

Definitions and Classification System in Child Protection

3rd edition

The National Agency for Children and Families, 2022

1. NEGLECT OF A CHILD

Neglect of a child is defined as repeated failure to provide necessary care or action, resulting in harm or likely to result in harm to the child's development.

1.1. PHYSICAL NEGLECT OF A CHILD

A parent/carer¹ has failed in their duty to meet the child's basic needs.

1.1.1. Inadequate nutrition

A child is repeatedly not provided with appropriate food, not provided with sufficient food for their development, health, and well-being, or is given excessive amounts of unhealthy food.

Examples include:

- The child frequently and repeatedly misses meals or does not have access to enough food, for example repeatedly asking neighbours for food.
- The child is repeatedly given insufficient or unhealthy food for their age, development, and physical condition; this may cause health problems or negatively affect the child's physical well-being. When assessing such a case, child protection workers should consult with healthcare professionals for confirmation of the child's condition.

¹ Parent/carer refers to those who have parental responsibility for the child or who provide day-to-day care.

- An adolescent eats so irregularly, without any intervention from parents or carers, that it affects their health and development, or does not have access to enough food.
- The child consumes, without parental or carer intervention, excessive amounts of foods or products not intended for children, such as caffeine in the form of energy drinks. This applies especially to young children and/or when caffeine intake exceeds health-protection guidelines.
- Healthcare professionals diagnose an infant with failure to thrive, meaning the child does not gain weight or length appropriately and no medical causes are identified. Healthcare professionals assess the situation as neglect. See also emotional neglect, category 1.4.1.

1.1.2. Inadequate clothing

A child is not dressed appropriately for the conditions.

Examples include:

- The child's clothing does not fit their size, e.g., being too large or too small, causing discomfort.
- The child's clothing is not warm enough for the weather, leaving the child insufficiently protected from cold.
- An adolescent dresses inappropriately for the weather or circumstances without any intervention from parents or carers.

1.1.3. Inadequate hygiene

A child's hygiene is insufficient for their health and well-being.

Examples include:

- The child is very dirty and has a strong unpleasant smell.
- The child's clothing is very dirty.
- The child's hair is poorly maintained.
- The child's teeth are not brushed or otherwise cared for.

- An adolescent does not wash or maintain personal hygiene, and parents or carers take no action.

1.1.4. Inadequate housing

The child is not provided with adequate housing necessary for their well-being.

Examples include:

- No housing is available.
- The housing is uninhabitable.
- The housing is dirty, e.g., accumulated food waste or an unusually large amount of clutter.
- The housing is unsafe for a child, e.g., exposed electrical wiring or missing safety gates by stairs.
- The housing lacks necessities required for normal household functioning, such as electricity or heating.

1.1.5. Inadequate access to healthcare

A parent/carer fails to ensure that the child receives appropriate healthcare in accordance with professional advice, including mental health services or other specialist support.

Examples include:

- The parent/carer does not ensure that the child receives appropriate dental care, such as tooth brushing or dental treatment, resulting in tooth decay or other oral health problems.
- The parent/carer does not ensure that the child receives assessment of mental health, such as cognitive, behavioural, or psychological evaluation.
- The parent/carer does not ensure that the child receives necessary therapeutic services, such as speech therapy or physiotherapy.
- The parent/carer does not ensure that the child receives diagnosis or treatment related to tests, illnesses, or medical conditions, such as medication.

1.2. SUPERVISORY NEGLECT OF A CHILD

A parent/carer does not adequately supervise the child, placing the child's safety and well-being at risk. This applies when the child does not have the physical, cognitive, or emotional capacity to protect themselves in the situation.

1.2.1. Inadequate supervision by the carer

The child is not sufficiently supervised, placing them at risk of harm. The parent/carer does not perceive imminent or potential danger and has not taken adequate measures to protect the child from harm.

Examples include:

- The child is left alone, e.g., on a changing table, in a swimming pool or hot tub, or in another similar situation where the child is exposed to danger.
- The child is not securely restrained in a vehicle with appropriate safety equipment, as required for the child's age.
- The child is left unsupervised, for example in a pram outside a home or restaurant.

