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| **Nutritional Neglect** | **Pre-birth** | | **0-4**  **Impact on the child or young person of the different types of Neglect** | | | | **5-11** | | 12-18 | | | | |
| **What could we see?** | The mother not eating enough. | | ‘Non-organic failure to thrive’ child not gaining weight or growing much more slowly than expected without there being a medical reasons for this.  The child could be obese  The child may look pale or have wispy hair.  Lack of food in the home, or the food in the home being low in nutritional value and readily available snacks.  If attending pre-school the child may eat excessive amounts of food, horde food or take food from other children. | | | | The child could be either underweight or overweight.  A lack of food in the home.  The food in the home being low in nutritional value and readily available snacks.  Carer not following advice about nutrition and feeding.  The child may consistently complain of hunger, steal food, overeat at school and hoard food. | | Lack of food in the home.  The food in the home being low in nutritional value and readily available snacks.  The child may be able to find food for themselves but often chose convenience food and snacks.  The child may continue to hoard food.  The carer may have the attitude that the child should be providing for themselves. | | | | |
| **Impact on the child** | Foetus’s growth and development could be impacted | | At its most serious nutritional neglect- in someone depriving the child of appropriate food- could result in serious illness or death.  Children’s brains grow very quickly up until the age of 3; without appropriate nutrition the child’s brain and cognitive development will slow.  Without the appropriate food and nutrition the child may be delayed in other areas such as motor skills, language, behavioural and physical development due to a lack of energy.The child may also be obese if they are given food with poor nutritional value or ‘junk’ food as the norm. An obese child is more likely to become an obese adult and is at higher risk of diabetes and heart disease. | | | | The child may struggle to concentrate at school due to being hungry and this could lead to their becoming behind in their education. A significant lack of nutrition could lead to illness, such as anaemia. Not having regular food results in the child being more likely to suffer from constipation or diarrhoea. A child who is obese could be bullied at school or ostracised by peers. This could also lead to difficulties in participating in activities with other children such as PE or playing during break times. | | A lack of education into the importance of a balanced diet throughout childhood and adolescence leads to their continuing to not eat a balanced diet throughout their life. They may not have been taught life skills such as cooking. Lack of nutrition not found in junk food can result in changes in behaviour. A lack of Thiamene can lead to irritability and aggression. Anaemia can lead to fatigue. | | | | |
| **Physical Neglect** | | **Pre-birth** | | | **0-4** | | | 5-11 | | 12-18 | | | | |
| **What could we see?** | | Maternal drug misuse  Parental alcohol misuse  Domestic violence | | | Poor home conditions that pose a risk to the children, either by hygiene or through hazards which the children could trip or fall on. Safety equipment not in place in the home such as stair gates.  The child may experience prolonged or frequent periods of illness.  The child may have regular or frequent bruising from falls.  They may present as dirty with food on their face or clothes, untidy or unwashed hair, dirt on their hands, feet or under their nails.  Their clothes may be stained or have holes in. They may be dressed in clothes that are too big or too small or inappropriate for the weather.  They may have recurrent nappy rash.  They may be left for long periods in buggies, chairs or walkers or in front of the TV.  Carers may not be motivated to toilet train the children, and may leave them in their nappies for extended periods of time.  They may not have a bedtime routine or get the recommended amount of sleep. They may have soiled or no bedding or soiled mattresses. | | | Poor home conditions that pose a risk to the children, either by hygiene or through hazards which the children could trip or fall on. The child may have regular or frequent bruising from falls. They may present as dirty with food on their face or clothes, untidy or unwashed hair, dirt on their hands, feet or under their nails. Their clothes may be stained or have holes in. They may be dressed in clothes that are too big or too small or inappropriate for the weather. They may not have a bedtime routine or get enoughsleep. They may have soiled or no bedding or soiled mattresses.  The child may be bullied at school as a result of their presentation. They may smell and their uniform for school dirty. The child may not try to meet their own personal hygiene needs as they do not have the equipment at home or have learned the skills. | | Although the adolescent may now be able to take responsibility for self-care and cleanliness they may not have the available facilities to wash themselves or their clothes.  They may have body odour, greasy hair and skin.  The child may experience early puberty.  They may be unwilling to attend school as a result of their changing sleep patterns and lack of parental challenge for missing school as well as their lack of friendship groups and awareness of their poor hygiene and presentation compared to their peers.  The child may be developmentally and educationally behind their peers. | |
