**Guide to recognising signs of neglect for children and young people**

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|  | **Universal** | **Universal Plus** | **Partnership Plus** | **Specialist / Statutory** |
| **Physical Care**   * **Food** * **Housing** * **Clothing** * **Hygiene** | 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.  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.  Child has clean clothes that fit. Dressed for weather and carers aware of the need for age appropriate clothes.  Child is cleaned, washed daily and encouraged to do so age appropriately.  Child encouraged to brush teeth. Lice and skin conditions treated. Nappy rash treated.  Carer takes an interest in child’s appearance | 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 carers circumstances impacts on ability to provide.  Accommodation has some essentials but requires repair/decoration. Reasonably clean, may be damp.  Carer taking steps to address this.  Reasonably stable, but child has experience some moves/new adults in home.  Carer recognises importance of stability and home conditions but personal circumstances hamper this.  Clothes sometimes unclean, crumpled, poorly fitted.  Carer considers clothing to meet needs of child but personal circumstances can get in the way.  Child reasonably clean, but carer does not regularly wash or encourage the child to wash.  Teeth inconsistently cleaned and lice and skin conditions inconsistently treated.  Nappy rash a problem, but carer treats following advice. | 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.  Accommodation in disrepair, 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.  Clothes dirty, poor state of repair and not fitted. Not appropriate for weather, and insufficient items to allow for washing. Carer indifferent to importance of clothing.  Child unclean, only occasionally bathed or encouraged to.  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. | 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 hostile to advice about food.  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. Number of adults child does not know come and go.  Carer hostile to advice.  Clothes filthy, ill-fitting and smell. Unsuitable for weather.  Chid may sleep in day clothes, not replaced with clean clothes even when soiled.  Carer hostile to advice about need for appropriate clothing for child.  Child looks dirty, and is not bathed.  Teeth not brushed and lice and skin conditions become chronic.  Care hostile to nappy rash advice and does not treat.  Carer hostile to concerns raised about child’s lack of hygiene. |
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| **Health**   * **Safe infant care** * **Advice and intervention** * **Disability, chronic health conditions and illness** | Carers make infant focused care decisions.  Carers follow safe sleep guidance for infants and recognise impact of alcohol or drugs on safe sleeping. Avoids smoking in the household.  Advice sought from health professionals and/or experienced friends and family.  Health appointments attended, preventative health care accessed (immunisations, dental care).  Prescribed medication or agreed treatment plan for illness completed.  Carer is positive about child with disability or health condition.  Carer consistently meets the child’s increased health needs.  Carer is active in seeking advice, accessing appointments and advocating for the child’s well-being. | 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.  Carers is sought, but inconsistently followed because of carers own needs.  Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments.  Carer recognises the importance for the child of completing prescribed medication or agreed treatment plans but are inconsistently completed. Carers needs/circumstances can get in the way.  Carer does not always value child and issues of disability and health need impact on the carers feelings for the child.  Carers personal needs/circumstances impact on meeting the child’s health needs arising from their disability or health condition.  Carer is not pro-active in seeking advice and support on child’s health needs but accepts it when offered. | Infants needs secondary to carers needs. Carers 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.  Carer does not routinely seek health advice, but will when serious health concerns for the child or when prompted by others.  Does not routinely attend preventative care appointments but does allow access to home visits.  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.  Carer shows anger or frustration at child’s disability or health condition.  Carer does not ensure compliance with health needs relating to the disability or health condition and minimises the needs.  Carer does not accept advice and support on the child’s health needs and is indifferent to the impact on the child’s disability or health condition. | Infants needs not considered.  Carer indifferent of hostile to safe sleep advice, views advice as interference.  Carer hostile to advice about impact of drugs, alcohol and smoking on safe sleeping.  Care only seeks health advice in an emergency. Allows child’s health to deteriorate before seeking help. Hostile to advice to seek medical help.  Preventative health appointments not attended, even if home appointment arranged.  Carer does not ensure completion of prescribed medication or treatment plan and is hostile to advice on this. Carer does not recognise the impact on the child.  Carer does not recognise child with disability or chronic health conditions identity and as a result is negative about child.  Cared does not ensure health needs relating to disability or health condition are met and leads to a deterioration in the child’s condition.  Cares is hostile when asked to seek help for the child and is hostile to any advice or support around the child’s disability or health condition. |
