



WEST  
SUSSEX  
LOCAL  
SAFEGUARDING  
CHILDREN  
BOARD



Really useful guide  
to recognising  
***Neglect***

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## ***What is neglect?***

Neglect is not an event but rather an absence of appropriate care given to a child, often over a long period of time. In *Working Together to Safeguard Children* (2010) neglect is described as 'the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development'.

It may be difficult to distinguish between neglect and material poverty but persistent failure to provide basic needs is integral to neglect. Some families face great adversity however aspects of neglect cannot be dismissed. Neglect can be a serious form of maltreatment, even fatal, and can be described as a failure of provision and a failure of supervision.

## ***Failure of provision***

Neglect may occur during pregnancy as a result of mother's failure to access antenatal care, exposure to domestic violence, maternal substance misuse etc. Once a child is born, neglect may involve a parent or carer:

- failing to provide adequate food, clothing and shelter,
- failing to ensure access to appropriate medical care or treatment,
- not responding to a child's basic emotional need
- exposing the child to physical circumstances that are inappropriate or unsafe for their child's developmental stage

## ***Failure of supervision***

Neglect should be considered when:

- a parent or carer has failed to protect a child from physical and emotional harm or danger,
- a parent or carer has failed to ensure adequate supervision including the use of inadequate care-givers,
- the explanation for an injury (e.g. burns, sunburn, ingestion of harmful substance, road traffic incidents) suggests a lack of supervision
- there is abandonment of a child or young person

## ***Contributing factors of neglect***

Varied research has identified factors which increase the likelihood of neglect:

- Substance misuse
- Domestic violence

- Inadequate housing
- Poverty
- Unemployment
- Parental mental health problems
- Poor parental functioning

## ***Which children are more vulnerable to neglect?***

- Children born prematurely
- Disabled children
- Adolescents
- Low birth weight children
- Runaways
- Children in care
- Refugees
- Asylum seeking children
- Children from black and minority ethnic communities

## ***Effects of neglect on child development***

In *Working Together* neglect is described as having 'adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem, and feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing'.

## ***Brain development***

By the age of 3 years a baby's brain has reached almost 80% of its adult size. The growth in each region of the brain largely depends on receiving stimulation. This stimulation provides the foundation for learning, research informs us that brain development is 'activity dependent'; every experience excites some neural circuits and leaves others alone. Neural circuits used over and over are strengthened those that are not used are left weakened. Poor brain underdevelopment can lead to difficulty regulating emotion, lack of cause-effect thinking, inability to recognise emotions in others and lack of conscience. The development of a baby's brain is affected by the attachment to their parents/carers; analysis of neglected children's brains has shown that their brain growth is significantly reduced.

## Consequences for the child - what does neglect look like?

- Constant hunger
- Constant tiredness
- Poor personal hygiene
- Poor state of clothing
- Low self-esteem
- Frequent lateness or non-attendance to school
- Destructive tendencies
- Neurotic behaviour
- Running away
- Emaciation, potbelly short stature
- Poor skin and hair tone
- Untreated medical conditions
- No social relationship
- Compulsive stealing or scavenging

## Neglect Pathway in West Sussex

There are various tools to understand neglect, in West Sussex the following Neglect Pathway has been agreed:

1. For universal services that have infrequent contact with children (such as District & Borough Councils) they will access Level 1 safeguarding training as appropriate and use the interagency referral form to pass on any child protection concerns to Childrens Social Care.
2. For universal and targeted services that have regular contact with/or intense but irregular contact and those who work predominantly with children the Neglect Identification and Measurement Tool (NIMT) has been designed. This will aid recognition, measurement and action planning for working with families where neglect is suspected. This is based on the principles of the Common Assessment Framework, NHS West Sussex's Neglect Risk Assessment and Portsmouth LSCB's Development Checklist.
3. In West Sussex, Childrens Social Care will use the Graded Care Profile (GCP) when a child under 11 has a child protection plan to address neglect. The lead Social Worker will work with Core Group members to complete the tool and agree a plan, which will be regularly reviewed.

