

A GUIDE TO RECOGNISING NEGLECT IN CHILDREN

1.

DEVELOPMENT AND EDUCATION

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Pre-school specific checklist (Pre-birth-5 years)	<ul style="list-style-type: none"> • Child well stimulated, carer aware of importance of this 	<ul style="list-style-type: none"> • Carer is aware of importance of stimulating child however, sometimes inconsistent interaction due to personal circumstances 	<ul style="list-style-type: none"> • Carer provides inconsistent or limited stimulation; child is sometimes left alone unless making noisy demands 	<ul style="list-style-type: none"> • Carer provides limited or no stimulation • Carer gets angry at demands made by child • Carer is resistant to professional advice • Child is restrained for the carer's convenience, such as in a pram
School aged child specific checklist (aged 5-16 years)	<ul style="list-style-type: none"> • Child receives a good level of stimulation – carer talks to child in an interactive manner, reads stories, plays with child • Child has age-appropriate toys 	<ul style="list-style-type: none"> • Carer provides appropriate level of stimulation • Child has toys/games to support their development 	<ul style="list-style-type: none"> • Carer provides inconsistent stimulation, does not appear to understand the importance for the child • Child lacks age-appropriate toys/games (not due to finances) 	<ul style="list-style-type: none"> • Little or no stimulation provided • Carer provides few toys/games – usually from other sources – not well kept • Parent distracted by digital device or over reliance on digital technology and/or stimulation impacting on supervision and response to the child

	<ul style="list-style-type: none"> • Carer takes child out to parks/activities and, where age appropriate, encourages child to go out to activities 	<ul style="list-style-type: none"> • Carer takes child out to parks/activities and, where age appropriate, encourages child to go out to activities 	<ul style="list-style-type: none"> • Child has limited opportunities for activities/outings • Over reliance on digital technology for stimulation 	<ul style="list-style-type: none"> • Few if any activities/outings for the child • Child prevented from going on outings/trips (e.g., with school or friends)
	<ul style="list-style-type: none"> • Carer takes active interest in child's schooling, attendance is good, encourages child to see education as important • Interested in school and homework 	<ul style="list-style-type: none"> • Carer understands importance of school • Provides appropriate level of support - although sometimes personal circumstances lead to inconsistency • Attendance generally good - can sometimes sanction days off where not necessary 	<ul style="list-style-type: none"> • Carer makes limited effort to maintain schooling • Lacks consistent engagement • Carer does not actively support homework/attendance 	<ul style="list-style-type: none"> • Carer makes little or no effort to support education/schooling • Lack of engagement, persistent and chronic lack of support for homework impacting on educational attainment • Does not regard attendance as a concern • Does not encourage child to see any area of education as positive
Friendships	<ul style="list-style-type: none"> • Carer supports friendship and understands importance to child 	<ul style="list-style-type: none"> • Carer supports friendship, but does not always promote 	<ul style="list-style-type: none"> • Child mainly finds own friendships; carer does not understand importance of friendships 	<ul style="list-style-type: none"> • Carer resistant to friendships and shows no interest/support
Bullying	<ul style="list-style-type: none"> • Carer alert to child being bullied/bullying behaviour and addresses issues 	<ul style="list-style-type: none"> • Carer aware of bullying and intervenes when child asks 	<ul style="list-style-type: none"> • Carer has limited understanding of child being bullied/bullying behaviour and does not intervene or appropriately support child 	<ul style="list-style-type: none"> • Carer indifferent to child bullying or being bullied

2.

HEALTHCARE				
	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Safe infant care and health care for unborn baby	<ul style="list-style-type: none"> • Carers make infant focused care decisions • Carers follow safe sleep guidance for infants and recognises impact of alcohol or drugs on safe sleeping • Avoids smoking in the household 	<ul style="list-style-type: none"> • Carer less infant focused, aware of safe sleep advice but follows advice chaotically • Aware of impact of alcohol, drugs and smoking on safe sleeping but follows inconsistently 	<ul style="list-style-type: none"> • Infant's needs secondary to carer's needs. • Carer is unaware of safe sleep guidance even when provided • Ignores or is resistant to advice on sleep position • Carer does not recognise impact of alcohol, drugs, and smoking on safe sleeping of infant 	<ul style="list-style-type: none"> • Infant's needs not considered • Carer indifferent or resistant to safe sleep advice, views advice as interference • Carer oppositional to advice about impact of drugs, alcohol, and smoking on safe sleeping
Advice and intervention	<ul style="list-style-type: none"> • Advice sought from health professionals and/or experienced friends and family 	<ul style="list-style-type: none"> • Advice is sought, but inconsistently followed because of carer's own needs 	<ul style="list-style-type: none"> • Carer does not routinely seek health advice, but will when there are serious health concerns for the child or when prompted by others 	<ul style="list-style-type: none"> • Carer only seeks health advice in an emergency • Allows child's health to deteriorate before seeking help • Resistant to advice to seek medical help