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| **Safety and Supervision**   * **Safety awareness supervision** * **Handling of baby** * **Care by other adults** * **Responding to adolescents** | Carer aware of safety issues uses safety equipment.  Child taught traffic skills. | Carer aware of safety issues but inconsistent in use and maintenance of safety equipment  Child given some guidance about traffic skills | Carer does not recognise dangers to child, lack of safety equipment-carer indifferent to advice.  Child given insufficient guidance about traffic skills | Carer does not recognise dangers to child’s safety, can be hostile to advice  Lack of supervision around traffic and an unconcerned attitude |
| Appropriate supervision provided in line with age/level of development | Variable supervision provided, but carer does intervene where there is imminent danger. Carer does not always know were child is | 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 | Lack of supervision, child contained in car seats/pushchairs for long periods of time. Carers indifferent to whereabouts of child, no boundaries, carer hostile to advice, lacks recognition of impact on child’s well being |
| Carer responds appropriately to needs of baby | Carer not always consistent in responses to baby’s needs-can be precarious in handling and inconsistent in supervision | Carers does not recognise importance of responding consistently to baby’s needs. Handling precarious and baby left unattended at times. Carers does not spend time with baby-cooing/smiling-lacks recognition of importance of comforting baby when distressed | Carer does not respond to the needs of the baby, dangerous handling, baby left unattended. Baby lacks adult attention and contact. Carers hostile to advice and lacks insight to impact of their behaviours on the child. |
| Child is left in care of trusted/vetted adult.  Carer/child always know each other’s whereabouts. | Child (0-9yrs) sometimes left with a child (10-13yrs) or a person who may be unsuitable.  Carer/child sometimes unaware of each others whereabouts.  Parent aware of importance of safe care but sometimes inconsistent due to own circumstances | Child (0-7yrs) left with child (8-10yrs) or an unsuitable person.  Carer/child often unaware of each others whereabouts.  Child sometimes found wandering/locked out  Carers does not raise importance of child keeping themselves safe, no advice/support. | Child (0-7yrs) left alone, in company of young child or unsuitable person.  Child often found wandering/locked out.  Carer hostile/unable to talk on board advice and guidance about giving safe care. |
| The young person’s needs are fully considered with appropriate adult care.  Parent responds appropriately to risky behaviour | Carer aware of young person’s needs but inconsistent in providing for them, responds inconsistently to risky behaviour | Carer does not consistently respond to young person’s needs, recognises risky behaviour but dies not always respond appropriately. | Young person’s needs are not met, lack of recognition by carer that young person requires guidance and protection, does not recognise or address risky behaviour. |

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| **Love and Care**   * **Warmth and care** * **Boundaries** * **Adult arguments** * **Young caring** * **Values** | Carer provides emotional warmth, responds appropriately to physical needs.  Carer understands importance of consistent demonstration of love and care. | Carer mostly provides emotional warmth, talks kindly about child, is positive about their achievements.  Sometimes carers own circumstances get in the way of demonstrating love and care. | Carer inconsistent in providing emotional warmth, does not praise or reward. Carer can sometimes respond aggressively if child distressed or hurt.  Carers can be indifferent to advice about importance of love and care to their child. | Carer does not show emotional warmth to child, emotional response tends to be harsh, critical.  Hostility to advice and support.  Carers do not provide any reward or praise and can ridicule child if others praise. |
| Carer provides consistent boundaries, provides appropriate discipline | Carer recognises importance of boundaries and appropriate discipline but sometimes struggles to implement. | Carer provides inconsistent boundaries, sometimes uses physical sanctions, can hold child entirely responsible for their behaviour. | Carer provides few or no boundaries, treats child harshly when responding to their behaviour. Physical chastisement used and other harsh methods of discipline. Carer hostile to advice about appropriate boundaries/methods of discipline |
| Carers do not argue aggressively in front of the children-sensitive to impact on children. | Carers sometimes argue in front of the children, no physical abuse between parents. Carers recognise impact of their behaviour on child. | Carers frequently argue aggressively in front of the children, sometimes this leads to physical abuse.  Lack of understanding of impact on child | Carers frequently argue in front of children and this frequently physical abuse.  Indifference to the impact on child, inability to put their needs first. |