1.2.2. Child left alone without sufficient age or maturity to do so safely

The child is left unsupervised without having the age or maturity to manage safely, e.g., at home or in a vehicle. A child's age and maturity determine when it is appropriate for them to be left alone, for instance an adolescent who is left at home for an extended period without supervision.

1.2.3. Child left with a capable carer but for an unreasonably long time

The child is left with a capable carer but is not picked up at the agreed or expected time, or no pick-up time is arranged, and the carer feels they have been caring for the child for an unreasonably long period. This may also include situations where the child is excessively cared for by multiple different carers.

1.2.4. Child left with an unsuitable carer

The child is left with a carer who is unsuitable to care for them. Examples include a person who does not have the age and/or maturity to care for a child, is intoxicated due to alcohol or drug use, or has a severe mental illness that makes them incapable of caring for a child. This

refers to situations where an external person is entrusted with the child despite the parent/carer knowing about these issues.

1.2.5. Child left with an unfit individual who has abused children

The child is placed in the care of a person known, or strongly suspected, to have subjected a child to physical or sexual abuse. The individual does not need to have been convicted of, or charged with, such an offence.

1.2.6. Parent expresses intent to abandon the child or abandons the child permanently

A parent states that they do not want their child or no longer wants to care for them, e.g., by throwing them out of the home. A parent/carer leaves the child without intending to return for them, e.g., in a public place, at a restaurant, or outdoors.

1.2.7. Child left without care due to death or absence of a custodial parent

The child is without care due to the death of a custodial parent, hospitalisation, deprivation of legal capacity, arrest, or absence for other reasons. This may also include situations where a sole-custody parent attempts to take their own life. It may further apply to unaccompanied minors arriving in the country.

1.2.8. Child at risk due to the carer's impaired condition

The child is not protected and is placed at risk due to the impaired condition of a parent/carer.

Examples include:

- The child witnesses the parent/carer in an impaired state as a result of alcohol and/or other substance use.
- The child is placed at risk because the parent/carer drives with them while under the influence of alcohol and/or drugs.

1.2.9. Child allowed or encouraged to engage in illegal or exploitative activities

The child is allowed or encouraged by the parent/carer to participate in illegal or exploitative activities, such as burglary, theft, alcohol or drug use, prostitution, or other sexual activities, including online.

1.3. EDUCATIONAL NEGLECT

Parents or carers do not support the child's schooling or education, nor ensure that the child attends. This primarily refers to compulsory education in primary school but may also apply to preschool or upper secondary school if considered important for the child's well-being.

1.3.1. Poor school attendance without parental intervention

The child has poor school attendance and parents or carers take no action.

1.3.2. Child not enrolled in school or missing significant schooling for unlawful reasons

The child is not enrolled in school or misses a substantial amount of schooling for unlawful reasons, e.g., because they are caring for younger siblings, or because the parent/carer does not wake up to ensure the child arrives at school on time.

1.3.3. School recommendations for specialist support are not followed

The parent/carer does not act on recommendations from the school to refer the child for assessment due to suspected learning difficulties or for specialised support relating to learning difficulties, such as reading assessments or mathematics assessments.

1.3.4. Child repeatedly lacks necessary school supplies

The child repeatedly lacks essential items needed for schoolwork, such as books, sportswear, or swimwear.

1.4. EMOTIONAL NEGLECT OF A CHILD

Parents or carers do not meet the child's emotional needs, cognitive and social stimulation needs, or fail to set appropriate boundaries.

1.4.1. Emotional needs of the child neglected

A parent/carer responds late and/or inadequately to the child's emotional needs when the child requires care or support, e.g., when an infant cries or when the child needs comfort and care due to an external traumatic event. There is a clear lack of normal attachment between parent and child. Emotional neglect may cause failure to thrive in infants, diagnosed by healthcare professionals. In such cases, the child does not gain weight or grow appropriately and no medical causes are found. See also physical neglect, category 1.1.1.

1.4.2. Child's cognitive development neglected

A parent/carer does not stimulate the child's cognitive development. Opportunities to teach the child and stimulate their cognitive growth are ignored; the parent/carer may even act as though they neither hear nor see the child. The child's independence receives little encouragement, and the child is therefore overprotected to a degree that affects their development.

1.4.3. Child's social needs neglected

A parent/carer does not support the child's social development but instead contributes to the child's or family's social isolation, e.g., repeatedly interfering with the child's attempts to form friendships with peers.

