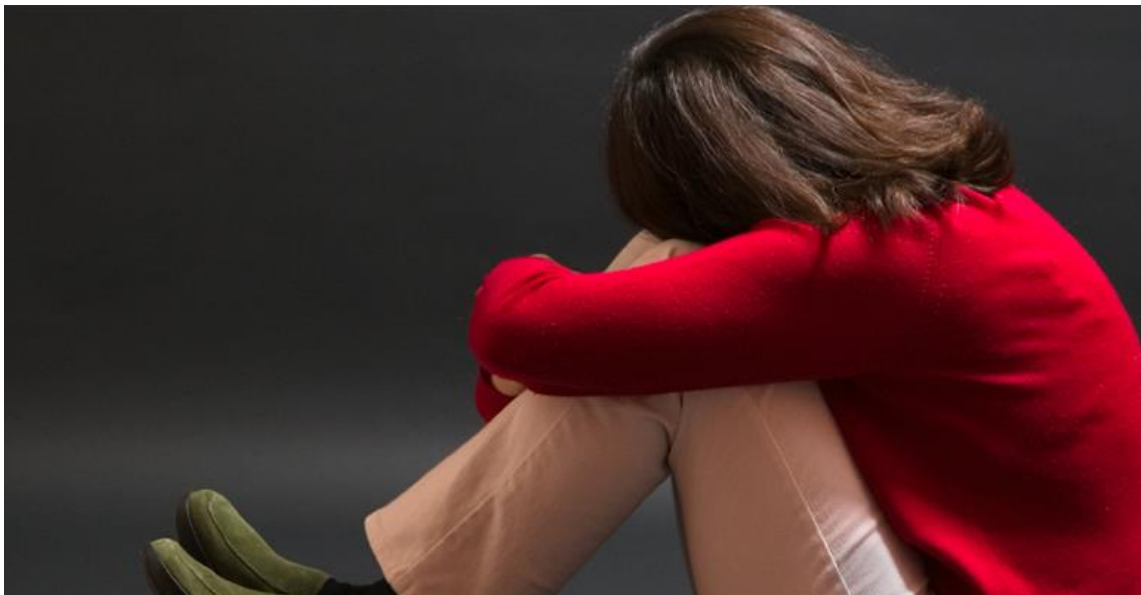




*South Gloucestershire
Children's Partnership*



Neglect Guidance & Toolkit

Reviewed February 2022, Review Due: February 2024
Child Neglect Toolkit

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Introduction

The aim of this guidance is to establish a common understanding and a common threshold for intervention in cases where the neglect of children is a concern. For the purposes of this document, a child is a person under the age of 18 years.

National statistics ([Gov.uk statistics re children in need](#)) in 2021, tell us that Neglect is the most common category of abuse recorded for children on protection plans, accounting for almost half of children on a plan.

The most recent Triennial Review¹ shows that there was evidence of neglect in 74.8% of the case reviews; the following themes were identified:

- Many of the case reviews identified poverty as an issue, but it was often overlooked by practitioners or addressed on an ad hoc basis
- There was an extremely high prevalence of adverse parental and family circumstances. Often there was not one single issue, but a combination of different parental and environmental risk factors which accumulated over time
- Adolescents living with neglect were particularly vulnerable to having their needs and the risks they faced overlooked.

Poverty leads to additional complexity, stress and anxiety in families, which can in turn heighten the risk of neglect or abuse, as highlighted in this example:

'The primary focus for agencies was to improve the physical conditions of the home The lack of assessment of the ways in which poverty affected the children resulted in short-term bursts of activity to clean up the home or provide cash or food for the children. Signs of improvement resulted in the case being closed to children's social care. The underlying causes of the family's poverty and its relationship with parental drug addiction were not explored. Perhaps most significant was the lack of any exploration of the children's experiences and how poverty impacted on their safety, health and overall development.'

This practice guidance aims to highlight some of the difficulties experienced when working to combat neglect and suggests ways to avoid or resolve them. Research and literature has captured the high levels of anxiety that practitioners feel when working with neglected children. Whilst no guidance can provide answers to all circumstances or difficulties, the aim of this guidance is to support the use of professional judgment at all stages during interventions with families.

Definitions: What is Neglect?

¹ Complexity and challenge: a triennial analysis of SCRs 2014-2017

Neglect is generally considered to be the omission of specific behaviours by caregivers, though it can also include acts of commission. There are variations in how neglect is defined across the UK, however. In England, neglect is defined 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. Neglect may occur in pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from a home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together to Safeguard Children 2018)

This definition stresses the importance of the child's need for psychological and emotional care as well as physical care.

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

Child neglect is rarely an intentional act of cruelty, however there are occasions when neglect is perpetrated consciously as an abusive act by a parent/carer. More often neglect is defined as omission of care by the child's carers, meaning that the needs of the child or children will be consistently unmet. There may be many different reasons parents are unable to consistently meet the needs of their child or children. For example, this may occur as a result of parental mental ill health, substance misuse or learning disabilities.

Howarth (2007) identified neglect as follows:

- **Medical neglect** is where carers minimise or deny a child's illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of health care including dental, optical, speech and language therapy, and physiotherapy
- **Nutritional neglect** is usually associated with inadequate food for normal growth leading to "failure to thrive". Increasingly another form of nutritional neglect from an unhealthy diet and lack of exercise can lead to obesity, which increases the risks to health in adulthood
- **Emotional neglect** can be defined as the "hostile or indifferent parental behaviour which damages a child's self-esteem, degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy

development". It is the non-deliberate consequence of a carer's neglectful behaviour (Iwaniec, 1995)

- **Educational neglect** includes carers failing to comply with state requirements, but also include the broader aspects of education such as providing a stimulating environment; showing an interest in the child's education and supporting their learning including that any special educational needs are met.
- **Physical neglect** refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from his peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, and exposed electric wires and sockets.
- **Failure to Provide Supervision & Guidance** refers to the carer failing to provide the level of guidance and supervision to ensure that the child is physically safe and protected from harm.

The South Gloucestershire Picture

The table below shows data relating to children who were the subject of a child protection plan in February 2022. The proportion of children defined under the category of 'Neglect' is 41.2% which is below the average for England which is 48%.

	Emotional	Neglect	Physical	Sexual	Total
0-18 Children with Disabilities Team	0	0	2	0	2
Central Locality - Team One	3	2	0	0	5
Central Locality - Team Two	10	17	6	0	33
Response Team Three	2	4	0	0	6
Response Team Two	2	0	0	0	2
North Locality Team One	20	22	8	3	53
North Locality Team Two	8	7	0	0	15
South Locality Team One	22	8	1	2	33
South Locality Team Two	8	13	5	2	28
Total	75	73	22	7	177

In South Gloucestershire, it has been our practice for some time to only use one category when making a child protection plan. Practice varies across England, with nationally 3.9% of children with a child protection plan having multiple categories. In South Gloucestershire the child protection conference determines the primary category appropriate to reflect the concerns for the child.

