



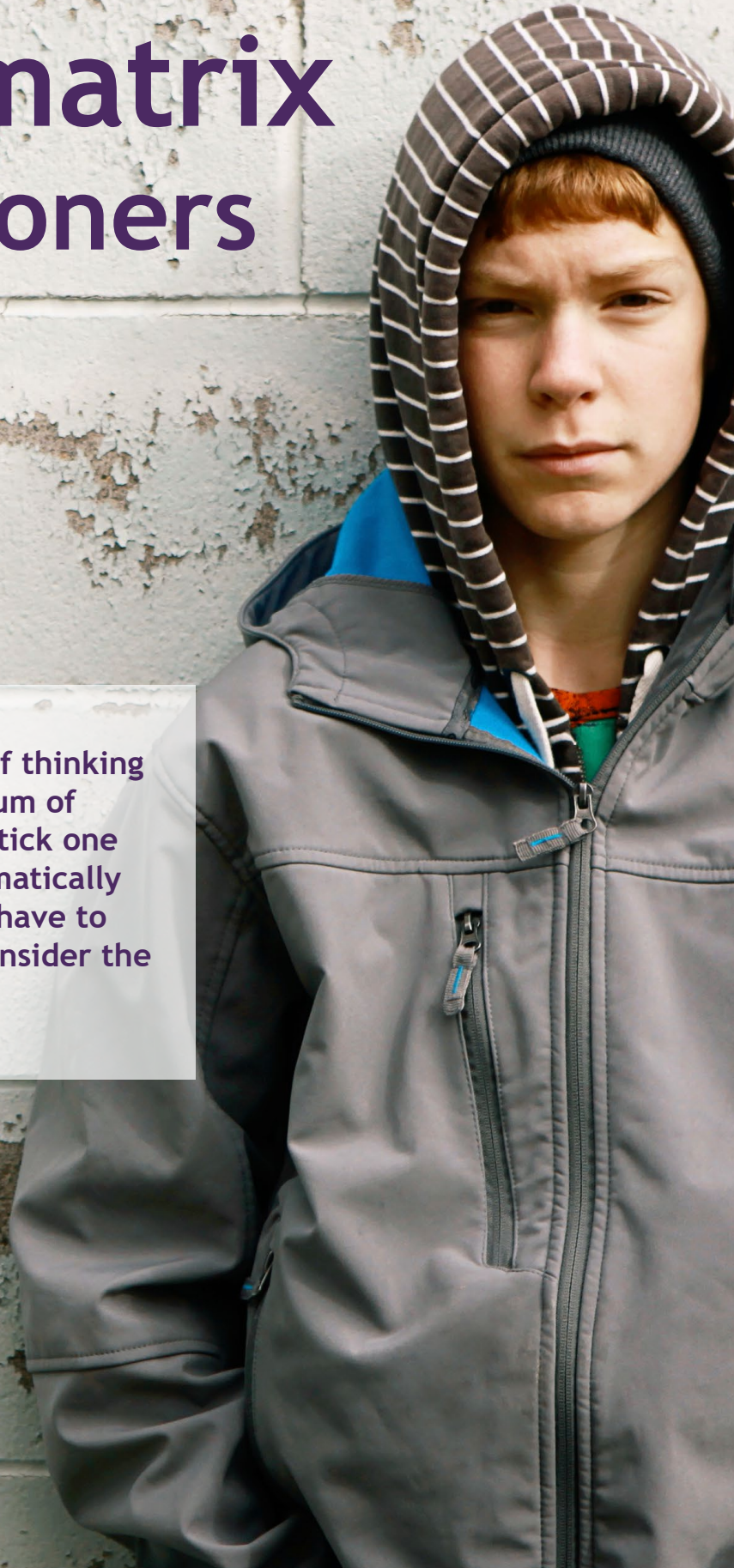
Connected
practice
Relationships for change

East Sussex
County Council



Neglect matrix for practitioners

This matrix is a useful guide in terms of thinking where a family may sit on the Continuum of Need. However, because a family may tick one box indicating level 4 it does not automatically mean it needs to be stepped up as we have to use our professional judgement and consider the overall picture