| Child contributes appropriately to household tasks | 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. | Child has some caring responsibilities that are having an impact on education and leisure activities. | Child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities.  Impact is not well understood by carer, carer hostile to advice and support. |
| Carers encourages child to have positive values and understands importance of child’s development.  Carers provides advice and support | Carer sometimes encourages child to have positive values. Awareness of importance of child’ development but not always able to support and advice child. | Carer inconsistent in providing child to have positive values. Provides little advice or guidance and does not monitor child’s use of inappropriate materials/playing inappropriate games. | Carer actively encourages negative attitudes in child, at times condones anti social behaviour. Indifferent to smoking/underage drinking, no advice provided. Allows child to watch/play inappropriate material/games. |
| Carer does not talk about feelings of depression /low mood in front of the children-aware of impact on child. | Carer does discuss some feelings of low mood in front of child-aware of the impact on the child. | Carer talks about depression in front of the child, limited insight into impact on child. | 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 hostile to advice. |
| Carer does not misuse alcohol or drugs. Carer able to respond if emergency situation occurs | 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. | 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. Finance are affected. | Significant misuse of substances. Carer significantly minimises use and is hostile to advice, support-refuses to engage. Carer cannot respond to child’s needs. Absence of supportive network. Child exposed to abusive/frightening behaviour or carer or other adults. |

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| **Stimulation and Education**   * **0-2** * **2-5** * **5+** * **Friendships** * **Bullying** | 0-2 child well stimulated, carer aware of importance of this | Carer is aware of importance of stimulating child however sometimes inconsistent interaction due to personal circumstances | Carer provides inconsistent or limited stimulation, child is sometimes left alone unless making noisy demands | Carer provides limited or no stimulation. Carer gets angry at demands made by child.  Carer is hostile to advice |
| Child receives good level stimulation-carer talks to child in interactive way, reads stories, plays with child  Child has age appropriate toys.  Carer takes child out to local parks/activities regularly. | Carer provides appropriate level of stimulation. Child has toys/games to support their development  Carer takes child out to parks/activities-although sometimes struggles | Carer provides inconsistent stimulation, does not appear to understand the importance for the child.  Child lacks age appropriate toys/games (not due to finances)  Child has limited opportunities for activities/outings | Little or no stimulation provided. Carer provides few toys/games-usually from other sources-not well kept[t.  Few if any activities/outings for the child  Child prevented form going on outings/trips (e.g. with schools or friends) |
| Carer takes active interest in child’s schooling, attendance good, encourages child to see education as important. Interested in school and homework | 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. | Carer makes limited effort to maintain schooling, lacks consistent engagement.  Carer does not actively support homework/attendance. | Carer makes little or no effort to support education/schooling.  Lack of engagement, no support for homework.  Does not regard attendance as a concern.  Does not encourage child to see any area of education as positive. |
| Carer supports friendship and understands importance to child | Carer supports friendship, but does not always promote. | Child mainly finds own friendships, carer does not understand importance of friendships | Carer hostile to friendships and shows no interest/support |
| Carer alert to child being bullied/bullying behaviour and addresses issues | Carer aware of bullying and does intervene when child asked | Carer has limited understanding of child being bullied/bullying behaviour and does not intervene or appropriately support child | Carer indifferent to child bullying or being bullied. |

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| **Parental motivation for change** | Carer is determined to act in child’s best interests.  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.  Carer is realistic and confident about the problems to overcome and is willing to make sacrifices for the child. | Carer seems concerned with child’s welfare and wants to meet their needs but has problems with their own pressing needs.  Professed concerns is often not translated into actions, and carer regrets their own difficulties are dominating.  Would like to change but finds it hard.. Disorganised, pays insufficient time to children or misreads signals. | Carer is not concerned enough about child to address competing needs and this leads to some of child’s needs not met.  Carer does not have the right priorities and may take an indifferent attitude.  Lack of interest in the child’s welfare and development. | Carer rejects the parenting role and takes a hostile attitude to child care responsibilities.  Carer does not see that they have a responsibility to the child and believe the child is totally responsible for them elves, or the child deserves hostile parenting.  May seek to give up responsibility for the child. |