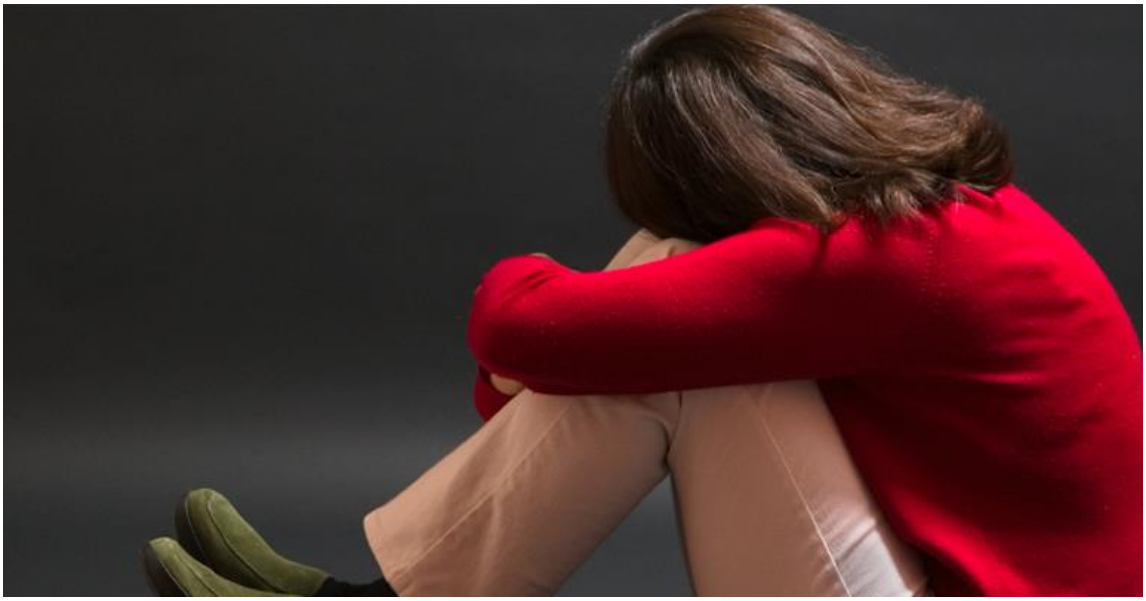
South Gloucestershire

Children's Partnership



Neglect Guidance & Toolkit

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

Contents

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 Review[1] 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.

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

Definitions: What is Neglect?

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Parent is uninterested in professional support and unmotivated to change Parental presentation is generally dull/withdrawn Parents have closed down awareness of children's needs Parents may go through the basic functions of caring, but lack responsiveness to child's signals Child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

	Disorder Neglect	Emotional Neglect	Depressed Neglect
Possible Solutions/ Interventions	Feelings must be attended to in order to develop trust, express empathy and reassurance, be predictable and provide structure in the relationship Mirror the feelings Gradually introduce alternative strategies to build coping skills Support will be long term	Parents need to learn how to express feelings/ emotionally engage with the child Children will benefit from socially inclusive opportunities Help parents to access other sources of support to reduce isolation Child needs support from non-abusing family member	Children benefit from access to outside stimulation e.g. day care Parents unlikely to respond to strategies which use a threatening approach that requires parents to learn new skills Medication may be helpful but beware side effects Emphasise strengths Parental education needs to be incremental and skills practised and reinforced over time Support likely to be long term
Practitioner Caution	**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**	**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** **As families may appear successful, there is less likely to be professional involvement**	**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'**

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:

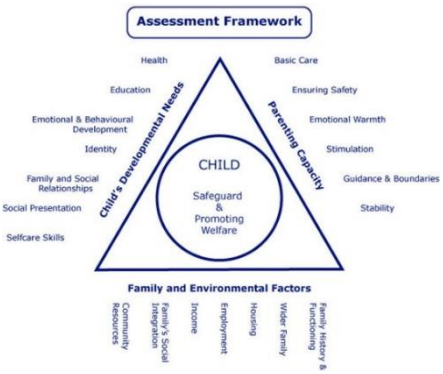
- the way a child/young person looks in terms of hygiene, grooming, and clothing
- the child/young person not being adequately or appropriately fed
- levels of hygiene in the home environment
- the child/young person not being kept safe e.g. vulnerable to sexual exploitation
- the child's/young person's 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
Health: To be clean To receive medical care To receive dental care Feeding appropriate to age and stage of development Warmth Shelter **Education:** Play Stimulation Friendships Experience of success and achievement Access to books and toys Support with special educational needs **Emotional/Behavioural:** Love Security Boundaries Attachment to a key individual To feel valued **Identity:** To feel valued To feel that they belong An understanding of their cultural heritage Access to positive reflections of themselves in society **Self-Care Skills:** To wash and dress unless prevented by disability Independence appropriate to age and development To feed self unless prevented by disability	**Basic Care:** Meeting child's physical needs Medical and dental care Providing suitable clothing Personal hygiene **Ensuring Safety:** Protection from harm or danger Protection from unsafe adults Supervision Boundaries Selecting responsible babysitters Giving children an understanding of potential dangers **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 **Stimulation:** Play/reading/talking Experience of success School attendance **Guidance/Boundaries:** Enabling child to regulate own behaviour and emotions Modelling appropriate behaviour **Stability:** Developing and maintaining secure attachments where possible Consistency of emotional warmth Contact with family members and significant others	**Family History and Functioning:** Strengths and difficulties Childhood experiences of parents Family functioning Sibling relationships Absent parents **Wider Family:** Who are these people? What role do they play? **Housing:** Is it suitable? Does it have basic amenities? **Employment:** Who is working? How does employment or lack of employment impact on children? **Income:** Do financial difficulties affect the child? **Social Integration:** Integration or isolation? **Community Resources:** Are they present in the area? Can the family access them? Does the family access them?

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

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

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 Unsupervised exposure to unprotected areas of water e.g. garden pond	Drowning Near drowning incidents Hypothermia Burns/scalds Drowning Near drowning incidents Hypothermia	Death Irreversible brain and lung damage Frequent hospital visits/operations Death Irreversible brain and lung damage
Left home alone/with children/young people without capacity to supervise/care Exposure to violent/pornographic images/films/games/media Exposure to Domestic Violence and Abuse	Sibling abuse/bullying Emotional trauma Emotional and sexual abuse Emotional trauma Emotional, sexual and physical abuse Emotional and possible physical/sexual abuse Physical injury	Acute life threatening neglect Developmental delays Emotional trauma Mental health difficulties Sexually inappropriate or problematic behaviour

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

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 concerned, 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 over stated.

- 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 improvements[2]. Practitioners should also be careful not to implement the start again syndrome[3] 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 basics 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 interests[5]
- ✓ 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