1. Parenting capacity

The correlation between neglect and poverty is complex. Practitioners must be mindful that not having enough money to provide adequate housing, food, heating and clothing does not equate to maltreatment. The [Anti-poverty Practice Framework](#) is a helpful tool when supporting families who experience poverty

1. Parenting capacity

Physical care

Level 1	Level 2	Level 3	Level 4
<p>Nutrition</p> <p>Physical needs are provided for - e.g. food, drink, appropriate clothing, medical and dental care</p>	<p>Basic physical care needs are provided but could be improved</p> <p>Child has a diet that is impacting on their health eg iron deficiency</p>	<p>Inconsistent availability of food in the house and irregular mealtimes/ routines and diet that is impacting on child's health despite offers of help e.g. Food Bank , parenting support</p>	<p>Empty cupboards despite offers of help e.g. Food Bank and children going unfed</p> <p>Severe nutritional deficiencies that are known but not addressed despite support.</p>
<p>Infant care</p>	<p>Young, inexperienced parents with inconsistent support from family/ friends</p>	<p>Inappropriate weaning, too early/ too late, child left in pram/cot for excessive periods of time</p>	<p>Unweaned child regularly given solids and dangerous food items. Evidence of prop feeding</p>
<p>Clothing</p> <p>Child has sufficient amount of clothing provided.</p> <p>Clothing fits well, is well cared for e.g. washed and is suitable for the weather.</p>	<p>Child sometimes has sufficient clothing but can be dirty, ill fitting, in disrepair or not suitable for the weather.</p> <p>Parents require some professional support to address/prioritise this.</p>	<p>Child consistently has clothing that is dirty, unkempt, ill fitting, in disrepair and is unsuitable for the weather.</p> <p>Parents are reluctant or unable to address these concerns despite offers of support.</p>	<p>Child(ren) has no proper clothing.</p> <p>Any clothing the child has is persistently dirty e.g. soiled, does not fit, is in disrepair and is not suitable for the weather (despite support being provided) impacting their health and wellbeing, being bullied or being unable to fully participate in nursery/ school activities.</p> <p>Parents have no concern for and do not address these issues.</p>

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1. Parenting capacity

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<p>Hygiene</p> <p>Parent/carer meets the hygiene needs of child(ren) consistently e.g. parent washes child frequently, supports daily brushing of teeth, ensures nails are cut short.</p> <p>Child is clean and well presented.</p>	<p>Parent/carer sometimes meets the hygiene needs of child(ren), requiring some support with carrying out routines.</p> <p>Nappy changing inconsistent.</p>	<p>Child has poor hygiene, sometimes smells, nappy changing is irregular leading to chronic nappy rash. Clothes and hair regularly unwashed despite access to the means to fund or support with the cost of hygiene and household cleaning</p>	<p>Child has a very strong smell of urine, damp and body odour. Clothes are constantly unclean and hair is consistently greasy and skin has ground in dirt despite access to a washing machine and bathroom facilities and access to the means to fund or support with the cost of hygiene and household cleaning</p>
<p>Dental (Needs to be acknowledged the current difficulties around NHS dentist access)</p> <p>Child(ren) have good dental hygiene.</p> <p>Child(ren) is registered with a dentist and/or have access to dental treatment when they need it. They have frequent dental check-ups.</p>	<p>Child(ren) have inconsistent dental hygiene.</p> <p>Registered with a dentist and/or taken for treatment only when needed.</p> <p>Parents/carers take child(ren) to physical and mental health and/or medical appointments that meets the child's health needs, for example: health visiting service, immunisations (if wanted), CAMHS, medical reviews.</p>	<p>Parent/carer does not meet the oral health/dental needs of child(ren) despite support from early help support services.</p> <p>Child(ren) have poor dental hygiene and are not registered or taken to the dentist when they need it e.g. dental treatment is delayed if needed.</p> <p>Child(ren) referred to special care dental service and parent/carers do not take child(ren) to appointments/follow plan.</p>	<p>Parent/carer persistently unable to meet child(ren) oral health/dental needs which has serious impairment on the child's health, wellbeing, development and activities of daily living e.g. pain, infection, impact on eating, sleeping and play/education.</p> <p>Child(ren) teeth are decayed, they have or are at risk of infection.</p> <p>Child(ren) require multiple teeth extracted due to persistent dental decay.</p> <p>No medical/dental care is sought by the parents/caregiver.</p> <p>No change to poor dental hygiene sustained over time.</p>