## Neglect Identification and Measurement Tool

This tool was designed by a multi-agency working group of professionals in West Sussex during 2011. Its aim is to help workers in health, education, family centres etc think in more detail about a family where they are concerned a child

is experiencing neglect. It poses a series of statements that may indicate neglectful behaviour is occurring, based on the Common Assessment Framework:

The questions are grouped into 3 areas to consider with the family: 1. child's developmental needs, 2. parenting capacity, and 3. family and environmental factors. At the end of each section they are then prompted to analyse the risks they have identified above against the strengths and protective factors that exist. This will help to describe the risks posed to the child's development when balancing the concerns with and the current support available, to discover what else is needed.

### Applying the Assessment Framework



After all 3 sections the professional is posed 5 further questions:

1. What is this assessment telling you about this family and what is your analysis of the situation?
2. What outcomes are needed, and what will the situation look like when these are achieved?
3. What is the child's view of their situation?
4. What are the parents/carers views of the situation for the child?
5. What action are you going to take now? If no action, then state why.

To complete this tool the professional will need to familiarise themselves with the questions beforehand, identify those they won't be able to answer and contact other agencies/professionals as appropriate.

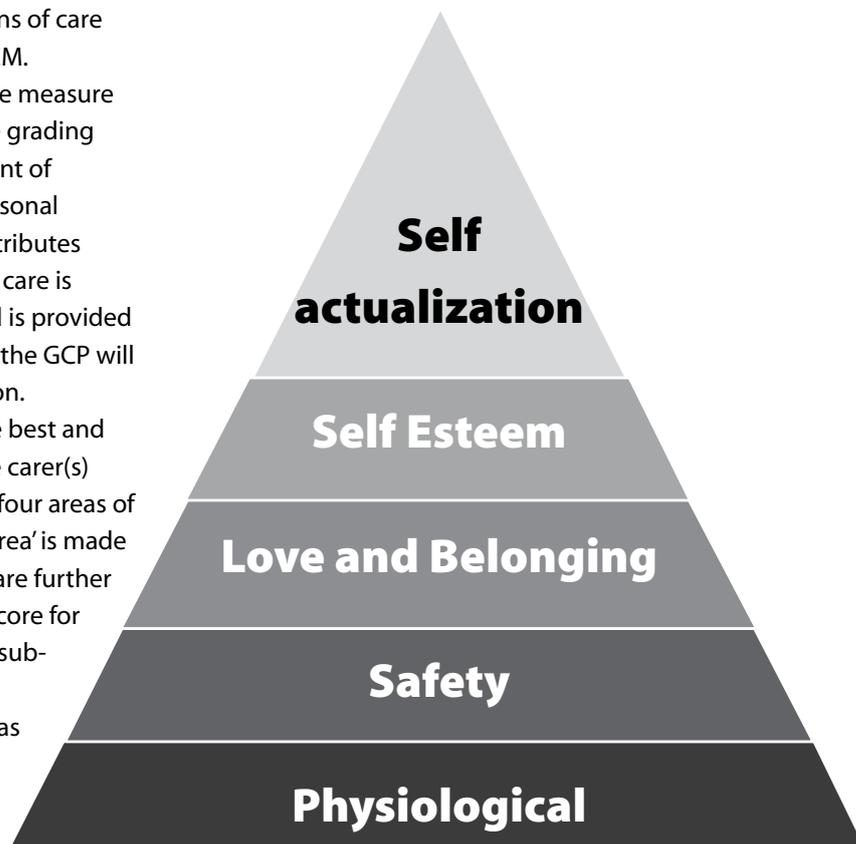
## Graded Care Profile

This tool was designed by Dr Leon Polnay and Dr O P Srivastava (Bedfordshire and Luton Community NHS Trust and Luton Borough Council) to be used with parents/carers to reduce neglect.