The following categorisations based upon research (Crittenden 1999, cited in NCH Action for Children, 'Action on Neglect' 2013) may help to plan and manage neglect cases. The research suggested that neglect can be grouped as follows:

	Disorder Neglect (driven by chaos and crisis)	Emotional Neglect (absence of empathy, not good at forming relationships)	Depressed Neglect (withdrawn and dulled parental characteristics, unresponsive)
Indicators	<p>Families have multi problems and are crisis ridden</p> <p>Care is unpredictable and inconsistent, there is a lack of planning, needs have to be met immediately</p> <p>Parent appears to need/ want help and professionals are welcomed, but efforts by professionals are sabotaged by the parent</p> <p>Generational abuse</p> <p>Children become overly demanding to gain attention</p> <p>Families constantly recreate crisis, because feelings dominate behaviour</p> <p>Parents feel threatened by attempts to put structures and boundaries into family life</p> <p>Interpersonal relationships are based on the use of coercive strategies to meet need</p> <p>Families respond least to attempts by professionals to create order and safety in the family</p>	<p>Opposite of disorganised families where focus is on predictable outcomes</p> <p>Family may be materially advantaged and physical needs may be met but no emotional connection made</p> <p>Children have more rules to respond to and know their role within the family</p> <p>High criticism/low warmth</p> <p>Parental approval/ attention achieved through performance</p> <p>Children learn to block expression/or awareness of feelings</p> <p>They often do well at school and can appear overly resilient/competent mature</p> <p>They take on the role of care giver to the parent which permits some closeness that is safer for the parent</p> <p>Children may appear falsely bright, self-reliant, but have poor social relationships due to isolation</p> <p>Parent may have inappropriate expectations in relation to the child's age/development</p> <p>Parent will feel threatened by any proposed intervention</p>	<p>Parents love their children but do not perceive their needs or believe anything will change</p> <p>Parent is passive and helpless</p> <p>Parent is uninterested in professional support and unmotivated to change</p> <p>Parental presentation is generally dull/withdrawn</p> <p>Parents have closed down awareness of children's needs</p> <p>Parents may go through the basic functions of caring, but lack responsiveness to child's signals</p> <p>Child is likely either to give up through lack of response and become withdrawn/ sullen, or behaviour may become extreme</p>

	Disorder Neglect	Emotional Neglect	Depressed Neglect
Possible Solutions/ Interventions	<p>Feelings must be attended to in order to develop trust, express empathy and reassurance, be predictable and provide structure in the relationship</p> <p>Mirror the feelings</p> <p>Gradually introduce alternative strategies to build coping skills</p> <p>Support will be long term</p>	<p>Parents need to learn how to express feelings/ emotionally engage with the child</p> <p>Children will benefit from socially inclusive opportunities</p> <p>Help parents to access other sources of support to reduce isolation</p> <p>Child needs support from non-abusing family member</p>	<p>Children benefit from access to outside stimulation e.g. day care</p> <p>Parents unlikely to respond to strategies which use a threatening approach that requires parents to learn new skills</p> <p>Medication may be helpful but beware side effects</p> <p>Emphasise strengths</p> <p>Parental education needs to be incremental and skills practised and reinforced over time</p> <p>Support likely to be long term</p>
Practitioner Caution	<p>Practitioner can become easily absorbed into the family, resulting over-optimism and feeling positive about minimal change when in fact the needs of the child remain unchanged</p>	<p>Practitioners find this type of family difficult to work with because of the lack of understanding of emotional warmth by the parent. Removal of the child will reinforce their feelings of rejection</p> <p>As families may appear successful, there is less likely to be professional involvement</p>	<p>Often linked to substance misuse or mental health problem. Practitioners need to be realistic about the level of change. Easy for practitioners to get caught up in the sense of 'hopelessness'</p>

Reasons for Child Neglect

It has been acknowledged that, often in difficult circumstances, the majority of parents care well for their children with the support of their family and friends. However, some parents will require extra support from services to ensure that their children are cared for adequately. It has also been identified that a small number of children will require comprehensive support services, as a result of the complexity or seriousness of their family circumstances, in order to ensure that their needs are met during these difficult periods.

Many children in our communities are at risk of having their health or development neglected for a number of reasons such as homelessness, unemployment, poverty or a particular difficulty within the family. Local and national research has identified a number of factors that may feature in relation to the profile of those parents of children at risk of being neglected. These factors can include any or a combination of the following:

- domestic violence and abuse
- parental alcohol and substance misuse
- parental learning disability
- parental mental ill-health
- episodes in local authority care as children
- maternal low self-esteem and low confidence
- own childhood experiences of poor parenting
- health problems during pregnancy, pre-term and low birth weight baby
- experiences of significant loss or bereavement
- isolation and lack of support
- being a young/adolescent parent

Difficulties experienced by parents as a result of underlying features can link to the neglect of children for reasons such as:

- Parents lack the capacity to provide care physically or emotionally
- Parents' own problems are so overwhelming or intractable that they cannot prioritise their children's needs above their own
- Parents do not have the knowledge or skills to provide safety and supervision within the home environment
- Parents have no childhood experiences of positive models of parenting to draw on
- Parents do not make use of available support networks

These lists are not exhaustive, there are many factors that can contribute to neglect.

Keep the Child's Needs in Focus

Parental Substance Misuse and Neglect

Evidence has shown children of substance misusing parents tend to come to the attention of services through neglect issues rather than their parents substance misuse. 39% of Serious Case Reviews in the most recent Triennial review featured parental substance misuse and neglect. Practitioners should be mindful when carrying out assessments of the potential for parents to try to conceal their substance/alcohol misuse. This may present itself as hostile or uncooperative responses by the parents.



Poverty and Neglect

Neglect often occurs in families living in poverty. However many parents who encounter poverty provide safe homes and high standards of parenting. Poverty in itself is never an indicator of neglect. The question often used to illustrate this is if a new fridge were provided would the children receive better nutrition or improved emotional care? The children at greatest risk are those whose parents' own emotional impoverishment is so great that they do not know how to parent or understand their children's needs.

Whilst neglected children will not inevitably become neglectful parents, research and practice experience clearly identifies the inter-familial nature of much neglect. Appropriate intervention can therefore contribute to the prevention of the cycle of inter-generational neglect.

Parent and Child Relationships and Neglect

This section about attachment is included to support practitioner thinking and it is important to recognise that practitioners should not be trying to diagnose attachment issues. The formation of positive attachments is seen to be fundamental across all domains of child development. A secure attachment in particular enables children to gradually learn to become independent and confident when dealing with new experiences and challenges. Good attachments are dependent upon the child's parents being physically and emotionally available, dependable and benevolent. These qualities may be absent in some parents for a variety of reasons, and consequently the attachments their children make will be distorted.

It is important to recognise that there may be particular challenges around positive formation of attachments that are specific to a particular child. An example of this may be where a child may have a specific severe disability or chronic illness, particularly if there has been long-term hospitalisation.