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1. Parenting capacity

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<p>Health and appointments</p> <p>Parents/carers take child(ren) to physical and mental health and/or medical appointments that meets the child's health needs, for example: health visiting service, immunisations (if wanted), CAMHS, medical reviews.</p>	<p>Child(ren) is inconsistently taken to physical/mental health and/or medical appointments but parents/carers can identify barriers and solutions to overcome these with professional support as required.</p>	<p>Child misses routine medical appointments despite support with travel costs or means to self-fund</p>	<p>Child not taken for essential medical appointment or investigations that may have a long-term effect on health e.g. diabetic and epilepsy reviews despite support with travel costs or means to self-fund</p> <p>Child(ren) has complex health problems which are attributable to parent/carer not taking child to health appointments.</p>
<p>Child(ren) is supported by their parents/ care giver to access medication that meets their health need</p>	<p>Child(ren) is supported by their parents/care giver to access their medication that meets their health needs with guidance and support</p>	<p>Parents/ caregiver ensuring child is only inconsistently following medication regimes</p>	<p>Critical medication not administered by parent/ carer</p>
	<p>Child inconsistently wears prescribed glasses or other eye sight correctional aids or hearing devices</p>	<p>Hearing and visual aids not provided for or encouraged to be used</p>	<p>Child prevented from wearing prescribed glasses or other correctional aids/ hearing devices</p>
<p>Weight</p> <p>Child(ren) is of a healthy weight and appears in good health.</p> <p>Child(ren) undertakes regular physical activities/exercise supported by parent as appropriate.</p>	<p>Child(ren) is of an unhealthy weight and are supported by their parents/caregivers to access community services for example: community well-being team, school nurse</p>	<p>Child(ren) is of an unhealthy weight and are not supported by their parent/care giver to have access to a healthy diet despite having the means to do so and offer of support</p>	<p>Child(ren) is of an unhealthy weight that impacts their activities of daily living including their mobility, self-worth and physical health which puts them at risk of harm.</p>

Safe-care

Level 1	Level 2	Level 3	Level 4
<p>Parental supervision Parent/s protect from danger and harm at home and elsewhere</p>	<p>Inconsistent supervision, parents aware of child/young person's whereabouts but not always physically present when they should be</p>	<p>Parent allows child to play at great risk of physical injury e.g. in the road, on high walls, disused building sites</p>	<p>Child sustains injuries whilst playing dangerously, falls off play equipment, is knocked down by cars due to consistent lack of supervision</p>
-	<p>Child has frequent presentation to GP for low level accidents which may indicate inconsistent supervision</p>	<p>Child has had a recent admission to Accident & Emergency due to lack of supervision from parents/carers</p>	<p>Child has multiple admissions to Accident & Emergency as a result of poor supervision and parents ignore advice</p>
-	<p>Safety equipment, e.g. fireguards and stair gates, not used consistently despite having access</p>	<p>Child under 10 years sometimes left alone either at home or in the street without appropriate supervision. Attendance at school not prioritised</p>	<p>Child under 10 seeks company of much older children who may be engaging in risky behaviour (drug taking/ shoplifting etc.) whilst spending time outside and has no supervision all day. Pre-school child found wandering in the street or around shops. Child under 10 found alone at home for extended periods of time whilst parents at work etc. Child is severely absent (50% or less)</p>
-	<p>Limited awareness of dangers and risks to child/ young person- but readily develops understanding with support</p>	<p>Child has access to dangerous equipment, fire, hot objects etc. Parent/ caregiver has difficulty in understanding dangers</p>	<p>Child sustains scalds, ingests harmful drugs/ chemicals, in possession of knives and other dangerous objects</p>
-	<p>Inconsistent childcare arrangements - e.g. carers too inexperienced, or a number of different carers</p>	<p>Child left in care of young person who does not have the maturity to take on this responsibility</p>	<p>Child left with inappropriate carers e.g. who are under the influence of drugs and alcohol and/or are known for aggressive and violent behaviour or are sex offenders</p>