| **Impact on the child** | | The use of drugs direct impacts the foetus. Stimulant use could lead to prematurity, growth retardation for example.  When born the foetus could experience neonatal abstinence syndrome, meaning they have to withdraw from the drugs the parents have been using. In the long term drug misuse during pregnancy is a factor in children having impulsivity and attention-related problems by the time they are pre-school age.  Alcohol misuse can result in foetal alcohol spectrum disorder which has a permanent impact on the child. This can result in brain damage, birth defects, hearing impairment, visual impairment, poor attention span and memory, amongst others.  Fathers who drink heavily have children who have lower birth weight and increased risk of heath defects.  Domestic violence increases during pregnancy, the foetus is at risk where the pregnancy is targeted as part of the violence such as hitting or kicking the stomach. The impact of additional stress on the mother increases cortisol which impacts on the foetus’ brain development. | | | The child may get hurt, perhaps seriously by tripping over clutter in the home. If items which pose a risk to the children are left out, such as sharp objects, lighters or drug paraphernalia for example the child could be harmed by these. A lack of safety equipment could lead to accidents such as the child falling down the stairs.  Inappropriate clothing could mean the child becomes more susceptible to illness, or in the case of babies overheating or becoming too cold.  Not having the opportunity to explore can result in delayed development of motor skills and physical development.  They may suffer from significant nappy rash  If they are not getting enough sleep the child may be overly tired during the day, hyperactive or trouble learning. | | | As a result of the bullying the child may struggle to find and keep friends in school and feel sad and lonely. They may develop low self esteem.  The child may get hurt, perhaps seriously by tripping over clutter in the home. If items which pose a risk to the children are left out, such as sharp objects, lighters or drug paraphernalia for example the child could be harmed by these. | | The child may struggle to make and keep friends; they may be unwilling to allow others to come to their home. They may still experience bullying as a result of their being dirty and smelling. They may develop low self esteem as a result of this.  If a child experiences early puberty, this is associated with earlier sexual activity and anti-social behaviours such as drug misuse or truancy.  Neglect is not linked to ongoing physical illness in adolescence.  The cumulative harm from their childhood and the various aspects of neglect they have experienced would lead to them struggling to keep up with peers or expectations. This would be made worse by their missing more school.  In the long term the child may not learn how the keep themselves, their home and their belongings. | |
| **Educational Neglect** | | **Pre-birth** | | **0-4** | | 5-11 | | | | | 12-18 | |
| **What could we see?** | |  | | Lack of toys or age appropriate toys in the home.  Carer not interacting or playing with the child.  Child’s motor skills or language being delayed. | | Lack of toys or age appropriate toys in the home. Carer not interacting or playing with the child  Child being educationally behind their peers at school. Child may still be delayed with their language.  Carer not engaging with school, not attending parents evenings or school events. Carer not helping the child to complete homework or reading.  The child may display challenging behaviour in the classroom and an indifference to learning.  Poor attendance at school. | | | | | The child may have frequent lateness of absence from school.  The child may have a poor attitude to school or learning.  Carer not engaging with school, not attending parents evenings or school events.  Carer not helping the child to complete homework or reading. | |
| **Impact on the child** | |  | | The most significant period of brain development for the child is between the ages of 0-3. Without stimulation the child will become developmentally delayed, possibly needing speech and language therapy to encourage their speech for example. Without the ability to express how they are feeling the child may get frustrated and act out, if attending pre-school they may struggle to interact with other children or unfamiliar adults.  Without toys in the home the child does not have the opportunity to develop their physical abilities like grasping. Without a parent to model play and interactions they become behind their peers as they have to work this out for themselves.  Cognitive development occurs whilst the child tries to figure out the world around them. The carer plays a significant role in this through challenging the child and answering questions. If the carer is not doing this the child’s cognition develops slower than average. The child may present as younger than they are and struggle to keep up with the play of their peers. This may lead them to struggle to make friendships.  If a child has significant delay by the time they are ready to start school it becomes very difficult for them to ever catch up to their peers. | | The child will fall further behind with their education, initially this may be due to delayed speech limiting their understanding and ability to learn.  The child may become further delayed as a result of the lack of support from the carer with homework or encouraging their reading.  The child’s difficulty in understanding may lead them to display challenging behaviour in the classroom, further disrupting their learning.  The child may be absent from school repeatedly which again would lead to their being even further behind their peers in their learning. | | | | | The child’s delayed cognitive abilities may lead to their finding problem solving difficult and their having difficulties in managing their emotions leading them to become angry quickly and possibly lashing out at others.  Their delay, absence, lateness and internalising the parental attitude to education could lead to their choosing not to attend school, leaving them with few or no qualifications, limiting their life choices. | |

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| **Emotional Neglect** | **Pre-birth** | **0-4** | **5-11** | **12-18** |