	<ul style="list-style-type: none"> • Health appointments attended, preventative health care accessed (immunisations, dental care) 	<ul style="list-style-type: none"> • Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments 	<ul style="list-style-type: none"> • Does not routinely attend preventative care appointments but does allow access for home visits 	<ul style="list-style-type: none"> • Preventative health appointments persistently not attended, even if home appointment arranged impacting on child's health and wellbeing
	<ul style="list-style-type: none"> • Prescribed medication or agreed treatment plan for illness completed 	<ul style="list-style-type: none"> • Carer recognises the importance of the child of completing prescribed medication or agreed treatment plans, but is inconsistently completed • Carer's needs and/or circumstances can get in the way 	<ul style="list-style-type: none"> • Carer does not ensure completion of prescribed medication or agreed treatment plan and, is indifferent to, or denies the impact on the child's health 	<ul style="list-style-type: none"> • Carer does not ensure completion of prescribed medication or treatment plan and is resistant to advice on this • Carer does not recognise the impact on the child
<p>Disability, chronic health conditions and illness</p>	<ul style="list-style-type: none"> • Carer is positive about child with disability or health condition 	<ul style="list-style-type: none"> • Child and issues of disability and health need impact on the carer's feelings for the child 	<ul style="list-style-type: none"> • Carer shows anger or frustration at child's disability or health condition 	<ul style="list-style-type: none"> • Carer does not recognise the identity of a child with a disability or chronic health condition and, as a result, is negative about child • A change in behaviours that do not appear to be the norm for the child and may be indicative of harm from another e.g., acting out sexualised behaviours with toys

	<ul style="list-style-type: none"> • Carer consistently meets the child's increased health needs 	<ul style="list-style-type: none"> • Carer's personal needs/circumstances impact on meeting the child's health needs arising from their disability or health condition 	<ul style="list-style-type: none"> • Carer does not ensure compliance with health needs relating to the disability or health condition and minimises the needs 	<ul style="list-style-type: none"> • Carer does not ensure health needs relating to disability or health condition are met and this leads to a deterioration in the child's condition • Parents' own issues impact on their ability to respond to urgent health needs of a disabled child, or child with a chronic health condition • Carer not following dietician advice e.g., risk of aspiration by feeding orally • Carer overmedicating the child
	<ul style="list-style-type: none"> • Carer is active in seeking advice, accessing appointments, and advocating for the child's wellbeing 	<ul style="list-style-type: none"> • Carer is not pro-active in seeking advice and support on child's health needs but accepts it when offered 	<ul style="list-style-type: none"> • Carer does not accept advice and support for the child's health needs and is indifferent to the impact on the child's disability or health condition 	<ul style="list-style-type: none"> • Carer is resistant when asked to seek help for the child and is resistant to any advice or support around the child's disability or health condition • Carer does not support child with use of communication aids, hearing aids, implants – not attending follow up appointments or maintaining equipment

3.