It is increasingly recognised that there has been insufficient emphasis on the significance of emotional neglect and the relationship between emotional neglect and negative patterns of attachment. As part of the assessment process, practitioners should look closely at

difficulties or distortions in the patterns of attachment and bonding between a child and his or her primary carers as this may lie at the heart of issues around child neglect. Negative patterns of attachment are particularly evident in neglected children where parents maybe 'psychologically unavailable' to their children. This can result in emotional and behavioural disturbance in their subsequent development.

Identifying Neglect: Signs and indicators and the assessment framework

The first step for practitioners in working with neglect is identifying those children who may be at risk and being able to state the evidence base for this.

Concerns at this stage may have arisen from a one-off event (e.g. a young child being left unsupervised); a change in behaviour or presentation of the child; or it may be that concerns have been building for some time.

Section 2 of the Practitioner's Toolkit offers an example of an accumulative chronology which can be useful for demonstrating the evidence base for identification of neglect.

There may be concerns about:

- the way a child/young person looks in terms of hygiene, grooming, and clothing
- the child/young person not being adequately or appropriately fed
- levels of hygiene in the home environment
- the child/young person not being kept safe e.g. vulnerable to sexual exploitation
- the child's/young person's emotional and behavioural responses

Due to the pervasive nature of neglect, the importance of collating seemingly small, un-dramatic pieces of factual information in order to present an overall picture of the child/young person cannot be understated.

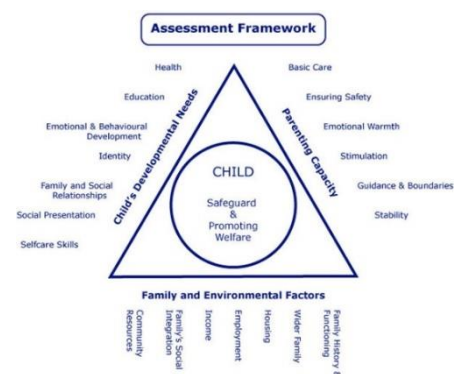
Assessments can provide an organised approach to looking at the signs and indicators of neglect. It can assist the practitioner with organising information, analysing risk factors, gathering and sharing information across relevant agencies as well as providing a rationale for what the agency subsequently decides to do about the concerns identified.

The Assessment Framework demonstrates the organisation of a system for gathering information in relation to three main areas of family life. The areas are:

- Child's developmental needs
- Parenting capacity
- Family and environmental factors

The table on the next page gives examples of what a child/young person needs to thrive and develop

Practitioners should think holistically across the framework making links between the domains to consider how one feature or element may be influencing another. This may be in a positive or negative way; the way that factors inter-relate may increase or mediate our concern(s).



Child Development Needs	Parenting Capacity	Family and Environmental Factors
<p>Health: To be clean To receive medical care To receive dental care Feeding appropriate to age and stage of development Warmth Shelter</p> <p>Education: Play Stimulation Friendships Experience of success and achievement Access to books and toys Support with special educational needs</p> <p>Emotional/Behavioural: Love Security Boundaries Attachment to a key individual To feel valued</p> <p>Identity: To feel valued To feel that they belong An understanding of their cultural heritage Access to positive reflections of themselves in society</p> <p>Self-Care Skills: To wash and dress unless prevented by disability Independence appropriate to age and development To feed self unless prevented by disability</p>	<p>Basic Care: Meeting child’s physical needs Medical and dental care Providing suitable clothing Personal hygiene</p> <p>Ensuring Safety: Protection from harm or danger Protection from unsafe adults Supervision Boundaries Selecting responsible babysitters Giving children an understanding of potential dangers</p> <p>Emotional Warmth: Meeting child’s emotional needs Offering a positive sense of child’s racial and cultural heritage Appropriate physical contact Stability Praise and encouragement</p> <p>Stimulation: Play/reading/talking Experience of success School attendance</p> <p>Guidance/Boundaries: Enabling child to regulate own behaviour and emotions Modelling appropriate behaviour</p> <p>Stability: Developing and maintaining secure attachments where possible Consistency of emotional warmth Contact with family members and significant others</p>	<p>Family History and Functioning: Strengths and difficulties Childhood experiences of parents Family functioning Sibling relationships Absent parents</p> <p>Wider Family: Who are these people? What role do they play?</p> <p>Housing: Is it suitable? Does it have basic amenities?</p> <p>Employment: Who is working? How does employment or lack of employment impact on children?</p> <p>Income: Do financial difficulties affect the child?</p> <p>Social Integration: Integration or isolation?</p> <p>Community Resources: Are they present in the area? Can the family access them? Does the family access them?</p>

Child's Developmental Needs

The way that children present themselves physically, socially or emotionally, how they perform at school or whether they meet their developmental milestones can provide a practitioner with important pieces of information about the life and experience of that child and the parenting that he or she is receiving. The importance of remembering and understanding developmental stages cannot be understated. Research has highlighted there can be a delay in providing the appropriate response to concerns around neglect when practitioners have forgotten those stages learnt during training (Davies and Ward, 2011).

Lists of behavioural and presentational features can provide useful triggers and check-lists in terms of children's needs and characteristics that may indicate they are being neglected. However, these need to be taken alongside other considerations such as the age of the child, their stage of development, whether they have a disability or how long they have been a feature of the child's life.

Of particular importance to practitioners is knowledge of individual children. Through listening and observation, engaging and building relationships with children and their families we can hear and be receptive to what they tell us. We need to be able to think from a child's perspective and consider our professional concerns in terms of what they may mean to that particular child. What is the impact on them and what effect will it have on their developmental needs both at present and into the future? It may be useful with children over 5 years to use the suggested questions in Section 2 of this toolkit, A Day in the Life of a Child.

Parenting Capacity

When thinking about parental neglect of a child we are trying to establish whether or not the parents meet the child's individual needs, and if not what might be contributing to this.

Signs and indicators may be observed as parental behavioural characteristics including:

- Lack of concern about physical household standards, which falls well below ordinary families, quite often associated in part with the care of animals in the household
- A failure to keep routine health appointments for the children, and themselves
- Failure to stimulate and or interact creatively or humorously with the children
- Difficulty in exercising appropriate discipline and control over children
- Lack of judgement about whom to trust with care of children
- Difficulties in attachment and bonding
- Difficulty in putting children's needs first
- Low self esteem
- Poor or destructive relationships with extended family or local community
- Parents telling practitioners that they are not coping
- Being unaware of changes in behaviour and/or whereabouts of child/young person (both in the context of child/young person being vulnerable to child sexual exploitation)

There may be underlying issues that diminish the parental capacity, either on a temporary or more permanent (chronic) basis, for example, a parent's own health or other unmet needs, substance misuse or the impact of domestic violence and abuse. In identifying neglect, practitioners might also consider how parents interact with support services, whether they are open to advice and guidance and able to act upon it, or whether there is an apparent lack of motivation or even a level of hostility. If support has been attempted in the past, did it work or not? Why was this?