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1. Parenting capacity

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-	Parent/s offer inconsistent boundaries	No boundaries set around young person's behaviour resulting in aggressive, challenging, and disruptive behaviour	Parents completely unaware of child's whereabouts, do not report child missing from home and do not seek help or support in the event child is harmed whilst absent
-	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
-	Child(ren) engaged in unsafe sexual activity with no parental support or access to professional guidance	Recurring concerns about unsafe sexual activity/ risk of pregnancy/ risk of sexually transmitted infections/risk of exploitation	Child(ren) is experiencing exploitation and are at risk of or are experiencing sexual harm

Emotional care

Level 1	Level 2	Level 3	Level 4
<p>Parental care Parent/carer shows warmth, praise and encouragement</p> <p>Parent/carer demonstrates physical contact and reassurance. Child is comforted when in distress.</p> <p>There is harmony within the family home usually</p> <p>Child feels safe and secure with family/at home</p>	<p>Parent/carer provides warmth, praise and encouragement most of the time</p> <p>Parent/s have unmet emotional needs impacting on their ability to be attuned to their child at all times</p> <p>Parent/carer demonstrates physical contact and reassurance most of the time</p> <p>Some disharmony in the family home on occasion e.g. raised voices, parental arguments, shouting at children - direct or indirect to the child</p> <p>Child feels safe and secure most of the time with family/at home</p>	<p>Parent/carer provides inconsistent emotional warmth</p> <p>Parent/carer demonstrates inconsistent physical contact and reassurance</p> <p>Parent prioritises own need over the child e.g. sleeping in rather than getting child to school</p> <p>There is disharmony in the family home often involving raised voices, tension, aggression, violence - direct or indirect to the child</p> <p>Child does not feel safe or secure with family or at home and may be at risk of harm</p> <p>Parent/carer rarely recognises cues and non-verbal expression of mood</p>	<p>Child singled out for punishment and unfairly blamed for difficulties experienced in the family resulting in feelings of rejection and abandonment</p> <p>Child is often made to feel ashamed and humiliated.</p> <p>Parent/carer does not give any physical contact or reassurance.</p> <p>Child is not comforted when in distress.</p> <p>Child frequently experiences direct or indirect aggression, shouting and violence from parent/carer within the home causing the child to feel scared and frightened.</p> <p>Child reports to not feel safe or secure with family or at home and is at risk of harm</p> <p>Child is on 'high alert'</p> <p>Parent/carer is cold and hostile towards child.</p> <p>Parent does not recognise cues or non-verbal expression of mood or entirely dismisses these</p>

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1. Parenting capacity

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<p>Pregnancy</p> <p>The mother acknowledges the pregnancy and seeks care as soon as the pregnancy is confirmed.</p> <p>She prepares for the birth of the baby and has the appropriate clothing, equipment and cot in time.</p>	<p>The mother attends most antenatal clinic appointments and prepares for the birth of her baby</p>	<p>Inconsistent with antenatal appointments. Considers some of the advice but is unable to follow consistently.</p> <p>Did not acknowledge pregnancy early, booked late with Midwifery.</p> <p>Shows little interest in preparing for the birth, has limited equipment or clothes for the baby despite offers and access to financial support and practical help</p>	<p>The mother does not attend any antenatal clinic appointments; ignores medical advice during the pregnancy.</p> <p>Concealed pregnancy, actively avoiding support or services</p> <p>Nothing prepared for the birth of her baby despite being offered support and access to appropriate equipment and clothes.</p> <p>Engages in activities that could hinder the development, safety and welfare of both the unborn and herself.</p>
<p>Education</p> <p>Child provided with appropriate educational and play opportunities contributing to their physical and emotional development</p>	<p>Parents access support from community resources to ensure their child has access to age-appropriate toys and activities providing for their physical and emotional development</p>	<p>Few age-appropriate toys in the house or any kind of activities for young person within or outside of the house. Absence of toys and engagement in activities despite support being offered</p>	<p>Complete lack of toys or stimulating activities and no access to local playground or outdoor activities despite the provision of regular support</p>
<p>-</p>	<p>Parent occupied with sibling/s with higher level needs, e.g. disabilities. Child spends considerable amount of time alone, and has limited access to leisure facilities</p>	<p>Child spends long, regular periods in their bedroom as a result of relationship problems with parents</p>	<p>Child spends all their time in their bedroom and does not spend any time out in the community or engaged in age-appropriate activities due to a complete breakdown in familial relationships and isolation from support</p>
<p>-</p>	<p>Child/ young person's key relationships with family members not always maintained</p>	<p>Parent/carer sometimes ignores child, child displays attention seeking behaviour</p>	<p>Parent goes out of their way to ignore verbal/ non-verbal signals from the child resulting in significant risk-taking behaviour and child/ parent violence in the home</p>