APPEARANCE

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Clothing	<ul style="list-style-type: none"> • Child has clean clothes that fit • Dressed for weather and carers aware of the need for age-appropriate clothes 	<ul style="list-style-type: none"> • Clothes sometimes unclean, crumpled, poorly fitted • Carer considers clothing to meet needs of child, but personal circumstances can get in the way 	<ul style="list-style-type: none"> • Clothes dirty, poor state of repair and not fitted or appropriate for weather • Insufficient items to allow for washing • Carer indifferent to importance of clothing 	<ul style="list-style-type: none"> • Clothes filthy, ill-fitting and smell, unsuitable for weather • Child may sleep in day clothes, not replaced with clean clothes even when soiled • Carer resistant to advice about need for appropriate clothing for child
Hygiene	<ul style="list-style-type: none"> • Child is cleaned, washed daily, and encouraged to do so age appropriately 	<ul style="list-style-type: none"> • Child reasonably clean, but carer does not regularly wash or encourage the child to wash 	<ul style="list-style-type: none"> • Child unclean, only occasionally bathed or encouraged to 	<ul style="list-style-type: none"> • Child looks dirty, and is not bathed, chronic hygiene impacting on the child socially, emotionally and on health and wellbeing emotional
	<ul style="list-style-type: none"> • Child encouraged to brush teeth and lice and skin conditions treated • Nappy rash treated • Carer takes an interest in child's appearance 	<ul style="list-style-type: none"> • Teeth inconsistently cleaned and lice and skin conditions inconsistently treated • Nappy rash a problem, but carer treats following advice 	<ul style="list-style-type: none"> • Teeth not brushed, lice and skin ailments not treated • Carer indifferent to nappy rash despite advice • Carer does not take interest in child's appearance and does not acknowledge importance of hygiene 	<ul style="list-style-type: none"> • Chronic neglect of child's dental hygiene • Persistent lice and skin conditions become chronic • Carer resistant to nappy rash advice and does not treat • Carer resistant to concerns raised about child's lack of hygiene. • Persistent and chronic neglect of child's equipment linked to

disability impacting on child's health and wellbeing.

4. FEEDING AND EATING

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Food	<ul style="list-style-type: none"> • Appropriate quality food and drink for age/development of child • Meal routines include family eating together • Special dietary requirements always met, and carer understands the importance of food 	<ul style="list-style-type: none"> • Reasonable quality of food and drink in adequate quantity, lack of consistency in preparation and routines • Special dietary requirements inconsistently met • Carer understands importance of food but sometimes circumstances impact on ability to provide 	<ul style="list-style-type: none"> • Low quality food, often inappropriate for age/development, lack of preparation and routine • Child hungry • Special dietary requirements rarely met • Carer indifferent to importance of food for the child 	<ul style="list-style-type: none"> • Child receives inadequate quantity of food and observed to be hungry • Low quality of food, predominance of sweets or 'junk' food • Special dietary requirements never met • Carer resistant to advice about food

5.

ATTACHMENT AND EMOTIONAL CARE

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Parental motivation for change	<ul style="list-style-type: none"> • Carer is determined to act in child's best interests 	<ul style="list-style-type: none"> • Carer seems concerned with child's welfare and wants to meet their needs but has problems with their own pressing needs 	<ul style="list-style-type: none"> • Carer is not concerned enough about child to address competing needs, and this leads to some of child's needs not being met 	<ul style="list-style-type: none"> • Carer rejects the parenting role and takes a resistant attitude to childcare responsibilities
	<ul style="list-style-type: none"> • Carer is concerned about child's welfare and wants to meet the child's physical, social, and emotional needs to the extent they understand them 	<ul style="list-style-type: none"> • Professed concerns are often not translated into actions, and carer regrets their own difficulties are dominating • Would like to change but finds it hard 	<ul style="list-style-type: none"> • Carer does not have the right priorities and may take an indifferent attitude 	<ul style="list-style-type: none"> • Carer does not see that they have a responsibility to the child and believe the child is totally responsible for themselves, or the child deserves resistant parenting
	<ul style="list-style-type: none"> • Carer is realistic and confident about the problems to overcome and is willing to make sacrifices for the child 	<ul style="list-style-type: none"> • Disorganised, pays insufficient time to children, or misreads signals 	<ul style="list-style-type: none"> • Lack of interest in the child's welfare and development 	<ul style="list-style-type: none"> • May seek to give up responsibility for the child

6.