1.4.4. Child not provided with appropriate boundaries

A parent/carer does not set appropriate boundaries for the child or does not use appropriate rules and discipline when needed. This can lead to behavioural problems, difficulties at school, and social challenges. Examples include inappropriate and unrestricted access to money or the child rarely or never experiencing consequences for their actions.

2. CHILD SUBJECTED TO ABUSE

Abuse of a child is defined as an act by a parent, carer, or another person that results in, or is likely to result in, harm to the child's development.

2.1. CHILD SUBJECTED TO EMOTIONAL ABUSE

A parent/carer belittles the child, makes unrealistic demands, uses the child to meet their own needs, or the child witnesses violence between people close to them.

2.1.1. Child exposed to persistent negative attitudes and emotions

A parent/carer treats the child poorly or uses such behaviour as punishment.

Examples include:

- Criticising the child's characteristics, such as appearance or temperament.

- Criticising the child's actions, e.g., homework or household tasks.
- Using negatively charged language or name-calling.
- Using emotional abuse online or through other electronic means (without direct interaction).
- Denying the child food, sleep, or other necessities as punishment.

2.1.2. Unrealistic demands placed on the child relative to age and development

A parent/carer makes unrealistic demands on the child relative to their age and development and/or places the child in situations they cannot manage.

Examples include:

- Expecting the child to dress themselves before they are able to do so unaided.
- Using the child to satisfy the parent's emotional or physical needs.
- Placing the child in roles within the family that are inappropriate for children, such as caregiving or supportive roles towards a parent, or supporting a parent experiencing difficulties; monitoring household finances; being made to take sides in parental conflicts; or performing most household chores.
- Failing to recognise the child as an independent individual, instead treating the child as an extension of the adult or using the child for personal advancement.
- Disregarding the child's needs as an autonomous individual, assuming instead that the child shares the same needs and desires as the adult.

2.1.3. Child witnesses violence within the family or between close family members

The child witnesses violence among those close to them, e.g., between parents, between a parent and a sibling, between siblings, or between a child and a parent. Violence may also be directed at animals, such as when a child witnesses animal cruelty or threats to harm a pet.

2.2. CHILD SUBJECTED TO PHYSICAL ABUSE

Physical abuse occurs when a child is intentionally harmed in any way or when violence is inflicted indirectly. The perpetrator may be a parent, another carer, or an unrelated person, including another child. The intent does not need to be to cause physical injury; the act may occur in anger, as punishment, or with the aim of frightening the child.

2.2.1. Child physically abused by a parent/carer

This refers to physical abuse that occurs when a parent/carer intentionally harms a child, i.e., not accidental incidents such as bumping into the child causing them to fall and injure themselves. When assessing such cases, it is important to examine the consistency between the child's account and, for example, the parent's explanation of how the injuries occurred.

Physical abuse may include, among other things:

- The child being subjected to corporal punishment, e.g., spanking.
- The child being tied down and/or having their movements restricted in an inappropriate manner.
- The child being beaten, hit, punched, or kicked; burned with fire or hot liquid; pinched, bitten, having their airway obstructed, hair pulled; pushed or thrown to the ground; having objects thrown at them; child being shaken or otherwise harmed.
- The child being deliberately given harmful substances, such as inappropriate medication (with or without a doctor's advice), intoxicating substances, spoiled food, etc.
- Unnecessary, painful, or irreversible procedures being carried out on the child.
- A parent or other individual seeking medication or medical procedures for the child without genuine illness, or due to illness caused by the adult's actions. This may involve so-called Münchhausen syndrome by proxy. In such cases, it is essential to obtain expert assessment

2.2.2. Child physically abused by others, e.g., other children

In addition to the examples listed in section 2.2.1, this includes group assaults or attacks where one or more children target another child and use violence; violence in intimate relationships (e.g., between adolescents in a dating relationship); or physical violence inflicted on the child by an unrelated person, e.g., in a fit of anger or as a form of punishment, among other situations.

Examples of visible injuries a child may sustain due to abuse include:

- Scratches/abrasions, bruises, blisters from burns.

- Eye injuries, e.g., retinal detachment.
- Redness, wounds, raised areas, or welts on the skin, e.g., from beating or a belt.
- Scars from injuries.