2. Environmental

Level 1	Level 2	Level 3	Level 4
<p>Housing has basic amenities and appropriate facilities, and appropriate levels of cleanliness/hygiene are maintained</p>	<p>Housing conditions are barely adequate - cramped living conditions. In situation where parents have access to adequate funding they are still not being pro-active in addressing housing situation</p> <p>Parents/carers aware of child safety but struggle to prioritise this resulting in a lack of child safety in the home e.g. batteries in smoke alarms have not been replaced promptly</p>	<p>Housing overcrowded despite housing support being offered. Bedding not always clean.</p> <p>Housing requires repairs and could impact on the child(ren) health, wellbeing and safety - e.g. broken windows, doors, appliances, intermittent heating/lighting and parent/caregivers have taken few if any steps to seek support to address poor housing conditions</p> <p>Child safety rarely considered and is not prioritised resulting in a lack of child safety in the home</p>	<p>Inadequate beds (broken base, torn and soiled mattress). Bedding consistently soiled or not available. Unresolved despite offers of support and signposting to charities etc.</p> <p>Home conditions are unsafe and repairs are not undertaken or maintained which could cause serious injury or harm to child(ren) e.g. bare electrical cables, no heating/lighting, no furniture</p> <p>Child safety has not been considered resulting in very unsafe home conditions for child(ren)</p>
<p>-</p>	<p>Parents accruing rent arrears which may jeopardise tenancy if action is not taken.</p> <p>Living in temporary accommodation or has been served with section 21. Engaging with housing support services to secure new accommodation as soon as possible.</p>	<p>Threat of eviction and sporadic periods of homelessness despite having the means to pay rent impacting on child's stability and security including poor attendance at school.</p> <p>Poor/erratic engagement with housing support services.</p>	<p>Unable to maintain accommodation due to rent arrears (despite having the means to pay rent), poor upkeep in previous tenancies, anti-social behaviour. Frequent periods of homelessness as a result and fractured attendance at school</p> <p>Homeless/sofa surfing. Unable to engage with housing support services to obtain stable accommodation. Does not recognise the impact of poor/unstable accommodation on children.</p>

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2. Environment

Continued...

-	Parent/s can cope without the provision of support/ resources but if support provided housing and basic care needs would be enhanced	Sporadic loss of heating and lighting despite access to support	Regular absence of heating/ lighting, house is cold and unlit despite access to support to pay for energy bills
-	Parent/s struggling to maintain standards of hygiene in the house	Poorly maintained washing/toilet facilities, unhygienic conditions (despite having the resources to maintain a clean and well maintained home) including mould on the walls that has gone unreported Consistently several days worth of dirty dishes in sink and dirty surfaces	Blocked toilets, broken bathing and washing facilities, mould on the walls that are not reported and deliberately choosing not to arrange repairs despite support Sharp objects on the floor, rotten food in kitchen and living area. Spilling bags of rubbish inside the property causing physical harm and illness to children
Animals are well cared for and do not present a danger to children or adults.	Large amount of pets in the home placing pressure on living space The care of the animal may appear inconsistent leading to poor behaviour and occasional poor standards of hygiene	Keeping of pets which pose a threat to young children Presence of faeces or urine from animals in the family home. Untreated conditions causing distress to the animal. Animals not well trained with poor behaviour or showing signs of distress May present as timid or aggressive/unpredictable	Pets eg dogs bite children, animals soil in the home, untreated fleas causing infestation. Clear and obvious ill treatment by adults with children copying behaviour towards the animal. The animal is left unattended with young children, adults not recognising the risk