South Gloucestershire CHILDREN'S PARTNERSHIP

Neglect Toolkit

Section 2

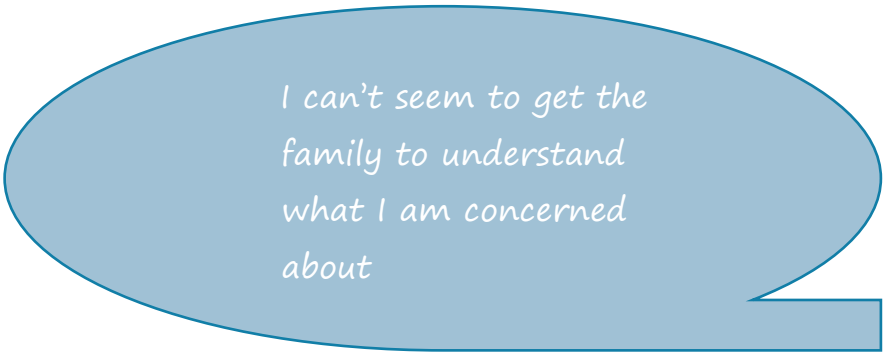
Tools for the Job

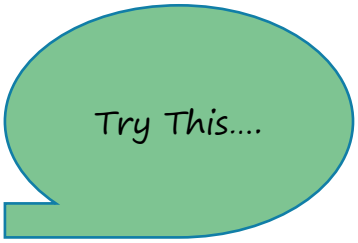
Contents

Common problems and how to overcome them

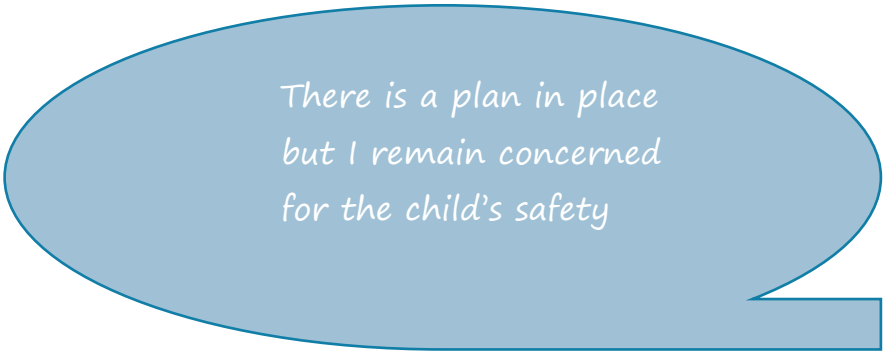
When working with neglect practitioners should be mindful of the following issues or barriers to effective assessment and interventions:

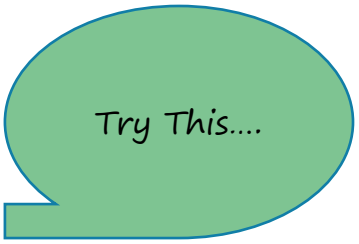
- A failure to observe or listen to children and see the world through their eyes
- A belief that neglect can be addressed solely by relieving poverty
- A failure to recognise children as part of a wider community, whose responses to the neglected child may be to bully or socially exclude them
- Taking a collective view of children in the same family, when an individual assessment is required
- A belief that parenting is innate and natural and therefore parental behaviours must be right
- A fear of imposing professional and class values on others
- Making assumptions about race and culture that could under or overstate the risks
- Viewing neglect as inevitable as the parents are unable to change their lifestyle/behaviour
- Developing pervasive belief systems that as long as the children seem happy, other omissions of care are less important
- A lack of knowledge of the impact and long term consequences of neglect
- An adherence to a belief in the adults rights to self-determination which may deny or be in conflict with the rights and/or best interests of the child
- Over identification with vulnerable parents, leading to denial of children's needs
- A belief that nothing better can be offered to children
- Studies have shown that when professionals have fixed views about the family and child, and the 'rule of optimism' develops, it is then difficult for workers to change their views about the family. This may occur in spite of compelling evidence of neglect and significant harm
- Neglect is usually seen as the mother's failure to provide care whereas little is known about male figures and the impact they have upon the children within the family