Examples of injuries that may not be visible but may be diagnosed by healthcare professionals include:

- Sprains.
- Brain injuries.
- Organ damage caused by deliberate poisoning.
- Eye injuries.
- Signs of attempted suffocation.
- Bone fracture or breaks.
- Internal abdominal or thoracic injuries.
- Damage to the central nervous system.
- Perforated eardrum.
- Injury patterns consistent with a child being shaken or thrown against an object (e.g., abusive head trauma).
- Persistent bleeding or haematoma.

2.3. CHILD SUBJECTED TO SEXUAL ABUSE

According to the World Health Organization (WHO), sexual abuse of a child is defined as occurring when a child, below the age of sexual consent, cannot provide informed consent to sexual acts due to their young age and developmental stage. The same applies when the act constitutes a criminal offence under the penal code of the relevant country.

Children may be subjected to sexual abuse by adults, but also by other children who, due to age, maturity, trust or responsibility, hold a position of power over the child. Adolescents may be subjected to sexual abuse by adults or by peers, for example within dating or friendship relationships.

The abuse may also be digital, such as through the sending or sharing of images, distribution of photographs, inappropriate messages or other forms of harassment.

In this category, abuse is classified according to whether the child experiences it within their own home by close individuals, or whether the abuse is perpetrated by an external person

2.3.1. Child sexually abused by a parent/carer

2.3.2. Child sexually abused by others, e.g., other children or unrelated individuals

Examples of sexual abuse applicable to both categories 2.3.1 and 2.3.2 include:

- Sexualised language.
- Fondling over clothing (not genitals).
- Sexual photographs or videos, shown or taken.
- Kissing on the face or attempts to do so (not mouth).
- Kissing on the mouth or attempts to do so.
- Exhibitionism (exposing oneself, where the perpetrator removes clothing).
- Masturbation in the child's presence.
- Voyeurism (removing the child's clothing to observe them).
- Fondling or touching the child's body under clothing (not genitals).
- Fondling of the child's genitals over clothing.
- The child being made to touch the perpetrator's genitals over clothing.
- Sexual images or videos of the child being distributed.
- More intrusive touching or stroking.
- Fondling of the child's genitals under clothing.
- The child being made to touch the perpetrator's genitals under clothing.
- The child being masturbated.
- The child being made to masturbate the perpetrator.

- The child being coerced to record and/or send sexual images or videos.
- Attempted penetration of the mouth, vagina, or anus with fingers, objects, or a penis.
- Penetration of the vagina or anus with fingers or objects.
- Oral sex performed on the child.
- The child being made to perform oral sex on the perpetrator.
- Full sexual intercourse with the child (penetration), vaginal and/or anal.

3. HEALTH OR LIFE OF AN UNBORN BABY AT RISK

An unborn baby is at risk due to the actions of an expectant parent or someone in the parent's immediate environment.

3.1. EXCESSIVE USE OF ALCOHOL, OTHER SUBSTANCES, OR MEDICATION BY A PREGNANT PERSON

There is suspicion that a pregnant individual has consumed excessive amounts of alcohol, other intoxicating substances, or medications likely to cause harm to the unborn baby. This includes all legal and illegal substances, as well as prescription medications taken without medical instruction, and any other substances likely to harm the unborn baby.

3.2. PREGNANT PERSON SUBJECTED TO VIOLENCE

The unborn baby is at risk due to violence inflicted on the pregnant individual during pregnancy by an intimate partner or other close persons.

3.3. OTHER CIRCUMSTANCES ACCORDING TO ARTICLE 16 OF THE CHILD PROTECTION ACT 80/2002

Other situations in which the health or life of an unborn baby may be at risk.

Examples include:

- The health and life of the unborn baby may be at risk because the expectant parent does not attend antenatal check-ups or does not nourish themselves adequately. When

assessing such a case, confirmation of malnutrition from a medical professional should be sought.

- The expectant parents' ability to provide care is compromised due to factors such as mental illness, substance misuse, intellectual disability, young age, or other circumstances requiring support during pregnancy
- The pregnant individual does not attend necessary antenatal monitoring or aftercare, for example in relation to conditions such as diabetes, pre-eclampsia, or other pregnancy complications.
- The pregnant individual's living conditions are inadequate (e.g., uninhabitable housing or homelessness).