This model was adopted not so much for its hierarchical nature but for its comprehensiveness. It is based on

Maslow's hierarchy of needs. There are 4 domains of care PHYSICAL, SAFETY, AFFECTION/LOVE and ESTEEM. The Graded Care Profile (GCP) gives an objective measure of care of a child by a carer. It gives a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer. Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them. Thus, if a child is provided with good food, good clothes and a safe house the GCP will score better irrespective of the financial situation. The grades are on a 1 – 5 scale. Grade one is the best and five the worst. This grading is based on how the carer(s) responds to the child's needs. This is applied in four areas of need – physical, safety, love and esteem. Each 'area' is made up of different 'sub-areas' and some 'sub-areas' are further broken down into different 'items of care'. The score for each area is made up of scores obtained for its 'sub-areas'.

The purpose of using the profile is to clarify areas of concern in order to plan appropriate single agency or inter agency intervention.



## Graded Care Profile

This is how the grading works:

Sub-areas	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child's needs met	Essential needs fully met	Some essential needs met	Most essential needs unmet	Essentially needs entirely unmet/ hostile
2	Child priority	Child first most of the time	Child and carer equal	Child second	Child not considered
3	Best	Adequate	Borderline	Poor	Worst

Workers who have used this say that although it looks complicated at first, it gets easier once familiar with the tool. It is important for the professional to know and understand the family's religion, culture and community and the impact this may have on the care given to the child, and to avoid judgements that are not appropriate. Included next are the explanatory tables that show all the areas and sub-areas with the five grades alongside. These give brief examples of care in all sub-areas/items for all the five grades to assist with giving a grade to the care you are seeing when filling out the GCP tool.

# GCP explanatory tables

## A Area of Care – Physical Care

**Sub-areas**      **1 Child priority**   **2 Child first**      **3. Child & care equal**      **4. Child second**   **5. Child not considered**

<b>1. Nutrition</b>					
a. Quality	Aware and thinks ahead; provides excellent quality food and drink.	Aware and manages to provide reasonable quality food and drink.	Provision of reasonable quality food inconsistent through lack of awareness or effort.	Provision of poor quality food through lack of effort; only occasionally of reasonable quality if pressurised.	Quality not a consideration at all or lies about quality.
b. Quantity	Ample	Adequate	Adequate to Variable	Variable to Low	Mostly low or starved
c. Preparation	Freshly cooked/ prepared for the child.	Well prepared for the family. Always thinking of the child's needs.	Preparation infrequent and mainly for the adults, child sometimes thought about.	More often no preparation. If there is, child's need or taste not thought about.	Hardly ever any preparation. Child lives on snacks, cereals or takeaways.
d. Organisation	Meals carefully organised – child's seating, timing & manners.	Well organised- child often seated, regular timing.	Poorly organised - irregular timing, child not encouraged to sit down to eat.	Ill organised- no clear mealtime.	Chaotic – eat when and what one can.

**Sub-areas**      **1 Child priority**   **2 Child first**      **3. Child & care equal**      **4. Child second**   **5. Child not considered**

<b>2. Housing</b>					
a. Maintenance	Additional features benefiting child- safe, warm and clean	No additional features but well maintained.	State of repair adequate.	In disrepair- but could be repaired easily	Dangerous disrepair- but could be repaired easily (exposed nails, live wires).
b. Décor	Excellent, child's taste specially considered.	Good, child's taste considered (practical constraints prevent a score of 1).	In need of decoration but reasonably clean.	Dirty, cluttered and unhygienic	Long term engrained dirt. (Bad odour/ no clear spaces).
c. Facilities	Essential and additional fixtures and fittings- good heating, shower or bath, play and learning facilities.	All essential fixtures and fittings; effort to consider the child. If lacking, due to practical constraints (child comes first).	Essential to bare - child's needs overlooked.	Adults needs for safety, warmth and entertainment come first.	Child dangerously exposed or not provided for.