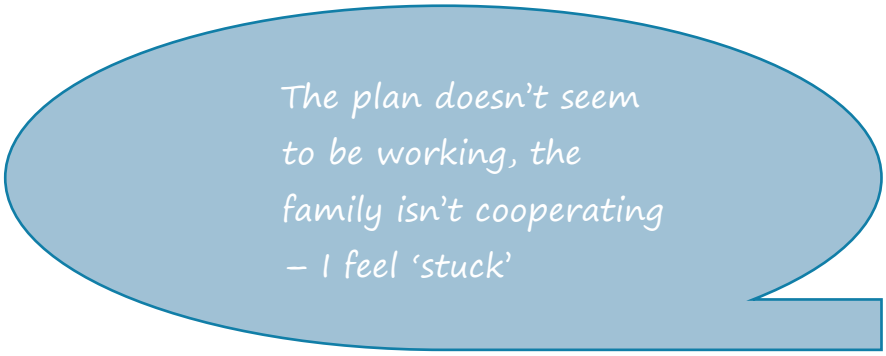


- ✓ Share the chronology you have compiled with the family
- ✓ Think of creative ways to discuss the issues you are concerned about
- ✓ Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about
- ✓ Ask the family why they think you are visiting and use their response as a springboard to talk about issues
- ✓ If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact, try and visit with a colleague to produce a new way of talking about the same things
- ✓ Be mindful of level of cognitive ability of the family and adjust your language accordingly (particularly relevant with families with significant learning disabilities)

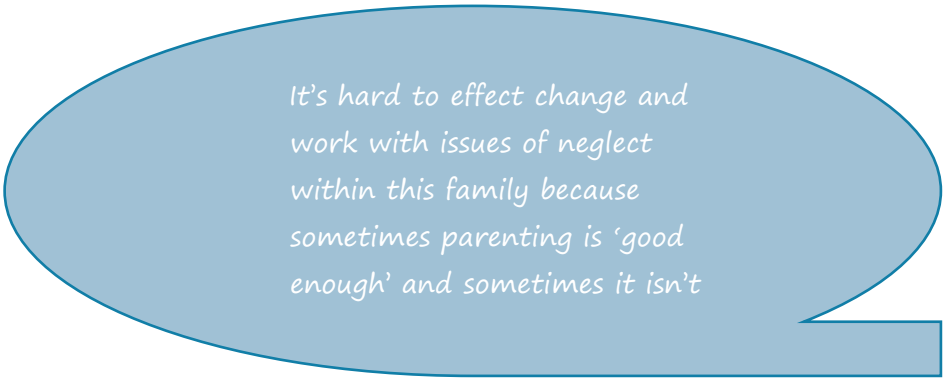




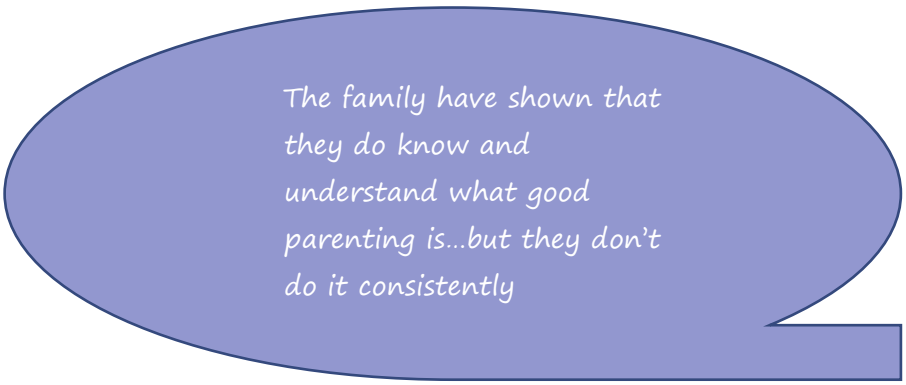
- ✓ Discuss your concerns with your line manager, the named person within your organisation who has responsibility for child protection, or where the child is subject to a Child Protection Plan, the Chair of the Child Protection Conferences
- ✓ Ask for the review to be brought forward
- ✓ Produce a multi-agency chronology
- ✓ Reflect on concerns in relation to the child and parent and the effectiveness of the current plan
- ✓ Use tools/resources to consolidate concerns
- ✓ Seek legal advice about commencing the Public Law Outline (Social Care staff only)