4. CHILD'S RISK-TAKING BEHAVIOUR

Child's risk-taking behaviour is defined as behaviour that violates the norms and rules of the child's environment and is likely to cause harm to the child or others.

4.1. CHILD'S MISUSE OF SUBSTANCES AND OTHER HARMFUL PRODUCTS

The child consumes alcohol or other substances likely to cause harm. This primarily refers to adolescents; in the case of younger children, such consumption would generally be classified as parental or carer neglect, as younger children should not have access to such substances.

This includes all legal and illegal intoxicating substances, prescription medications taken without medical instruction, and any other substances likely to harm the child.

The child consumes other substances that may affect their health and well-being without being intoxicating.

Examples include:

- Excessive consumption of caffeinated drinks that may have adverse health effects. This mainly refers to young children or situations when caffeine intake exceeds recommended health guidelines.

- Use of products containing nicotine. This may include various tobacco products intended for smoking, chewing tobacco, e-cigarettes (vaping), snuff, or other products containing nicotine.
- Ingestion of medications, whether prescription or over-the-counter, that is not intended to induce intoxication but is taken deliberately by the child.

4.2. CHILD ENGAGES IN SELF-HARMING BEHAVIOUR

The child has intentionally harmed themselves, e.g., cutting, stabbing, burning, or scratching themselves (not accidental injury). The child has indicated suicidal thoughts or has attempted suicide. The child has a severe eating disorder or other serious mental health difficulties, and interventions by parents/carers and the healthcare system have not been successful.

4.3. CHILD EVADES PARENTAL CARE AND/OR DISREGARDS CURFEW RULES

The child runs away or wanders, i.e., does not return home or to the place they are expected to be. The child ignores curfew rules despite the efforts of their parents/carers.

4.4. CHILD ENGAGES IN CRIMINAL ACTIVITY

There is suspicion that the child is involved in illegal activities or offences, such as burglary, vandalism, theft, traffic violations, or other actions that result in police involvement.

4.5. CHILD USES VIOLENCE

The child uses emotional, physical, or sexual violence against another person, whether a child or an adult. See definitions and examples in section 2, *Child Subjected to Abuse*. Violence may also be directed at animals, e.g., when a child intentionally tortures or harms animals (animal cruelty).

4.6. CHILD'S SCHOOL ATTENDANCE AND/OR BEHAVIOUR AT SCHOOL IS INADEQUATE

The child has poor school attendance, does not complete homework, or does not bring necessary materials for schoolwork, despite the parent's/carer's best efforts to support the child's education. The child exhibits serious behavioural problems at school: repeatedly breaking school rules, does not follow instructions, and no solution has been found through collaboration between the school, the child, and the parents.

Outcome of an Assessment of a Reported Case

It is important that the assessment is carried out as thoroughly as possible to ensure a clear conclusion regarding whether shortcomings in the child's care or risk-taking behaviour are present, and what actions, if any, are required in the case. A written report must be prepared detailing the assessment process and its findings, including necessary improvements and proposed interventions where applicable, cf. Article 21 of Regulation No. 57/2004 on procedures before child protection committees.

In cases where specific interventions are needed, a plan shall be developed in cooperation with the parents and/or the child. If cooperation cannot be achieved, a unilateral plan shall be made.

1. Substantiated. No further action required.

The assessment found shortcomings in the child's care or risk-taking behaviour, but no further action is considered necessary.

2. Substantiated. Support plan required.

The assessment found shortcomings in the child's care or risk-taking behaviour, and support measures are needed with an appropriate plan for the child, in collaboration with the parents/carers/custodial parents.

3. Substantiated. Support plan with compulsory measures required.

The assessment found shortcomings in the child's care or risk-taking behaviour, and measures are needed with an appropriate plan for the case, as cooperation with the parents and/or a child aged 15 or over has not been achieved.

4. Unsubstantiated. Uncertain, case closed.

There may have been shortcomings in the child's care or risk-taking behaviour, but the assessment does not confirm this conclusively nor rule it out. No grounds for a support plan or measures are considered present, and the case is closed.

5. Unsubstantiated. Case closed.

The assessment found no shortcomings in the child's care or risk-taking behaviour. The case is closed.