The behaviour of seriously neglectful parents is frequently characterised by care which lacks consistency and continuity. There may be brief intervals when care is marginally improved. This may raise the hopes of those providing services, but improvements are usually short-lived and can create a sense of hopelessness for those supporting the family. This is why good chronologies and a sound knowledge of the family history, including previous service interventions, are vital to any assessment of the neglect (see Section 2 of this toolkit – 'An Accumulative Chronology of Neglect and its Impact').

Working Sensitively with Diversity

All children, and the families in which they live, are unique. Their racial and cultural background, religion, gender, sexual orientation and any physical and/or learning disability all need to be considered within an assessment. It is important that practitioners are aware of their own personal value base and the impact that this may have in working with families.

Literature expresses caution about non-intervention based upon fear of being judgemental. Child abuse including neglect can never be explained or justified on the basis of differing cultural norms or beliefs. Offering cultural explanations for abusive and neglectful parenting is referred to as 'cultural misattribution' by Lord Laming in his inquiry into the death of Victoria Climbié (2003).

For some children discrimination is a part of their daily lives. Agency responses to children should not reflect or reinforce the experience of discrimination—they should counteract it. For example, it is particularly important that practitioners use interpreters when necessary and that children are listened to and able to express their views in their first language.

Defining Adolescent Neglect

The current definition of neglect refers to children and young people up to the age of 18, but the 'neglect of adolescent neglect' contributed to the following as part of a neglect guide aimed at those working with teenagers (Hicks and Stein, 2010). These are points for consideration, but highlight some of the issues around defining and working with adolescent neglect.

Themes from Research Review	Issues for Practitioners
Neglect is usually seen as an act of omission	For adolescents in particular, some acts of commission should be seen as neglect, or contribute to young people being neglected e.g. being abandoned by parents, being forced to leave home, being exposed to others who may exploit the young person
Neglect from different viewpoints	There may be different viewpoints, for example between the views of social workers, other professionals, parents and young people themselves. Awareness of these different viewpoints and what may contribute to them (e.g. culture, own experiences of being parented, beliefs, values and so on) is a starting point for establishing a working consensus
Young people may underestimate neglect	This may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to their families
Neglect is often seen as a persistent state	It is necessary to look at patterns of neglect over time and recognise the impact of both acute and chronic neglect
There is a difficulty in making a distinction between emotional abuse and neglect	These are associated, inevitably, especially when neglect is seen as an omission of care. What matters is not the label but the consequences for the young person's health and development
Neglectful behaviour and experience of neglect	Defining neglect should include both maltreating behaviour as well as how the young person experiences neglect i.e. the consequences for them

Summary and next steps

- ✓ When there are concerns about possible neglect, look at each area of the Assessment Framework and use the record sheet in Section 3 of this toolkit in order to identify the evidence and risk factors you consider to be indicative of child neglect
- ✓ Record your concerns
- ✓ Also identify protective factors or strengths, family or community supports
- ✓ Think about the concerns in the context of a time-line or chronology. Are the causes for concern discreet (time-limited or related to a specific event) or chronic in nature? Use your agency notes or records to inform a chronology
- ✓ Consider the views of the child/young person and parents/carers separately (if appropriate and safe to do so)
- ✓ Work sensitively with diversity
- ✓ Evaluate this information in respect of the individual child and his or her specific circumstances, and that of the family
- ✓ Evaluate the information in relation to the impact that this has on the child both in the present and over time

Immediate & long term impacts of neglect on the child

Practitioners and academics are agreed that chronic and serious neglect can have disastrous effects upon childhood and child development. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm. Research clearly identifies that if babies and young children are exposed to neglectful care giving and poor stimulation in the first 3 years of life, the neuronal pathways requiring stimulation are likely to wither and children may never achieve their full potential (Perry, 2004).

The impact of neglect upon a child's development is uniquely experienced by each child depending upon their individual circumstances, the nature of the neglect and the existence of resilience.

Amongst the challenges that may be encountered by children who are exposed to neglect are:

- Development delay and failure to thrive
- Hunger and thirst
- Low weight
- Being Overweight, Obesity
- Lack of appropriate medical care, missed medical appointments and pain caused by untreated condition(s)
- Inadequate protection from emotional, physical or sexual harm
- Pain/embarrassment caused by ill-fitting or inappropriate clothes
- Difficulties concentrating and making friends at school
- Lack of opportunities for socialisation
- Elevated likelihood of poor mental health and low self-esteem
- Feelings of isolation and rejection

Additional challenges faced by children living in neglectful circumstances where parental alcohol or substance misuse feature include:

- Addiction to substances at birth
- Anxiety about the wellbeing of carers/parents
- Exposure to dangerous adults and frightening or inconsistent adult behaviour
- Exposure to dangerous substances
- Expectation to keep secrets
- A feeling of isolation from within the family home and wider community
- Involvement in the supply of substances
- Early involvement in use of substances

Neglect can have a significant impact on a child's emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child's health and development including their learning, self-esteem, ability to form attachments and social skills. The long term impacts continue into adulthood and can be far reaching.

The Impact of Failure of Poor Standards of Home Hygiene

Presentation	Immediate impact on the child	Possible long term impact on the child
<p>Persistent dirty carpets, bedding, chairs, clothing</p>	<p>Child smells</p> <p>Itching and scratching leads to loss of sleep Irritable and crying</p> <p>Skin lesions become infected</p>	<p>Others reluctant to interact with the child – affects social, emotional and development progress</p> <p>Family stress levels raised</p> <p>Spread of infection, may need repeated antibiotics over a long period of time</p>
<p>Polluted air in the home – accumulated dust, cigarette smoke, animal hair</p> <p>Curtains permanently/frequently drawn</p> <p>Windows permanently/frequently closed</p>	<p>Repeated inhalation of second hand cigarette smoke, dust, animal hair</p>	<p>Repeat chest infections, bronchiolitis, asthma attacks (can be life threatening), chronic lung disease</p> <p>Babies may require frequent hospital admissions</p>
<p>Food left on the floor/counter tops that becomes mouldy</p> <p>Food that is a long way past it's sell by date</p> <p>Keeping food at incorrect temperature</p> <p>Inadequate cleaning of/dirty utensils, crockery, feeding bottles</p> <p>Floor/counter tops contaminated with dirt and/or animal faeces/urine</p>	<p>Stomach upsets, Salmonella, Botulism</p> <p>Toxoplasmosis and Toxicara</p>	<p>Frequent gastro-enteritis causing damage to intestinal tract reducing effectiveness of function</p> <p>Widespread damage to tissues can result in impaired vision</p>