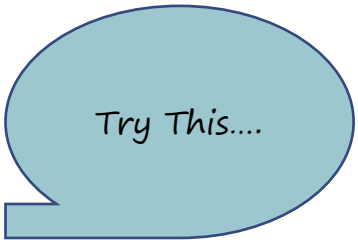


- ✓ Review what you have done so far to engage the family – what has been most successful? What has been least successful and why?
- ✓ Discuss the case with your line manager
- ✓ If there are practical issues blocking progress attempt to resolve these. It may be that the home environment is so chaotic when you visit that you are unable to complete any assessment. If this is the case, plan carefully how you can assess the family in these circumstances.
- ✓ Resolve some of these practical issues that may be distracting the family (although be aware to the possibility that they are not being used as excuses to distract you)
- ✓ Think about what the family most likes to talk about, for example, the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover
- ✓ Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it
- ✓ Think carefully about how you are going to monitor and measure the issues of neglect. It is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change and feedback to the family what you perceive the situation to be
- ✓ Consider using creative ways to engage the family e.g. DVD, games
- ✓ Consider using a written agreement with the family
- ✓ Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this
- ✓ Consider discussing your family within your team, possibly at a team meeting. Your colleagues may think of new ways of engaging the family or support to offer
- ✓ Consider having a colleague co-work with you. This will provide you with support and may also help to provide a fresh approach to the case



- ✓ Share chronologies between agencies (think about when you need consent for this)
- ✓ Use this to review the multi-agency plan
- ✓ Establish whether there is any pattern to decline or triggers that can be identified
- ✓ Consider the likely long-term outcome for the children without change and the impact of this
- ✓ Be clear about the outcomes sought
- ✓ Be mindful to use the same criteria with children with additional needs





- ✓ Look for and require consistency; it is common for parents who have received support and services such as parenting skills programmes to have knowledge of what good parenting is. Often parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently.
- ✓ Consider involving individuals who can act as role models to parents, preferably in the home. There may be resources within the extended family for this. The aim of this exercise would be to have someone who is able to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby. Or helping a family to understand the necessity for good hygiene in the kitchen
- ✓ Keep the needs of the children in focus. Talk to the children and find out what their experiences are, e.g. what a day in their life is like.
- ✓ When you know that parents **can** care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision
- ✓ Bear in mind that there has been a tendency to use a different criteria with regards to neglect for disabled children. The criteria should be the same. Disabled children are 3.4 times more likely to be abused and 3.8 times more likely to be neglected than non-disabled children[7]

[7] Sullivan and Knutson, 2000

A Day in the Life of a Baby

What is the Baby's Daily Routine? Suggested questions for Assessment

Waking

What time do they wake up? What happens next? Who gets them up? Does the same thing happen every day?

Feeding

Is the baby breastfed? Are there any difficulties? What time does this happen? Where does this happen? If bottles are used, are they sterilised? Who does this? How often does this happen? Where are the sterilised bottles kept? Who bottle feeds the baby? Is the baby held while feeding? If not, then what happens? E.g. prop feeding, in their cot etc. How well does the baby feed? Are there any difficulties? Is the baby 'burped' during and at the end of feeding? Is eye contact made with the baby? Have they had repeated episodes of thrush? Does the baby settle well after the feed? What is happening regarding weaning?

Dressing

Who dresses them? Where are they dressed? Is the nappy changed? Are there clean clothes? Does the same person dress them/change their nappy every day? Are the carers gentle when they dress the baby? Do they interact with the baby during dressing?

Getting to School (if there are school age children in the house)

What happens to the baby? Do they go as well? If so, how do they get there (e.g. in a pushchair, car, carried in car-seat)? If they stay at home, who is looking after them? What is happening at this time? Are feeds being missed or rushed due to the school run? How are they dressed (taking into account the weather)? Where are they whilst parents/carers take the older children into school? E.g. are they left in the car?

During the Day

What happens during the day? Who is spending time with them? What do they do with the baby? What toys and books are available? What happens about sleeping during the day? What time are they sleeping? Where do they sleep? Do they go out of the house? Where do they go? Who goes with them? Does the same thing happen every day? What happens about feeding? What time does this happen? If bottles are used, are they sterilised? When does this happen?

Who does this? What happens about nappy changes? Who does this? Is there a good supply of nappies? How often are nappies changed? If there are pets, where are they? Are they spending long periods of time sat in front of television or sat in a car seat and/or pushchair for long periods? If they are beginning to explore their environment, what safety measures are being put into place, e.g. safety gates, plug socket covers, supervision by an appropriate person?

