursery Overactive at school No school equipment Not able to sit still Snatching Struggle with quiet time Vulnerable to unhealthy relationships No boundaries or routines Not at risk of Exploitation	Young children-attention seeking, exaggerated affect, poor confidence, and concentration, jealous, show off, go too far Fear intimacy Missing school/nursery Disruptive at school Fretful Crying Angry Afraid Mild risk of Exploitation	Roaming late at night Trouble during unsupervised times Engaging in risky behaviours Bullying Aggressive Jealous Depressed Poor school attendance Speech and language delays Moderate risk of Exploitation	Self-harm Causing harm to others Substance/alcohol use Offending Left at home alone Anti-social behaviour Able to do what they want Feral Ignored Danger to self/others Head lice infestation Significant risk of Exploitation
What professionals notice	Classic 'problem families' Numerous pregnancies Missed appointments Messy house Erratic changes in mood Unable to acknowledge problems Not reporting absences Disruptive behaviour Poor hygiene Poor dental hygiene	Annoy and frustrate but also endear and amuse Chaos and disruption Avoidance of home visits Lots of contact Regular lateness and absences Family identify own need No improvement Persistent lateness Children visibly tired	Extensive history or professional involvement Feelings drive behaviour/social interaction Dependency on services to provide support Lack understanding/ acceptance of issues Exclusion from school Severe dental disease	Anti-social behaviour Parents create new crises Difficult to work with Frequent exclusions from school Non-engagement with education