| **What could we see?** | Parent might not express excitement or enthusiasm about the pregnancy even when approaching due date.  They may use ambivalent words when describing the pregnancy or refer to the foetus as ‘it’ rather than he or she.  They might not prepare for the baby’s arrival, ensuring they have appropriate equipment. | Parent not making eye contact with the child, not responding to cries, not talking to the child,  Child not seeking reassurance from carers when hurt or upset.  Child may self-soothe.  As a baby they may be quiet, passive and unresponsive to being left by their caregiver or their return.  Child being happy to go to strangers without separation anxiety before 3 or 4 or after this continuing to struggle to manage separation.  The child may become angry, particularly when playing with other children. | The parent may appear indifferent or overly blaming of the child for age appropriate behaviour.  The child may have low self-esteem, difficulties in forming and sustaining relationships.  The child may display attention seeking behaviours or become disruptive in the classroom.  They may seek out adults as a substitute for peers who they struggle to make friends with.  They may become more anti-social and may become more aggressive and seek negative attention. | In the home conflict between the child and carer is very likely, this may involve confrontation and rebellion, withdrawal and self-imposed “exile” or isolation.  The child presents as emotionally independent of their carers.  The child is unlikely to have emotionally supportive friendships in their peer group.  They make take on a caring role to younger siblings. |
| **Impact on the child** | Although there is not direct impact on the unborn baby if emotionally neglected this will impact on them once they are born. | Child does not develop a secure attachment with their parents, which lasts the rest of their life. It can impact all forms of relationships including their relationships with their own children.  Child does not learn social interactions and therefore struggles in relating to adults and/or other children.  A lack of confidence in the carer being someone who responds to them and keeps them safe may limit the child from exploring their environment or learning and they may become developmentally behind their peers. | Their seeking out of adults may make them more vulnerable to abuse, in particular sexual abuse.  Difficulties in making friends will continue to later in life, giving the child less resilience and emotional support outside of the family.  Adverse behaviours in school will disrupt their learning, leading to their becoming more behind their peers, their being identified as displaying difficult behaviour may become a self-fulfilling prophecy as they grow older. | The child may struggle with feelings of isolation and low self esteem. The lack of emotional support may mean these feelings continue and the child may develop depression or mental health problems.  These feelings and lack of support may make the child more vulnerable to sexual exploitation. |
| **Lack of supervision and guidance** | **Pre-birth** | **0-4** | **5-11** | **12-18** |
| **What could we see?** |  | Leaving the child unattended in the home or with inappropriate carers, such as children or intoxicated adults.  Leaving the child on surfaces from which they might fall.  Leaving babies to feed themselves (prop-feeding).  Leaving the child in the bath.  High level of accidents and scalding, burning or bruising on the child.  There is not safety equipment in the home and things left around which are dangerous to the child, such as medicines, drugs or household products.  The child playing outside without supervision or without the parent knowing their whereabouts.  No or inconsistent routines for the child in the home. The carers not following through with punishments or instructions.  The child may display difficult behaviour in the home such as defiance to the carers instructions and tantrums.  The child may suffer from severe sunburn in the summer. | The child being at home without a carer or appropriate adult.  Older children being expected to take on the care of younger siblings.  Carers being unaware of the whereabouts of the child.  The child playing outside without supervision.  The child may stay out late or at night.  The child may be expected to produce their own meals.  There is not safety equipment in the home and things left around which are dangerous to the child, such as medicines, drugs or household products.  No or inconsistent routines for the child in the home. The carers not following through with punishments or instructions.  The child may display difficult behaviour in the home such as defiance to the carers instructions and tantrums.  The carer may identify the child as having an organic cause for this behaviour such as ADHD or ASD. | The child may be out of the house frequently without the carer being aware, or asking where they are.  The carer may not monitor the child’s behaviour or notice any changes in this behaviour indicative of low mood or drug use.  The child may ignore and argue with the carer when they expect them to follow rules in the home. They may present as entirely independent from their carer, however it can be difficult to distinguish this from appropriate independence as they grow older.  The child may become involved in anti-social behaviour, drug misuse, alcohol misuse and risky sexual behaviour.  If the carer is aware of risky behaviours by the child they may not put any intervention in place to stop or mitigate this behaviour. |