**Sub-areas      1 Child priority   2 Child first      3. Child & care equal      4. Child second      5. Child not**

<b>3. Clothing</b>					
a. Insulation	Well protected and dressed appropriately for weather.	Well protected, adequate for the weather.	Adequate to variable weather protection.	Inadequate weather protection.	Dangerously exposed.
b. Fitting	Appropriate fitting and design.	Adequate fitting even if handed down.	Clothes a little too large or too small.	Clothes clearly too large or too small.	Grossly improper fitting.
c. Look- age 0-5	Good condition and clean.	Effort to restore any wear and clean.	Repair lacking, usually not quite clean.	Worn, somewhat dirty and crumpled.	Dirty, badly worn and crumpled, odour.
c. Look- age 5+	As above	As above, odour if bed wetter, not otherwise.	Worse than above, unless child does own washing.	Same as above unless child does own washing.	Child unable to help him/herself therefore same as above

**Sub-areas      1 Child priority   2 Child first      3. Child & care equal      4. Child second      5. Child not**

<b>4. Hygiene</b>					
Age 0 to 4	Cleaned, bathed and teeth brushed more than once a day	Regular bathing and teeth brushed daily.	No routine. Sometimes bathed and teeth brushed.	Occasionally bathed, poor dental hygiene and occasional odour.	Seldom bathed or clean. Bad dental hygiene and strong odour.
Age 5 to 7	Some independence at above tasks but always helped and supervised.	Reminded and products provided for regularly. Watched and helped if needed.	Irregularly reminded and products provided. Sometimes watched.	Reminded only now and then, minimum supervision.	No supervision or encouragement. No products provided.
Age 7+	Reminded, followed, helped regularly.	Reminded regularly and encouraged if lapses.	Irregularly reminded, Products not provided consistently.	Left to their own initiatives. Provision minimum and inconsistent.	No encouragement. No products provided.

Sub-areas	1 Child priority	2 Child first	3. Child & care equal	4. Child second	5. Child not considered
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5. Health					
a. Opinion sought	Not only on illnesses but also other genuine health matters thought about in advance and with sincerity.	From professionals/ experienced adults on matters of genuine and immediate concern about child health.	On illness of any severity. Or frequent unnecessary consultation and/ or medication.	Only when illness becomes moderately severe (delayed consultation).	When illness becomes critical (emergencies).
b. Follow up	All appointments kept. Rearranges if problems.	Fails one in two appointments due usefulness or due to pressing practical constraints.	Fails one in two appointments even if it of clear benefit for reasons of personal inconvenience	Attends third time after reminder. Doubts its usefulness even if it is of clear benefit to the child	Fails to keep appointments despite reminders. Misleading/ inconsistent explanations for not attending.
c. Health checks and immunisation	Visits in addition to the scheduled health checks, up to date with immunisation unless genuine reservations.	Up to date with scheduled health checks and immunisation unless exceptional or practical problems. Plans in place to address this.	Omission for reasons of personal inconvenience, takes up if persuaded.	Omissions because of carelessness, accepts if accessed at home.	Clear disregard of child's welfare. Blocks home visits.
d. Disability/ chronic illness (3 months after diagnosis)	Compliance excellent, any lack of compliance is due to pressing practical reason. Compassion for child's needs.	Any lack of compliance is due to difference of opinion, or pressing practical reason. Compassion for child's needs.	Compliance is lacking from time to time for no pressing reason (excuses). Shows some compassion for child's needs.	Compliance frequently lacking for trivial reasons, very little affection, if at all. shows little compassion for child's needs.	Serious non-compliance, medication not given. Can lie, inexplicable deterioration. Shows no compassion for child's needs.

