

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

				<p>disabled child, or child with a chronic health condition</p> <ul style="list-style-type: none"> • 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 road safety 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 road safety 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 road safety 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 road safety skills 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 • Baby lacks adult attention and contact

			<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"> • 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

- 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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