Socialising (Communication)

The baby will start to enjoy socialising within the first few weeks of life and this will increase over time with smiling and eye to eye contact. Is the mother/father/carer able to cue into the baby's need to communicate initially through fleeting face to face communication? Does the mother/father/carer support this communication by holding the baby's head up if needs be? Is the mother/father/carer aware of the baby's state and able to cue into when the baby feels sleepy, hungry or in pain and either doesn't want to start an engagement or has had enough of interacting for the time being? The baby gradually communicates more by moving and changing the shape of their mouth and tongue. This socialisation gradually turns onto play and babbling. Does the mother/father/carer mirror and respond to the baby's efforts to communicate i.e. promoting attunement? How does the baby respond to this communication? How does the baby respond to facial expression when they are being calmed, talked to or played with? This is the voice of the child which is one of the most important considerations when carrying out an assessment.

After School (if there is a school age child in the house)

Does the baby go with anyone to meet the other child(ren) at school? What happens when the other child(ren) are home from school? Do they engage with the baby? Is there an adult present if this happens? What happens during mealtimes? What about during the school holidays?

Evenings

What happens about feeding? Who does this? What happens at bath time? Who does this? How often does the baby have a bath? Where do they have a bath? Does the same person bath the baby? What do the parents/carers do in the evenings? Does the baby spend time with parents/carers in the evening? If so, what happens? What is on the television when the baby is around?

Bedtime

Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Are they changed for bed? What happens before they are put to bed? Do they have anything in with them e.g. bedtime toy? Does anyone read them a story? How are they settled? What happens if they do not settle? Is there a baby monitor? Who else is in the house at night? Is anyone put in charge of them at bedtime? What position do they sleep in? What is the environment like, e.g. regarding temperature?

Overnight

How often do they wake? What happens when they wake? Who goes to them when they wake? Does the same person go to them when they wake? Are they fed when they wake? Is their nappy changed when they wake? If there are pets, where do the pets sleep? Is the baby left to cry for long periods of time?

A Day in the Life of a Child

What is the Child's Daily Routine? Suggested questions for Assessment

Waking

Do they use a clock to get up? Does someone get them up? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen every day? What time does this happen?

Breakfast

Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

Dressing

Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they are doing this? Is there hot water and clean clothes?

Getting to School

Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

In School

What do they like about school? What don't they like about school? Who are their friends? What do they do with their friends? What do they like to do at break times? What do they eat at lunchtime? Do they have a favourite teacher or subject? Are they experiencing bullying? If they are starting school have they been toilet trained?

After School

How do they get home from school? Does someone meet them at school? If so, who is this? If not, then is there anyone at home to meet them? What do they do after school? Do they look after anyone else? Do they have anything to eat? What do they have? Who makes it for them? Do they prepare food for anyone else? Do they go out and play? Do they do homework? Are there any issues around doing homework?

Evenings

Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat with their parents/carers/other family members? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch tv? If so, what do they watch? Do they use the internet/social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, who are they with and where do they go? Do they communicate this information to anyone? Do they have to be in at a particular time? Do they like toys and games? Do they have any? What do their parents/carers do in the evenings? Do they spend time with parents/carers in the evening? If so, what do they do?

Bedtime

Do they have a set time to go to bed? Who decides when it is time for bed? Where do they sleep? Do they like where they sleep? Do they wash and brush their teeth at bedtime? Do they change for bed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?

School holidays/weekends

Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when they are not in school? Who supervises mealtimes?

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An Assessment Checklist

At each section consider whether there is anything that seems likely to have an impact on the child

Physical care and wellbeing

Is there any reason to be concerned about the child's physical care and wellbeing in terms of?