## B Area of Care - Safety

Sub-areas	1 Child priority	2 Child first	3. Child & care equal	4. Child second	5. Child not considered
<b>1. In Presence</b>					
a. Awareness	Excellent awareness of safety issues however remote the risk.	Excellent awareness of safety issues.	Poor awareness and perception except for immediate danger.	Inadequate response to safety risks.	Oblivious to safety risks.
<b>b. Practice</b>					
Pre-mobility age	Very careful with handling and laying down. Seldom unattended	Careful whilst handling and laying down.	Handling careless. Frequently unattended.	Handling unsafe. Unattended even during care chores (bottle left in mouth)	Dangerous handling, left dangerously unattended during care chores like bath
Acquisition of mobility	Constant attention to safety and effective measures against any perceived dangers when mobile.	Frequent checks if unattended Effective measures against any danger about to happen.	Inconsistent measures taken against danger.	Ineffective measures if at all. Improvement from mishaps soon lapses.	Inadvertently exposes to dangers (dangerously hot iron near by).
Infant school	Close supervision indoors and outdoors.	Adequate supervision indoors and outdoors.	Little supervision indoors or outdoors. Acts if in noticeable danger.	No supervision, intervenes after mishaps which soon lapses again.	Minor mishaps ignored or the child is blamed; intervenes casually after major mishaps
Junior & senior school	Allows out in known safe surroundings within appointed time. Checks if goes beyond set boundaries.	Knows where child is, appropriate boundaries. Reasonable time limit. Checks if worried.	Not always aware of whereabouts outdoors believing it is safe as long as they return in time.	Not bothered about daytime outings, concerned about late nights in case of child younger than 13.	No boundaries despite knowledge of dangers outdoors. Staying away until late evening/nights.

Sub-areas	1 Child priority	2 Child first	3. Child & care equal	4. Child second	5. Child not considered
<b>c. Traffic</b>					
<b>Age 0-4</b>	Well secured in the pram, harnesses, or when walking, hand clutched. Walks at child's pace.	3-4 year old allowed to walk but close by, always in vision, hand clutched if necessary i.e. crowd.	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, glances back now and then if left behind.	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation.	Babies unsecured, careless with pram, 3-4 year old left to wander, lack of supervision.
<b>5 and above</b>	5-10 year old escorted by adult crossing a busy road, walking close together.	5-8 year old allowed to cross road with a 13+ child: 8-9 allowed to cross alone if they reliably can.	5-7 year olds allowed to cross with an older child, (but below 13) and simply watched: 8-9 crosses alone.	5-7 year old allowed to cross a busy road alone.	A child left to cross a busy road alone without any concern or thought.
<b>d. Safety Features</b>	Excellent safety features- gate, guards, drug lockers, electrical safety devices, intercom to listen to the baby, safety with garden pond and pool etc.	Good safety features- secure doors, windows and any heavy furniture item. Safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alarm. Improvisation and DIY if cannot afford.	Lacking in essential safety features, very little improvisation or DIY (done too causally to be effective).	No safety features. Some possible hazards due to disrepair (tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances).	Definite hazards exposed electric wires and sockets, unsafe windows (broken glass), dangerous chemicals carelessly lying around.
<b>2. Safety In Absence</b>	Child is left in care of a vetted adult. Never in sole care of an under 16.	Out of necessity a child aged 1-12 is left with a young person over 13 who is familiar and has no significant problem, for no longer than necessary. Above arrangement applies to a baby only in an urgent situation.	For recreational reason leaves a 0-9 year old with a child aged 10-13 or a person known to be unsuitable.	For recreational reason a 0-7 year old is left with an 8-10 year old or an unsuitable person.	For recreational reason a 0-7 year old is left alone or in the company of a relatively older but less than 8 year old child or an unsuitable person.