The Impact of Failure to Provide an Appropriate Diet for Children

Presentation	Immediate impact on the child	Long term impact on the child
Insufficient food intake for growth needs	<p>Deficiencies of essential nutritional elements</p> <p>Reduced energy levels Miserable and lethargic Poor concentration</p>	<p>Impaired brain development (if severe in under 2 years old) Learning difficulties, development delay, delayed neurological development</p> <p>Anaemia, poor bone growth, poor absorption of essential vitamins Poor participation in social activities Social isolation Poor academic achievement</p>
Restricted/rigid diets/foods	<p>Imbalanced diet, maybe too much of e.g. fats, vitamins, carbohydrates, or not enough of the same Mineral and vitamin deficiencies</p>	<p>Poor growth, dental decay</p>
Early introduction of inappropriate solid foods to babies	<p>Imbalanced diet Insufficient levels of nutrition for growth</p>	<p>Immature digestive system cannot cope, constipation, kidneys overload leading to failure</p>
Low nutritional value food	<p>High carbohydrates and fats</p>	<p>Poor growth but may be very overweight Dental decay Poor participation in social activities Breathing difficulties Low self esteem</p>

The Impact of Failure of Supervision and Provision of a Safe Environment

Presentation	Immediate impact on the child	Long term impact on the child
Household cleaners accessible	Ingestion of poisons/toxic substances	Death Damage to vital organs
Plastic bags accessible Baby left alone propped on cushions	Suffocation	Death Permanent brain damage impacting on development
Matches/lighters accessible No doors in the property	Fires in the home Fire will accelerate	Death/Serious injury Lung damage caused by smoke inhalation Loss of home/possessions
Levels of supervision inappropriate for age of the child in and out of the home	Road traffic accidents Abduction Exposure to adults/ children/young people who pose a risk to children/young people	Death/Serious injury Inability to trust adults Mental health issues Low self esteem/Self-harm Poor school attendance
Unsupervised meal times/prop feeding	Choking Nutritional intake inadequate Burns/scalds	Death Irreversible brain damage Weight loss
Unsupervised bathing	Drowning Near drowning incidents Hypothermia Burns/scalds	Death Irreversible brain and lung damage Frequent hospital visits/operations
Unsupervised exposure to unprotected areas of water e.g. garden pond	Drowning Near drowning incidents Hypothermia	Death Irreversible brain and lung damage
Left home alone/with children/young people without capacity to supervise/care	Sibling abuse/bullying Emotional trauma Emotional and sexual abuse	Acute life threatening neglect Developmental delays
Exposure to violent/pornographic images/films/games/media	Emotional trauma Emotional, sexual and physical abuse Emotional and possible physical/sexual abuse	Emotional trauma Mental health difficulties Sexually inappropriate or problematic behaviour
Exposure to Domestic Violence and Abuse	Physical injury	

The Impact of Failure to Obtain Appropriate Health Care

Presentation	Immediate impact on the child	Long term impact on the child
Failure to obtain vaccinations	Risk of contracting potentially serious childhood illnesses – Measles, Mumps, Rubella, Meningitis, Polio, Whooping Cough	Death Irreversible brain damage Damage to major organs Chronic lung conditions Repeat absences from school Frequent hospital visits/stays
Failure or delay in obtaining medical treatment when the child is ill	Potentially toxic medication Hospitalisation	Death Prolonged suffering Chronic ill health Prolonged medical intervention Frequent absences from school
Failure to enable child to access developmental/health promotion opportunities	Delayed/failure to detect treatable conditions	Squints Hearing loss Congenital dislocation of the hips Undescended testicles Heart abnormalities Delayed development/growth Low self esteem Visual/hearing impairments Impairment of mobility Dental decay Delay in providing appropriate resources to maximise potential learning Frequent absences from school Poor academic Achievement

The Impact of Failure to Provide Personal Hygiene for the Child

Presentation	Immediate impact on the child	Long term impact on the child
<p>Persistent failure to adequately wash/change nappy</p> <p>No or poor potty/toilet training/hygiene</p>	<p>Pain and discomfort cause irritable and crying baby Nappy area becomes red and sore</p> <p>Soreness around anus Constipation/reluctance to open bowels</p> <p>Skin folds become moist</p>	<p>Increased stress levels Inattention to bodily functions in future</p> <p>Pain and discomfort Infection, septic spots, fungal infection, appearance of 2nd degree burns (dramatis)</p> <p>May develop fissure in females, spread of infection to genitalia may cause urinary tract infection Pain associated with constipation may cause behaviour difficulties in toddlers and children Dietary problems Isolation/poor social communication skills Low self esteem</p> <p>Bacterial growth, infection. Infection may be difficult to clear and require local systematic treatment</p>
<p>Persistent failure to ensure hands and nails are clean</p> <p>Persistent failure to ensure nails are cut</p>	<p>Transmission of threadworms</p> <p>Sharp broken nails cause damage to the skin Nails tear</p>	<p>Infection Gastroenteritis, toxoplasmosis, toxocariasis Widespread damage to retina or eye</p> <p>Pain, infection</p>
<p>Persistent failure to ensure hair is regularly clean/brushed/combed</p>	<p>Head lice, excessive scratching, broken skin Hair knotted/tangled/smells</p>	<p>Infections</p> <p>Social isolation/stigma Victim of bullying Low self esteem Poor academic achievements Poor self-care skills that do not develop as they grow</p>

The Impact of Failure to Provide Personal and/or Environmental Warmth

Presentation	Immediate impact on the child	Long term impact on the child
Poorly heated environment	Hypothermia Chest infections Pneumonia Premature babies may have difficulty in retaining their body heat Cold injury – swollen hands and feet Babies reluctant to feed	Death Repeated chest infections requiring frequent trips to a health setting Loss of function of limbs Dehydration and weight loss Malnutrition
Clothing inadequate for weather conditions	May 'stand out' from their peers Children may present with pallor and blueness of extremities	Victim of bullying Social isolation Low self esteem Lethargic Low academic achievement

Decisions, next steps & referrals to the Access & Response Team

Once concerns about neglect are identified practitioners need to make judgments about the level of intervention that is required and what should happen next. The practitioner or agency that has identified the concerns must evaluate the seriousness of their concerns and decide what the appropriate response should be using [The Right Help in the Right Way at the Right Time](#) document and/or having a conversation with the Access and Response Team (ART).



Making judgments about referrals can cause some anxiety for practitioners as well as creating tension between agencies. Building good working relationships between agencies, developing an understanding of respective agency roles and capacity as well as a shared understanding around thresholds can assist. Being able to articulate concerns clearly by drawing on signs and indicators, risk factors and knowledge of the impact of neglect will also be helpful.

Decisions following the identification of neglect may include:

- Talking about your concerns with the family and continuing to support and monitor the situation as a single agency
- Gaining consent from the family to start an Early Help Assessment and Plan (EHAP)
- Referring for additional support e.g. from Preventative Services
- Referral (via ART) to Children's Social Care as Child in Need (S.17) or
- Referral (via ART) to Children's Social Care as Child Protection (S.47)

If a decision is made **not** to refer to Social Care, the agencies that are already involved should discuss with the family whether the EHAP process would be appropriate. Making a decision not to refer may be an appropriate response if there is felt to be the potential to effect positive change, and where the risks to the child are felt to be manageable. Within these situations it is also important that the parents have a level of understanding and acceptance of the practitioner concerns and the motivation to work with others to improve things. It is important to clearly record reasons for not making a referral, consider the use of the EHAP process and keep these decisions under review.