3. Religion, Race, Language, Disability and Gender

Level 1	Level 2	Level 3	Level 4
<p>Child’s religion, race, religion, language, disability sexuality or gender identity is fully acknowledged, supported and celebrated with a strong sense of belonging within the community including at school</p>	<p>Child or young person experiences occasions of discrimination which are appropriately challenged by others and support provided at home and within the school</p>	<p>Child or young person regularly experiences discrimination at school, and in the community and receives very limited support. Evidence of trauma as a result of accumulative experiences</p>	<p>Child or young person experiences extreme racism, homophobia, and other forms of discrimination resulting in physical and emotional trauma and significant impact on mental health. No support sought by parent/carer and offers of help denied</p>
<p>-</p>	<p>-</p>	<p>Beliefs and values create barriers to child(ren’s) opportunities and basic needs being met</p>	<p>Parental views and practices cause harm for example: personal, religious, spiritual or cultural (honor based violence, female genital mutilation, forced marriage, children being radicalised</p>

4. 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, for example leaving 6-month-old baby all day in push chair. Baby not spending enough time on floor to meet physical developmental milestones (sitting up, crawling, pulling self up to walking)
<p>Development</p> <p>Child provided with appropriate educational and play opportunities contributing to their physical and emotional development</p>	<p>Parents access support from community resources to ensure their child has access to age-appropriate toys and activities providing for their physical and emotional development</p> <p>Child/ young person has organic reason for not reaching developmental milestones</p>	<p>Few age-appropriate toys in the house or any kind of activities for young person within or outside of the house. Absence of toys and engagement in activities despite support being offered</p>	<p>Complete lack of toys or stimulating activities and no access to local playground or outdoor activities despite the provision of regular support</p> <p>No attempts made to encourage/assist child to reach developmental milestones, for example leaving 6-month-old baby all day in push chair. Baby not spending enough time on floor to meet physical developmental milestones (sitting up, crawling, pulling self up to walking)</p> <p>Child failing to meet developmental milestones due to the above failures</p>
<p>Education</p> <p>Child has over 97% attendance arriving at school and being collected promptly</p>	<p>Child often arrives significantly late for school and is collected after school closing</p>	<p>Child has less than 80% attendance without medical certification</p>	<p>Child is severely absent from school (less than 50%). Child is falling significantly behind in studies and is socially isolated due to lack of attendance Child is severely absent (50% or less) despite extensive support.</p>

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4. Child development / health

Level 1	Level 2	Level 3	Level 4
<p>Parents/caregivers provide appropriate education that meets their child(ren's) needs.</p>	<p>Parents/caregivers access additional support from specialist teams, eg speech therapy to meet their child(ren's) educational needs.</p>	<p>Child has less than 80% attendance without medical certification</p> <p>Parents/caregivers withdraw their child(ren) from education to avoid fines.</p> <p>The home education provision is not able to be assessed (on at least an annual basis) by the local authority.</p> <p>Parents who are electively home educating and are not engaging with support services (including EHE) to create opportunities for change for child(ren).</p> <p>Parent is not facilitating regular education, including core skills in literacy and maths, and opportunities for socialisation and physical activity are not provided</p>	<p>No education is being provided to the child(ren) impacting negatively on the child(ren's) outcomes, limiting their opportunities, and impacting negatively on their development. Child is categorised as CME (Child Missing Education). Parents refuse specialist help for their child (eg SEND support) resulting in the child not having their educational needs met</p>
<p>Disability</p> <p>Parents meet their children's additional needs and provide a supportive, caring home with lots of opportunities to fully engage socially, educationally and emotionally</p>	<p>Parents/caregivers meet the child's additional needs with support from the community and professionals. Physical care and emotional needs mostly met</p>	<p>Children and young people do not necessarily have their physical care and medical care needs met consistently and parents/caregivers do not engage with professional support. This may include not providing physical therapy, provision of specialist equipment, provision of medical treatment. As a result this has an impact on their physical health and wellbeing</p> <p>Parents/caregivers do not facilitate opportunities for the child / young person to meet with peers or engagement in social activity and do not access support regarding transport. Child/young person is isolated and often without a voice</p>	<p>Lack of physical care and treatment and specialist equipment is life threatening to the child or young person and is causing harm.</p> <p>The child or young person's emotional and physical development is severely compromised through isolation and lack of support regarding communication - despite support being offered</p>

4. Child development / health

Continued...