ENVIRONMENTAL FACTORS

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Housing	<ul style="list-style-type: none"> • Accommodation has all essentials for cooking, heating, bathroom, and all in reasonable repair • Stable home without unnecessary moves • Carer understands the importance of stability and home conditions for the child • Animals are appropriately cared for and do not present a risk to the child 	<ul style="list-style-type: none"> • Accommodation has some essentials but requires repair/decoration. Reasonably clean, may be damp. Carer taking steps to address this. • Reasonably stable, but child has experienced some moves/new adults in home • Carer recognises importance of stability and home conditions, but personal circumstances hamper this • Concern about welfare of animals in the home 	<ul style="list-style-type: none"> • Accommodation in disrepair, with carers unmotivated to address resulting in accidents and potentially poor health for child • Home looks bare, possibly smelly, lack of clean washing facilities, whole environment chaotic • Child has experienced lots of moves and lots of adults coming in and out of home for periods • Carer does not accept importance of home conditions and stability for child • Issues of hygiene and safety due to animals in the home 	<ul style="list-style-type: none"> • Accommodation in dangerous disrepair and has caused number of accidents and poor health for child • Home squalid, lacks essentials of working toilet, bath facilities, bedding, food preparation facilities • Smells • Faeces or harmful substances visible • Child has experienced numerous moves often at short notice, overcrowding • Animals pose a risk to children in the home • Unidentified or unsafe adults pose a risk

<p>Warmth and care</p>	<ul style="list-style-type: none"> • Child contributes appropriately to household tasks 	<ul style="list-style-type: none"> • Child has some additional responsibilities within the home, but these are age and stage appropriate, carer recognises that child should not be engaged in inappropriate caring/responsibilities however sometimes personal circumstances get in the way 	<ul style="list-style-type: none"> • Child has some caring responsibilities that are having an impact on education and leisure activities 	<ul style="list-style-type: none"> • Child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities • Impact is not well understood by carer • Carer resistant to advice and support
<p>Boundaries</p>	<ul style="list-style-type: none"> • Carer provides consistent boundaries, provides appropriate discipline 	<ul style="list-style-type: none"> • Carer recognises importance of boundaries and appropriate discipline but sometimes struggles to implement 	<ul style="list-style-type: none"> • Carer provides inconsistent boundaries, sometimes uses inappropriate sanctions, can hold child entirely responsible for their behaviour 	<ul style="list-style-type: none"> • Carer provides few or no boundaries, treats child harshly when responding to their behaviour • Physical chastisement used and other harsh methods of discipline • Carer resistant to advice about appropriate boundaries/methods of discipline
<p>Adult arguments</p>	<ul style="list-style-type: none"> • Carers do not argue aggressively in front of the children - sensitive to impact on children 	<ul style="list-style-type: none"> • Carers sometimes argue in front of the children, no domestic abuse between parents • Carers recognise impact of their behaviour on child 	<ul style="list-style-type: none"> • Carers frequently argue aggressively in front of the children, lack of understanding of impact on child 	<ul style="list-style-type: none"> • Carers frequently argue in front of children and there is domestic abuse • Indifference to the impact on child, inability to put their needs first

Values	<ul style="list-style-type: none"> • Carers encourage child to adopt positive values and understand the importance of child's development 	<ul style="list-style-type: none"> • Carer sometimes encourages child to have positive values 	<ul style="list-style-type: none"> • Carer inconsistent in providing child with positive values 	<ul style="list-style-type: none"> • Carer actively encourages negative attitudes in child, at times condones anti-social behaviour
	<ul style="list-style-type: none"> • Carers provide advice and support 	<ul style="list-style-type: none"> • Awareness of importance of child development but not always able to support and advise child 	<ul style="list-style-type: none"> • Provides little advice or guidance and does not monitor child's use of inappropriate materials/playing inappropriate games 	<ul style="list-style-type: none"> • Indifferent to smoking/under-age drinking, no advice provided • Allows child to watch/play inappropriate material/games
	<ul style="list-style-type: none"> • Carer does not talk about feelings of depression/low mood in front of the children - aware of impact on child 	<ul style="list-style-type: none"> • Carer does discuss some feelings of low mood in front of child - aware of the impact on the child 	<ul style="list-style-type: none"> • Carer talks about depression in front of the child, limited insight into impact on child 	<ul style="list-style-type: none"> • Carer frequently talks about depression/suicide in front of the child - may have attempted suicide in front of child • Carer can hold child responsible for feelings/depression • Carer will not engage in support and can be resistant to advice

	<ul style="list-style-type: none"> • Carer does not misuse alcohol or drugs • Carer able to respond if emergency situation occurs 	<ul style="list-style-type: none"> • Minimal use of substances - not in front of child • Understanding of impact of substance misuse on child • Arranges additional support when unable to provide fully for child 	<ul style="list-style-type: none"> • Misuse of drugs and alcohol sometimes in front of child • Lack of awareness of impact of substance use on child • Use leads to inconsistent parenting • Finances are affected 	<ul style="list-style-type: none"> • Significant misuse of substances, carer significantly minimises use and is resistant to advice, support - refuses to engage • Carer cannot respond to child's needs • Absence of supportive network • Child exposed to abusive/frightening behaviour of carer or other adults • Carer failing to report a child that regularly goes missing
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7.