Where a family or child is receiving targeted or universal support services as a result of concerns about neglect, it is particularly important that the support is planned, monitored and reviewed regularly and that there is a good system for interagency liaison and coordination. It may be a good idea for a **Team Around the Child/Family meeting (TAC/F)** to be held to clarify this.

All professionals can contact Compass for support. Compass provides information and advice both directly to families, as well as to professionals who are supporting them to enable them to achieve meaningful and positive outcomes without the need for statutory intervention.

Where a professional considers that a family might benefit from additional support, they can contact Compass via email for an initial discussion without sharing a family name.

To access this support, please email a brief synopsis of the family composition and needs of the children to compass@southglos.gov.uk

If a family requires a more in-depth conversation or support from another service, there is the expectation that – in the spirit of “nothing about me without me” – a meaningful conversation will have been had with the family explaining that the professional would like to seek support and advice from Compass. The family should be aware of the content of the information being shared with Compass and have given verbal consent for this information to be shared.

If the decision is taken to offer support without a referral to Social Care it is always good practice to review this decision at regular intervals with your supervisor or line manager with the following considerations:

- Is the plan working and is this making a difference for the child?
- In view of the signs, indicators and risk factors that originally caused concern, has there been any change?
- Is it appropriate to make a Child In Need referral to Children’s Social Care via ART?
- Is there an indication that the child is at risk of significant harm and may be in need of protection? If so, refer the matter urgently to Children’s Social Care via ART.

Serious concerns in regards to a child’s welfare or development will **always** need to be referred to Children’s Social Care in order that a multi-agency assessment can be undertaken to determine whether the child is a child in need and what services may be required.

As well as the factual information about the child, their family members, and the reasons for the referral, ART will require the following information:

- What evidence is there of an impact on the health and safety of the children? (Draw upon facts and observations rather than feelings and assumptions)
- What changes have occurred in the family circumstances to require a referral?
- Why you think this has come about?
- What has already been done to try and improve the situation?
- Does the parent know they are being referred and what sort of help do they want or expect?
- How will you remain involved with the family?
- What would you like Social Care to do?

Professionals who make referrals to Children’s Social Care via ART should address the questions above when completing the ART Request for Help form.

Making a referral to children's social care via ART - seeking parental consent

Practitioners who refer their concerns to ART need to decide whether the consent of the person with parental responsibility is required. However if there is evidence that by seeking consent the child or young person may be at risk of or at further risk of significant harm, then consent may not be necessary. However, these concerns should be discussed with ART at the point of referral. If consent is not sought there needs to be a clear rationale for this in the referral.

If there is uncertainty about the level of concerns, referral must not be delayed. It may be useful to discuss any referral dilemmas with:

- Your line manager/supervisor
- The agency lead person for safeguarding
- ART

Response by Children's Social Care/ART to referral

When a child is referred to Children's Social Care via ART an initial decision will be made within 24 hours as to the actions required, and whether a Social Care Single Assessment will be undertaken. If the referral progresses to a Social Care Single Assessment, this will entail a full consideration of the circumstances of the child and their family. It aims to identify needs and whether services are necessary to promote the child's welfare.

The outcome of a Social Care Assessment may be that:

- Children's Social Care will not offer any further service but that universal services should continue to work with the family
- The EHAP process should be used
- A Child in Need plan co-ordinated by Social Care is appropriate
- A strategy discussion is required

Children Who are in Need of Protection

Children in need of protection are children who are suffering or are likely to suffer significant harm, including those children whose lives are in danger or who are at risk of serious harm. The children may already be known to Children's Social Care or another professional who is concerned about maltreatment of the child. However, this may also be the first time the concern has come to the attention of a professional.

Once the local authority has reasonable cause to suspect that a child is suffering or is likely to suffer significant harm it is under a duty to make enquiries, or cause enquiries to be made. These enquiries are made under Section 47 of the Children Act 1989 in accordance with the [South West Child Protection Procedures](#)

Parental Neglect which is likely to constitute 'significant harm' is that which is:

- severe
- persistent
- cumulative
- chronic or acute
- resistant to intervention

There will need to be a clear sense of how the neglectful acts fail to meet a child's needs and in turn how this links to the harm that is being caused. Immediate health, well-being and safety will be a consideration as well as the developmental harm that will affect the child into the future. The key issue is that long term neglect can cause more developmental delay and impairment than any other form of abuse.

Whilst this is by no means exhaustive or prescriptive, the types of factors that may indicate that a strategy discussion and further assessment is necessary include:

- Evidence that the children's basic needs for food, warmth, shelter, safety etc. are not being met and that this is causing persistent harm or immediate danger e.g. children left unsupervised in potentially dangerous circumstances; very young babysitters; children asking neighbours for food or stealing food/money on a regular basis
- Dirty unhygienic environment e.g. house over-run with pets, faeces not cleaned up, etc Primary school age children frequently left alone or unsupervised in the house for periods of several hours
- History of unexplained injuries to children, or a series of injuries with unconnected/inconsistent explanations, particularly those involving non-mobile babies, children or young people. A South Gloucestershire Serious Case review regarding the death of a 17 week old baby (Child C), cited a number of incidents/injuries sustained by Child C and recommended that the phrase 'those who don't cruise, rarely bruise' be adopted as a multiagency guide
- Previous concerns about the care of other children in that family, or in another household where these adults have lived before Parents with severe mental ill-health, chronic ill-health, physical disability, and/or learning disability who are struggling to care adequately for their children
- Children whose non-attendance for medical treatment causes serious concern
- Repeat episodes of being homeless or frequent house moves
- Long term non-school attendance or not being registered for education where this is causing serious concerns for the child's safety or development

Undertaking Assessments

This section explains what an assessment is and offers some guidance about areas for consideration.

An assessment must address the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context. An important underlying principle of the Assessment Framework is that it is based on an inter-agency model and is not just a social work assessment. The assessment should lead to an agreed analysis of the needs of the child, the seriousness of any risk, the protective factors and whether a multi-agency intervention plan is required.