## C Area of Care – Love

Sub-areas	1 Child priority	2 Child first	3. Child & care equal	4. Child second	5. Child not considered
<b>1. Carer</b>					
a. Sensitivity	Looks for or picks up very subtle signals- verbal or nonverbal expression or mood.	Understands clear signals – distinct verbal or clear nonverbal expression.	Not sensitive enough – messages and signals have to be intense to make an impact e.g. crying.	Quite insensitive – needs repeated or prolonged intense signals.	Insensitive to even sustained intense signals or dislikes child.
b. Timing of response	Responds at time of signals or even before in anticipation.	Responds mostly at time of signals except when occupied by essential chores.	Does not respond at time of signals if during own leisure activity. Responds at time of signals if fully unoccupied or child in distress.	Even when child in distress responses delayed.	No responses unless a clear mishap for fear of being accused.
c. Reciprocation (quality)	Responses fit with the signal from the child, both emotionally (warmth) and materially (food, nappy change). Can get over stressed by distress signals from child. Warm.	Material responses (treats etc.) lacking, but emotional responses warm and reassuring.	Emotions warm towards child if in good mood (not burdened by strictly personal problem), otherwise flat.	Emotional response brisk and flat. Annoyance if child in moderate distress but attentive if in severe distress.	Disliking and blaming even if child in distress, acts after a serious mishap mainly to avoid being accused, any warmth/guilt not genuine
<b>2 Mutual Engagement</b>					
a. Beginning interactions	Carer starts interactions with child. Child starts interactions with carer. Carer does this more often.	Carer starts interactions with child. Child starts interactions with carer. Equal frequency. Positive attempt by carer even if child is defiant.	Child mainly starts interactions. Sometimes the carer. Carer negative if child's behaviour is defiant.	Child mainly starts interactions. Not very often the carer.	Child does not attempt to start interaction with carer. Carer does not start interactions with child. Child appears resigned or apprehensive.
b. Quality	Frequent pleasure of engagement, both enjoy it.	Quite often and both enjoy equally.	Less often engaged for pleasure, child enjoys more. Carer passively joins in getting some enjoyment at times.	Engagement mainly for a practical purpose. Indifferent when child attempts to engage for pleasure. Child can get some pleasure (attempts to sit on knees, tries to show a toy).	Dislikes it when child tries to enjoy interactions, if any. Child resigned or plays on own. Carer's engagement for practical reasons only (dressing, feeding).

# D Area Of Care Of Esteem

Sub-areas	1 Child priority	2 Child first	3. Child & care equal	4. Child second	5. Child not considered
<b>1. Stimulation</b>					
<b>Age 0-2 years</b>	Plenty of appropriate stimulation (talking, touching, looking). Plenty of equipment	Enough and appropriate intuitive stimulation. Appropriate toys, gadgets, outings and celebrations	Inadequate and inappropriate- baby left alone while carer pursues own amusements; sometimes interacts with baby.	Little stimulation. Baby left alone while adult gets on with pursuing own amusements unless strongly sought out by the baby.	Absent- even mobility restricted (confined in chair /pram) for carer's convenience. Inappropriate response if baby demands attention.
<b>Age 2-5 years</b>	<p><b>i.</b> Interactive stimulation (talking to, playing with, reading stories and topics) plenty and good quality.</p> <p><b>ii.</b> Toys and gadgets (items of uniform, sports equipment, books etc.) – Plenty and good quality</p> <p><b>iii.</b> Outings (taking the child out for recreational purposes) – frequent visits to child centred places locally and away.</p> <p><b>iv.</b> Celebrations– both seasonal and personal, child made to feel special</p>	<p><b>i.</b> Sufficient and of satisfactory quality.</p> <p><b>ii.</b> Provides all that is necessary and tries for more.</p> <p><b>iii.</b> Enough visits to child centred places locally (e.g. parks) and occasionally away (e.g. zoos).</p> <p><b>iv.</b> Equally keen and eager.</p>	<p><b>i.</b> Variable – adequate if usually doing own thing.</p> <p><b>ii.</b> Essentials only. No effort to make do if unaffordable.</p> <p><b>iii.</b> Child accompanies carer wherever carer decides, usually child friendly places.</p> <p><b>iv.</b> Mainly seasonal (Christmas) low key personal (birthday)</p>	<p><b>i.</b> Scarce – even if doing nothing else.</p> <p><b>ii.</b> Lacking on essentials.</p> <p><b>iii.</b> Child simply accompanies carer.</p> <p><b>iv.</b> Only seasonal – low key to keep up with the rest</p>	<p><b>i.</b> Nil.</p> <p><b>ii.</b> Nil, unless provided by other sources- gifts or grants.</p> <p><b>iii.</b> No outings for the child, may play in the street.</p> <p><b>iv.</b> Even seasonal festivities absent or dampened.</p>
<b>Age 5+ years</b>	<p><b>i.</b> Education– active interest in schooling and support at home.</p> <p><b>ii.</b> Sports and leisure well organised outside school hours e.g. swimming, clubs etc.</p> <p><b>iii.</b> Friendships encouraged and checked out</p> <p><b>iv.</b> Provision– plentiful</p>	<p><b>i.</b> Active interest in schooling, support at home when can.</p> <p><b>ii.</b> All affordable support.</p> <p><b>iii.</b> Carer offers some help.</p> <p><b>iv.</b> Adequate</p>	<p><b>i.</b> Maintains schooling but little support at home.</p> <p><b>ii.</b> little effort in finding out but takes up opportunities at doorstep.</p> <p><b>iii.</b> Accepts</p> <p><b>iv.</b> Poorly provided</p>	<p><b>i.</b> Little effort to maintain schooling or mainly for other reasons like free meals etc.</p> <p><b>ii.</b> Child makes all the effort, carer not interested.</p> <p><b>iii.</b> Child finds own friends, no help from carer unless reported to be bullied.</p> <p><b>iv.</b> Under provided.</p>	<p><b>i.</b> Not interested or can even be discouraging.</p> <p><b>ii.</b> Not bothered even if child is doing unsafe/ unhealthy activity.</p> <p><b>iii.</b> Not bothered.</p> <p><b>iv.</b> No provision.</p>