SAFETY AND SUPERVISION

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Safety awareness	<ul style="list-style-type: none"> • Carer aware of safety issues, uses safety equipment • Child taught traffic skills 	<ul style="list-style-type: none"> • Carer aware of safety issues but inconsistent in use and maintenance of safety equipment • Child given some guidance about traffic skills 	<ul style="list-style-type: none"> • Carer does not recognise dangers to child, lack of safety equipment – carer is indifferent to advice • Child given insufficient guidance about traffic skills 	<ul style="list-style-type: none"> • Carer does not recognise dangers to child's safety, can be resistant to advice • Lack of supervision around traffic and an unconcerned attitude
Supervision	<ul style="list-style-type: none"> • Appropriate supervision provided in line with age/level of development 	<ul style="list-style-type: none"> • Variable supervision provided, but carer does intervene where there is imminent danger • Carer does not always know where child is 	<ul style="list-style-type: none"> • Little supervision, carer does not always respond after accidents, lack of concern about where child is, inconsistency in concern about lack of return home/late nights 	<ul style="list-style-type: none"> • Lack of supervision, child contained in car seats/pushchairs for long periods of time • Carers indifferent to whereabouts of child, no boundaries, carer resistant to advice, lacks recognition of impact on child's wellbeing • Lack of awareness or indifferent to the risks of exploitation
Handling of baby	<ul style="list-style-type: none"> • Carer responds appropriately to needs of baby 	<ul style="list-style-type: none"> • Carer not always consistent in responses to baby's needs • Can be precarious in handling and inconsistent in supervision 	<ul style="list-style-type: none"> • Carer does not recognise importance of responding consistently to baby's needs • Handling precarious and baby left unattended at times 	<ul style="list-style-type: none"> • Carer does not respond to the needs of the baby • Dangerous handling/baby left unattended

			<ul style="list-style-type: none"> • Carer does not spend time with baby – cooing/smiling - lacks recognition of importance of comforting baby when distressed 	<ul style="list-style-type: none"> • Baby lacks adult attention and contact • Carers resistant to advice and lack insight into impact of their behaviours on the child
Care by other adults	<ul style="list-style-type: none"> • Child is left in care of trusted/vetted adult • Carer/child always know each other's whereabouts 	<ul style="list-style-type: none"> • Child (0-9yrs) sometimes left with a child (10-13yrs) or a person who may be unsuitable • Carer/child sometimes unaware of each other's whereabouts • Carer aware of importance of safe care but sometimes inconsistent due to own circumstances 	<ul style="list-style-type: none"> • Child (0-7yrs) left with a child (8-10yrs) or an unsuitable person • Carer/child often unaware of each other's whereabouts • Child sometimes found wandering/locked out • Carer does not raise importance of child keeping themselves safe, no advice/support 	<ul style="list-style-type: none"> • Child (0-7yrs) left alone, in company of young child or unsuitable person • Child often found wandering/locked out • Carer resistant/unable to take on board advice and guidance about giving safe care • Child exposed to multiple carers
Responding to Adolescents	<ul style="list-style-type: none"> • The child's needs are fully considered with appropriate adult care • Parent responds appropriately to risky behaviour 	<ul style="list-style-type: none"> • Carer aware of child's needs but inconsistent in providing for them • Responds inconsistently to risky behaviour 	<ul style="list-style-type: none"> • Carer does not consistently respond to child's needs • Recognises risky behaviour but does not always respond appropriately 	<ul style="list-style-type: none"> • Carer indifferent to whereabouts of child and child's whereabouts often unknown • Child frequently going missing • No appropriate supervision of child's access to social media • No guidance or boundaries about safe relationships, including appropriate friendships and sexual relationships. Relationships are not age appropriate

				<ul style="list-style-type: none">• Child's needs are not met, lack of recognition by carer that child requires guidance and protection, does not recognise or address risky behaviour
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September 2023