Key Principles to consider when undertaking an assessment:

- Understand the family's circumstances: No assessment can be started without a detailed understanding of the family's background and previous involvement with services. For this reason completing a Genogram (family tree), social history and chronology is the most important starting point.
- Isolated incidents of neglect are rare: It is likely that there will be several, possibly fairly minor incidences of neglect, which over time begin to heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour within the family context. For this reason, the usefulness of compiling chronologies cannot be overstated.
- Parents are likely to have many needs of their own: These could include (for example) substance misuse, learning disability, mental health issues, domestic violence and abuse, all of these requiring high levels of support. However, it is important to maintain a clear focus on the needs of the child as well as offering support and services to the parents.
- Avoid drift and lack of focus: It is important to plan the assessment and have clear time-scales for completion. It is additionally important not to delay providing services pending the outcome of an assessment. Services and interventions can inform the assessment process.
- Guard against becoming "immune" to neglect: Workers who work in areas where neglectful parenting is common-place can become de-sensitised and can tend to minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised. It is also valuable for workers from different agencies to meet, e.g. in team meetings, to discuss issues, share concerns and keep neglect issues in focus.
- Use assessment tools as a means of focussing and reviewing: Assessment tools can be used as a means of evidencing concerns and will give clarity and a transparent basis to any legal proceedings if they become necessary. Assessment tools can highlight where more in-depth work needs to be undertaken or joint working with specialist services.
- Consider at an early point the likelihood of the parents' capacity for change: Practitioners involved with child neglect should guard against being over optimistic about the potential for parents to effect lasting change and provide consistently 'good enough' parenting. Sometimes change is not possible and decisions need to be made on the basis of timely outcomes for the child. This is known as the 'rule of optimism', which can be identified by a reluctance for practitioners to consider possible signs of abuse or minimise the significance of what children say, because the

parents are perceived to be making improvements². Practitioners should also be careful not to implement the start again syndrome³ with families who seek to achieve a more positive assessment at a time of change in workers. This can cause delay and undermine the effectiveness of an assessment or plan.

- Assess sources of resilience as well as risk: Assessments should not overlook the importance of sources of resilience and opportunities for building areas of a child's life that reduce the risk. Resilience has been described as "qualities which cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person to cope, survive and even thrive" (Gilligan, 1997) This could be the existence of a relationship with a safe adult outside of the family home, a talent, or interests and hobbies. Equally, the health, social and psychological needs of a resilient child should not be overlooked.
- Observe the parent-child interactions: Observations can inform assessments of attachment and offer insight into the relationships between parents and child, and child and other siblings. Unrealistic expectations or skewed interpretations of a child's behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described by the parents as 'nasty' – as though the child's crying is a deliberate action designed to irritate the parent. A tool for recording observations can be found in [Section 2](#) of this toolkit.
- Remain practical and do not overlook the child's basic needs: The assessment process should continue to consider the child's basic needs: Is the child comfortable? Is there enough food in the house? Are there enough nappies? Is the house warm enough? Is there hot water for washing? Be prepared to ask questions and remain curious.
- Assess each child within the family unit as a unique individual: Not all children will be treated the same or have the same roles or significance within a family. In particular there may be a child who is perceived to be different. These may be children associated by the parent(s) with a difficult birth, the death or loss of a partner, or a change in life circumstance. Negative feelings about the situation may be projected onto the child. An unplanned child or a stepchild may lead to resentment in a carer, and/or distortions in the bonding. These children may be treated differently within the family.
- Have confidence in your assessment and ensure that it is carried out in accordance with the Assessment Framework. Specialist assessments can be useful but should only be commissioned in specific, agreed circumstances.

² (Learning Lessons from Serious Case reviews, Year 2, OFSTED, 2009).

³ Brandon et al, DCFS, 2008

Maintaining a Focus on the Child

When neglect occurs in families, as in other complex situations, it is easy to lose sight of the child due to them becoming over-shadowed by the needs of the parents or other factors. The significance of seeing and observing the child cannot be overstated in such complex and chaotic circumstances.

Good Practice:

- Children should be seen within their family unit **and** on their own
- The child's views should be sought in relation to where they would be comfortable to meet with you
- Children should be spoken to and observed to determine the level of attachment they have to their parents and siblings and other members of the family
- Consideration should be given to each child within the family. How are they different or similar?
- Are any of the children in this family more resilient than others to the care they are receiving and if so, how? Why do you think this is?
- Describe each child in terms of appearance and personality
- List the strengths and positives of the relationships within the family
- List any injuries the child has had chronologically including injuries that have been explained by the parent or carer
- List your concerns about the child's development needs using the dimensions within the Assessment Framework
- Consider and plan how you will discuss your concerns with the child's parents
- Ask the parents to describe their children individually and talk about what they like about them. What are their individual personalities? What do they like doing? This can be enlightening in terms of finding out what parents know about their children, how they feel about them and how good their attachments are.

Assessments in Complex Circumstances

The process of assessment may highlight multiple and complex needs within an individual family, which may require a more specialist, multi-agency approach.

Examples of such situations may include:

- Children born to parents with additional needs, or chronic mental ill-health
- Parents with a disability or long term illness may face particular challenges in life, some of which may impact on their parenting capacity. Such parents should be assessed as parents in their own right as well as an assessment of their child's needs being undertaken where appropriate. Joint working between Adult and Children's Services should occur.
- Children born to mothers who use drugs during pregnancy
 - Children suffering from withdrawal may exhibit distressed or restless behaviour which parents find difficult to manage, the child may be difficult to comfort.
 - Parents with little confidence in their parenting skills and who may lack motivation because of drug use may find meeting the needs of their children a real challenge
 - A pre-birth Assessment may be required in these cases to inform planning.

- Low birth weight babies and prematurity
 - Coping with a child in a special care unit may be very stressful and the physical environment of a high dependency unit may have a negative effect on the ability of the carer to form attachments to the baby
 - These children are more likely to have feeding difficulties, chronic illness, and neurological, behavioural and cognitive disabilities than other children. There is a link between low birth weight babies and socio economic disadvantage, poor housing conditions and depression

- Children with disabilities
 - Children with disabilities can equally be subject to abuse and neglect but are mostly unrepresented within child protection figures. However, research from the National Working Group on Child Protection and Disability (2003) reveals that they may be more vulnerable than non-disabled children. Research indicates that children with disabilities are 3.4 times more likely to be abused than non-disabled children and 3.8 times more likely to be neglected ⁴
 - Children with disabilities may be less able to communicate their needs or their concerns, or to access help and support outside of their families. The stresses of caring for a disabled child are ongoing and parents may not receive all the services and support they require to meet the needs of their child. As a consequence the child may become the real or perceived source of frustration for the care

Disabled children may be cared for in families where there are parental mental health problems, domestic abuse, and substance misuse. Parental stresses may be projected onto the disabled child resulting in scapegoating and/or abuse and neglect of the child. This may be exacerbated when the professional network focuses on the child's disability rather than the parent's difficulties. In some cases the child's disability may be the result of maltreatment, and they may be vulnerable to further neglect because of their disability.

Responding to Parents

It is often very difficult for practitioners to raise issues with families about neglect. Talking about neglect requires practitioners to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells and odours in the house, dirt and stale food on the carpet, poor hygiene levels for both parents and children.

As part of the assessment process practitioners need to ensure that their concerns are understood by the family, they need to be clear but sensitive, not use jargon and be aware of personal safety in case the parent becomes angry. It is also essential to check out the parent's understanding of what has been said to them, in particular when there are indications that the parent may have a learning disability.