**Sub-areas**      **1 Child priority**   **2 Child first**      **3. Child & care equal**      **4. Child second**      **5. Child not considered**

<b>1. Stimulation</b>					
<b>2. Approval</b>	Talks about the child with delight/ praise without being asked; material and generous emotional reward for any achievement.	Talks fondly about the child when asked, generous praise and emotional reward, less of material reward.	Agrees with other's praise of the child, low-key praise and damp emotional reward.	Indifferent if child praised by others, indifferent to child's achievement, which is quietly acknowledged.	If the child is praised by someone else, successes rejected. Achievements not acknowledged, lack of reprimand or ridicule is the only reward if at all.
<b>3. Disapproval</b>	Mild verbal and consistent disapproval if any limit is crossed.	Consistent terse verbal, mild physical, mild sanctions if any set limits are crossed.	Inconsistent boundaries or methods or ignores for own convenience, mild physical and moderate other sanctions.	Inconsistent, shouts/ harsh verbal, moderate physical, or severe other sanctions.	Terrorised. Ridicule, severe physical or cruel other sanctions.
<b>4. Acceptance</b>	Unconditional acceptance. Always warm and supportive even if child is failing.	Unconditional acceptance, even if temporarily upset by child's behavioural demand but always warm and supportive.	Annoyance at child's failure, behavioural demands less well tolerated.	Unsupportive and/or rejecting if child is failing or if behavioural demands are high. Accepts if child is not failing.	Indifferent if child is achieving but rejects if makes mistakes or fails. Exaggerates child's mistakes

Sub-areas	1 Child priority	2 Child first	3. Child & care equal	4. Child second	5. Child not considered
<b>1. Stimulation</b>					
<b>2. Approval</b>	Talks about the child with delight/praise without being asked; material and generous emotional reward for any achievement.	Talks fondly about the child when asked, generous praise and emotional reward, less of material reward.	Agrees with other's praise of the child, low-key praise and damp emotional reward.	Indifferent if child praised by others, indifferent to child's achievement, which is quietly acknowledged.	If the child is praised by someone else, successes rejected. Achievements not acknowledged, lack of reprimand or ridicule is the only reward if at all.
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## References:

Framework for the assessment of children in need and their families, DH 2000.

Working together to safeguard children, HMSO 2010

NHS West Sussex's Neglect Risk Assessment, 2007

Portsmouth LSCB's Development Checklist, 2010

Southampton LSCB Really Useful Guide to Neglect, 2011

## Further Information

The West Sussex County Council website hosts the Local Safeguarding Children Board 'Neglect' page. On this can be found further information and links to useful websites as well as the following documents:

- Child Neglect Practice Guidance
- GCP Tool and User Manual
- GCP Explanatory Leaflet for Families
- Neglect Identification and Measurement Tool

Visit: West Sussex County Council: West Sussex Local Safeguarding Children Board





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