Nutrition and Feeding

- Is the child regularly fed?
- Does the child eat enough food?
- Does the child eat appropriate food?
- Is the child patiently handled during feeding?
- Does the parent/carer seek help regarding nutrition/feeding problems?
- Is the child punished for not eating?
- Is the child encouraged to eat?
- Is the child encouraged to develop appropriate skills?
- Are there flexible routines?
- Is the parent/carer aware of the child being over or under weight?
- Is there evidence that the child is thriving?

Physical Warmth

- Is the child appropriately dressed for the weather?
- Is the bedroom appropriately heated?
- Is the house in general appropriately heated?

Physical Health (includes dental)

- Are physical health needs are anticipated by parent?
- Do physical health needs get an appropriate and timely response from parents/carers?
- Is expert advice is sought appropriately regarding non-emergencies?
- Is expert advice is sought appropriately regarding emergencies?
- Is expert advice is acted upon?
- Are any additional needs of the child understood and appropriately responded to?

- Does the parent/carer ignore or not recognise the need for diagnosis and/or treatment of physical health needs?
- Does the parent/carer act in a way that increases the likelihood of poor outcomes for physical health?
- Is there appropriate and active management of any head lice?

Mental and Emotional Health

- Does the parent/carer ignore or not recognise the need for diagnosis and/or treatment of mental and emotional health needs?
- Does the parent/carer refuse to allow or provide or facilitate diagnosis and/or treatment of mental and emotional health needs?
- Does the parent/carer act in a way that increases the likelihood of poor mental and emotional health? (This may include not taking known appropriate measures and/or not acting on advice in this respect)

Safety and Protection

- Is the child left alone inappropriately?
- Are all babysitters of an appropriate age and capability? And known to the child? And are adults or young people without obvious problems that may affect their ability to care for the child?
- Are there safe physical boundaries? For example, not allowed/able to wander from home; parents have clear ideas of limits of play areas
- Is there safety equipment, for example, stair-gates and fireguards? Is the equipment in use?
- Is there a safe bed/cot to sleep in?
- Can the windows and doors be opened by a child if unsafe for them to do so?
- Are dangerous household substances (e.g. bleach and cleaners) kept safely?
- Are dangerous personal items (e.g. medication, needles and drugs) kept safely?
- Is dangerous household equipment (e.g. knives, lighters, electrical appliances) accessible to children?
- Is there effective supervision in potentially dangerous situations in and outside of the home?

- Is the child expected/allowed to do inappropriate dangerous tasks, e.g. cooking, lighting fires, supervising very young siblings etc?
- Is there a history of fire setting, in or outside of the home, by any member of the family?
- Is the area immediately around the home safe? E.g. are there accessible dangerous objects, balconies, stairwells etc?

Cleanliness

- Is general hygiene in the home reasonable?
- Is animal mess cleaned up promptly? Or is it left within reach of the child?
- Is old food cleared away?
- Is rubbish disposed of safely?
- Does the child have clean clothing available?
- Does the child smell? If they do, are they teased/rejected by peers?
- Is there bedding available? If so, is it clean and dry?
- Is food stored hygienically?
- Is the toilet cleaned on a regular basis?
- Are there facilities for washing and bathing? Are they used regularly?
- Does the house have an unclean smell?

Possessions and Personal Space

- Does the child have his/her own clothing?
- Does the child play with age appropriate toys?
- Does the child have toys of his/her own?
- Does the child have personal space (e.g. bedroom), including personal privacy?
- Does the child have appropriate personal possessions?

Animals and Pets

- Are the pets appropriately cared for?
- Are the needs of the pet(s) prioritised over those of the child?
- Are pets safe in terms of harm to the child?

- Do the parents/carers ensure the child learns to behave appropriately with pets, and take appropriate responsibility for them (if age appropriate)?
- Is a significant proportion of family income being spent on the pets(s)? To the detriment of the child?
- Is access to, or ill-treatment of a pet, being used to control or punish the child?
- Are animals harmed by any member of or visitors to the household?