The Importance of Analysis

Undertaking an assessment is a dual process of gathering and organising information and then analysing it. Analysis involves attaching meaning and significance to what has been observed or expressed, and so determining what should happen next:

⁴ Sullivan and Knutson, 2000

- Is there adequate justification in continuing with services either voluntarily or through statutory involvement?
- Based on the understanding of the assessment information is the plan in the best interests of the child/children?

As with the gathering of information, a multi-agency perspective should be sought in respect of interpreting and understanding the assessment material and in terms of what that then means for the individual children within the household. Analysis gives consideration to the evidence gathered and applies theoretical constructs in helping to understand these issues and evaluate them accordingly.

Good Practice: Undertaking Assessments

- ✓ Start with a social history, genogram ([see Section 2 'Tools for the Job'](#)) and chronology
- ✓ Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests⁵
- ✓ Gather and analyse information gained from a number of different sources
- ✓ When analysing the information about the risks, think about the seriousness and consequences for the child of no change
- ✓ The child and family are key to the process, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes
- ✓ Establish the family's views of the concerns
- ✓ There is a need to communicate with families in an open and honest way - children value being treated with respect, honesty and care, listen to their views in a way that compliments their needs, this maybe by direct work, communication tools or observation
- ✓ Assessments should actively consider equality issues such as the parents ethnic origin or whether a parent has a learning disability
- ✓ Assessments have to be an ongoing process not a single event
- ✓ They should build on strengths as well as identify difficulties
- ✓ They should be grounded in evidence based knowledge
- ✓ They should consider the whole context of the lives of the child and family
- ✓ Consider the child and family in the context of wider society
- ✓ Be aware of the uniqueness and diversity of each child and family and communicate according to individual need
- ✓ Have a clear plan with clear aims and review it regularly
- ✓ Use opportunities for consultation, with your manager, other key contacts for child protection, or colleagues
- ✓ Ensure effective multi-agency working. Seek the views of your colleagues regularly and maintain frequent contact
- ✓ Don't allow the needs of the parents to cause you to lose sight of the child
- ✓ Don't underestimate the impact of a parent's mental health difficulties, drug and/or alcohol use or domestic abuse on the care they are giving to the child
- ✓ Keep your records up to date and ensure they are accurate. Make sure they are signed and dated
- ✓ Make use of case summaries or chronologies to enable you to monitor and review progress

⁵ Working Together to Safeguard Children, 2018

Planning, reviewing and the use of supervision

Multi-agency plans should be in place for children who are considered to be in need or vulnerable as a result of neglect. A plan should be in place whatever level of service or intervention is being offered, and whether it is a single or a multi-agency intervention. The plan should be drawn up with the family, including the child wherever possible, together with any other agencies involved. The plan should detail the outcomes sought, the services that will be offered to the family and the clear timescales for effective changes to be demonstrated. The plan should be SMART:

Specific

Measurable

Achievable

Realistic

Timely

Children who are neglected are often isolated within the community, by their peers and sometimes within their own families. Plans for children should consider ways in which children could become involved in activities to reduce the experience of isolation. In order to reduce risks, plans for children who have been neglected need to address building resilience. Building resilience might include:

Linking a child with leisure or community services

Linking a child with school based activities

Linking the child with a safe adult or friend who might be willing to spend time doing activities with the child

The plan should be reviewed on a regular basis. A review can be held if there is a change of circumstances or an event that suggests the plan needs to be changed in any way. Parents and the child (where appropriate), should always be encouraged to attend and take part in the review.

Where children are subject to a child protection plan as a result of concerns about neglect, the plan will be reviewed in accordance with the timeframe set out in the South West Child Protection Procedures.

Other considerations that may be important in planning and reviewing services include:

- Thinking creatively from a needs-led perspective that draws on informal as well as formal avenues of support and assistance
- Whenever possible try to express outcomes in terms of behaviours and include in the plan how the anticipated changes will help the children thrive, develop and reach their potential
- Think about the learning needs/styles of the parents and ensure that what is being offered to them is suitable
- Consider whether the service you are proposing/providing is empowering a family, or whether it is contributing to feelings of dependency
- Think specifically about how each child is included in the plan – does the child need help and support to improve their self-esteem, build resilience or cope with some aspect of their lives
- Consider any parental needs that remain un-met and whether this will undermine their capacity for change. There may be a need to involve adult orientated services if this is the case
- Try to ensure that the plans are co-ordinated and agreed across services so that the family experiences clarity and consistency about the required changes

In complex cases where practitioners have been involved for 6 months and no progress appears to have been made, it might be helpful for the review to be chaired by someone independent of the line management of the case.

It may be that further assessments will be needed if there are new or ongoing concerns about a child.

The Purpose of Supervision

Good supervision is central to the management and oversight of working with families where there are concerns about child neglect. The supervision process should ensure:

- The worker is clear about their roles and responsibilities
- The workers meet their agency's objectives
- A quality service is provided to children and parents
- That a suitable climate for practice is developed
- That the worker is supported in accessing appropriate pathways for professional development
- The worker is supported in managing stress

Professionals will always need to refer to their employing agency's policy in relation to staff supervision

In working with neglectful families, there are some further specific considerations which include the following:

Serious neglect poses worrying problems for practice. It raises anxiety but also can create a kind of numbed despair. Working with chaotic families can equally be reflected in a sense of hopelessness. Part of the supervisory process should be to identify these feelings and work on ways of minimizing the effects. Lack of direction and drift have been characteristics of a number of cases where neglect has resulted in tragic deaths. Therefore, a key component of effective supervision should be to give focus and purpose to the work. Supervision must always review the state of the children at that time and consider risk in a holistic sense (e.g. Implications of missed medical appointments etc)

It is unhelpful to assume that case closure in cases of serious neglect is realistic within ordinary time scales.

Supervision should involve a dialogue about outcomes sought for the child

Since inter-agency and inter-professional work is essential for these cases, supervision in the conventional sense can usefully be widened, and can on occasion (for example) involve managers and workers from other agencies in a case discussion.

Supervision should support practitioners to be open and honest with parents about the ways in which their care falls short of meeting their children's needs, and what should be done, not only about immediate safety, but about the conditions for their child's healthy development

Supervision should identify clearly where attempts at partnership are failing. Furthermore, it may be that agency involvement needs to be long term. This needs clarity of purpose and a shared belief in the capacity of the parents to provide good enough care albeit with supplementary support.

Supervisors may also have a number of lessons to learn about such cases. Their experience in turn, may influence others in the setting/agency

- Supervision should identify issues which workers need to take forward in training and professional development
- Supervision should always encourage honest and meaningful reflection –

“Reflective practice is something more than thoughtful practice. It is that form of practice that seeks to problematise many situations of professional performance so that they can become potential learning situations and so the practitioners can continue to learn, grow and develop in and through practice”⁶

The importance of supervision for cases of neglect cannot be over emphasised. Effective supervision is an important resource for reflection, information and support, and the process by which practitioners can identify areas for adjustment in their practice in order to overcome misplaced optimism or the ‘start again syndrome’

⁶ Jarvis, 1992:180 in McLure, no date