| **Impact on the child** |  | The child may be seriously hurt as a result of accidents. Children’s skin is more sensitive than adults and will burn or scald more seriously with the same accident. At the most extreme a child or baby may die as a result of a lack of supervision, drowning if left alone in the bath for example.  The child is more vulnerable to predatory adults if left playing outside without supervision.  As a result of the lack of routines the child may be tired during the day, making it more difficult for them to learn and develop. They may display challenging behaviour and not follow instruction as they discover these instructions are not consistently implanted or followed up by their carers. The carer may blame the child for their poor behaviour leading to the child developing a negative view of themselves.  Supervision is a significant part of developing the attachment relationship between the child and the carer. To develop a secure attachment the child needs to learn that the carer is a safe base for them to return to from exploring the world; for this to happen the carer needs to be around and supervising the child. Without this the child will develop an insecure attachment to their carer. | The child may present at home with challenging behaviour due to their not being given consistent expectations of appropriate behaviour by their carer. They may struggle to adapt to the strict and enforced rules relating to behaviour in school. As they get older they may adapt and be able to follow the rules within school but remain challenging in their behaviour in the home.  The child may be tired due to their lack of bedtime routines. Being up late may mean they are exposed to age-inappropriate television and film which they may act out in their behaviour or which may make them feel scared and frightened.  They may act with compliance and take on the responsibility in the home for the care and safety of their siblings. | As the child has not learn self-regulation from their carer they are more likely to follow their impulses leading to risky behaviours. There are ongoing risks in relation to long-term health from drug and alcohol misuse and risky sexual behaviours.  They are more likely to get into fights and arguments as a result of their difficulties regulating their emotions and following guidance. This could result in their becoming in trouble with the police or even imprisoned- there is a strong link between supervisory neglect of the adolescent and criminality. |

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| **Medical neglect** | **Pre-birth** | **0-4** | **5-11** | **12-18** |
| **What could we see?** | The Carer not informing health professionals of pregnancy.  The Carer not attending medical appointments for the unborn baby.  The Carer not seeking medical advice when there are concerns about the baby. | The Carer not attending routine health appointments for the child.  The Carer not seeking emergency medical advice.  The Carer not recognising when the child is ill.  The Carer not prescribed administering medication to the child.  The Carer not undertaking home treatment when appropriate. | The Carer not attending routine health or dental appointments for the child.  The Carer not seeking emergency medical advice.  The Carer not recognising when the child is ill.  The Carer not prescribed administering medication to the child.  The Carer not undertaking home treatment when appropriate. | The Carer not ensuring the child attends or makes for the child health appointments.  The Carer not seeking medical advice for the child or recognising when they are ill.  The Carer not administering or ensuring the child takes prescribed medication.  The Carer not recognising or addressing risk-taking behaviours by the child. |
| **Impact on the child** | Health conditions either of the foetus or of the mother are not picked up and treated. This could at the most extreme result in premature birth or miscarriage.  A result of the carer not attending medication appointments for the child can be that they are less likely to attend appointments later on for the child as they do not form relationships with health professionals or develop an understanding of the health roles.  Studies have shown that attending ultrasound appointments have a significant role in developing the bond between mother and father and unborn baby, this bond makes it more likely that the mother will follow professional advice for the health of the baby, such as not drinking or smoking. | Up until the age of 2 the child’s immune system is still developing and they are susceptible to infection. They may have repeated illness, some potentially severe and needing hospitalisation. If not detected by the parents or treated appropriately the child may develop long-term health needs which could have been prevented or the condition may need to become severe before they access treatment, leading to more suffering by the child.  A child with a medical condition which parents are not ensuring is treated appropriately have poor health as a result of this in the long term as a result of this not being treated appropriately and serious health conditions or complications will not be picked up. | The child may have to suffer more discomfort and sickness due to their parent’s not ensuring their illnesses are treated which may become severe. There may be a cycle where the child seems consistently ill as it will take them longer to recover from infection and mean they catch a further condition before they have fully recovered. This could mean repeated school absences, leading the child to be behind in education and difficultly maintaining friendships. The child may be behind in their development and not progress due to their not accessing the appropriate support.  They may have cavities or oral disease or poor eyesight which has not been identified or rectified. A serious eye condition left untreated could result in loss of sight, short or long sightedness left untreated could have a serious impact on the child’s education and learning. | Whilst the older child will be able to take more responsibility for their own medical needs they may take on their carer’s attitude to their own health and they are less likely to seek appropriate medical advice and support. They are more likely to have poor health, including sexual health due to a lack of support and education by carers. They may have unprotected sex leading to pregnancy or sexually transmitted infections.  They may have poor mental health, such as depression or anxiety and carers may not identify the child’s changing behaviour or following this take them to the doctor to address this and therefore they will be less likely to gain appropriate diagnosis and support before this reaches a crisis.  The relationship between neglect and drug use, or alcohol use, or smoking tobacco is not linear, however they are linked, they may be more likely to smoke, use drugs or binge drink. |