<p>Young carer</p> <p>Young person has no caring responsibilities.</p>	<p>Young person has high level of responsibility for care of parent(s) and/or siblings.</p> <p>Limited or no support from family/friends.</p>	<p>Young person with significant caring responsibilities e.g. for parent(s) and/or siblings and is struggling to cope and impacting on own development of self.</p> <p>Young person has caring responsibilities that interfere with education/leisure opportunities. Carer/ Parent indifferent to impact on young person.</p> <p>No support from family/ friends and is isolated.</p>	<p>Young person has caring responsibilities which are inappropriate and significantly impact on child/young person's education/ leisure opportunities. This may include age-inappropriate tasks, and /or intimate care. The impact on the child/ young person's well-being is not understood or acknowledged. Carer is resistant to advice about the inappropriateness of caring responsibilities.</p> <p>No support from family and/or friends.</p>
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Indicators of neglect

Physical	Development	Behaviour
<ul style="list-style-type: none"> • Faltering weight or growth and not reaching developmental milestones (known as failure to thrive) • Skin sores, rashes, flea bites, scabies or ringworm • Thin or swollen tummy • Anemia • Poor muscle tone or prominent joints • Recurrent and persistent minor infections • Frequent attendances at the Accident and Emergency department or admissions to hospital • Unexplained bruising • Severe nappy rash • Short stature - where there is not an underlying medical reason Including genetic factors • Unkempt and dirty - matted hair, dirty skin, body odour • Having broken bones or unexplained bruising, burns or welts in different stages of healing • Being unable to explain an injury, or providing explanations that are inconsistent, vague or unbelievable 	<ul style="list-style-type: none"> • Child not physically and emotionally at same stage as peers with no medical explanation • Language not at same stage as peers with no medical explanation • Attention span limited • Socio-emotional immaturity -difficulty in relating to adults and peers • Learning difficulties • Lack of self esteem • Poor coping skills - not able to regulate difficult emotions (older children) 	<ul style="list-style-type: none"> • Poor relationship with parent, (avoidant, ambivalent, disorganised attachment patterns) • Doesn't cry or respond to parent's behaviour from an early age • Showing wariness and distrust of known adults • Rocking, sucking or biting excessively • Bedwetting or soiling beyond 7 year • Demanding or aggressive behaviour • Sleeping difficulties, often being tired and falling asleep • Acts out excessive violence with other children. • Lacks social skills and has few if any friends. • Abusing alcohol or drugs • Seeks physical contact from strangers • Self-stimulating or self-injurious behaviour or both • Unusual patterns of defecation or urination or both • Being withdrawn or overly obedient • Being reluctant to go home • Begging, stealing or hoarding food • Low mood • Eating disorders • Takes risks/ destructive behaviour • Regularly misses school or truants from lessons • Drastic changes in eating habits • Obsessive behaviour • Demonstratable or cited anxiety about school • Thoughts about suicide

Impact of neglect

Physical	Development	Behaviour
Increased likelihood of experiencing post-traumatic stress and depression	Difficulty in developing healthy relationships	Young people more likely to be exposed to child criminal exploitation. Also at risk of engaging in criminal or anti-social behaviour
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 lead to an increased risk of depression in later life and impact on brain development can lead to dissociative disorders and memory impairments including difficulty in regulating emotions
Obesity - struggling with aches and pains and increased risk of type 2 diabetes	Obesity is associated with increased risk of conduct problems, and delayed development of social skills	Peer relationship problems and associated low mood and lack of self-confidence

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September 2023