Visitors to the Household

- Is the child's home often frequented by 'visitors', i.e. adults or young people who have no significant relationship with them?
- Is the child left in the care of 'visitors'?
- Does the presence of 'visitors' disrupt the child's normal routines or result in inappropriate routines?
- Do the needs of the 'visitors' take priority over those of the child?
- Do 'visitors' stay overnight?
- Are 'visitors' genuinely friends of a parent, or are they exploiting or abusing a parent?

Parent/carer's Emotional Involvement with the Child

- Is the child comforted when distressed?
- Does the parent expect comfort from the child when the parent is distressed?
- Is the child denigrated?
- Is the child praised/rewarded for achievements?
- Does the parent/carer emphasise or punish failure?
- Does the parent/carer have limited physical and emotional contact with the child?
- Is affection shown and expressed?
- Do the parents/carers have a negative attitude towards the child?
- Do the parents lack emotional maturity?
- Is there a sense of belonging and security in the family? I.e. a sense of the parents/carers commitment to the child and to protect the child?
- Is the child free to express themselves?

Consider also the way in which the parent interacts with the child in the following terms:

Style of Interaction	Indicators
Controlling overt hostility	• Physically abrupt • Physically rough • Angry • Impatient
Controlling covert hostility	• Ignores child's mood and wishes • Demonstrates pseudo-sensitivity • Child's wishes not seen as important
Unresponsive	• Parent distant and emotionally unavailable • Parent disinterested in chid
Sensitive	• Parent is alert to child and child's needs, and attuned to them
Inept - all of the above	• Parent unable to maintain coherent pattern of sensitivity

Routines

- Are routines regarding meals, bedtimes, access to television, school attendance, homework, age appropriate?
- Are routines consistent and consistently applied?
- Is there evidence of age appropriate baby-led care or is the baby being forced into a routine at too young an age?

Controls

- Is the child locked or shut in rooms or a cupboard etc?
- Is the child subject to punishment or sanctions that cause damage or pain?
- Is the parent able to instigate/ maintain appropriate controls and/or maintain structure/routines and/or ensure safety and protection?

Parent's/Carer's Expectations of the Child

- Are the parent's/carer's expectations age appropriate?
- Are the parent's/carer's expectations ability appropriate?
- Is there awareness of the child's needs?
- Is there awareness of the child's developmental progress?
- Are the parent's/carer's expectations realistic?
- Are the parent's/carer's expectations consistent?
- Is the child expected or allowed to act as a carer for the parent/carer or sibling?

Domestic Violence and Abuse

- Does the child experience domestic violence and abuse as a part of family life?

  ('*Experience*' means being aware of, not just being actually involved in it or seeing it)

Parent/Carer Behaviour

- Is the parent/carer able to instigate and maintain basic routines?
- Is the parent's/carer's behaviour chaotic and/or unpredictable and/or inconsistent?
- Does the parent/carer allow multiple carers? Do they have a relationship with the child?
- Does the parent/carer allow age/gender appropriate carers?
- Does the parent/carer leave the child unattended?
- Does the parent/carer provide reactive rather than proactive care?
- Does the parent/carer treat animals better than the child?
- Does the parent/carer acquire possessions for themselves, but markedly less so for child?
- Does the parent/carer provide better living conditions for themselves then for child? (For example, bedrooms).
- Does the parent/carer help the child to know right from wrong?
- Does the parent/carer involve the child in criminal/drug related/anti-social behaviour?
- Does the parent/carer attempt to address child's inappropriate behaviour? For example, committing offences, causing damage, being abusive and/or threatening, not attending school and so on.

- Does the parent/carer allow, encourage, or fail to prevent bullying by siblings?

Psychological maltreatment

Consider the possibility of psychological maltreatment in the following terms. These behaviours by a parent or carer are likely to cause significant long-term damage to a child.

Conditions	Example
Spurning	Belittling, degrading and other non-physical forms of hostility or rejection Shaming and/or ridiculing child for showing normal emotions Consistently singling child out for criticism and/or punishment and/or to do chores, and/or to receive fewer rewards Public humiliation Private humiliation Scapegoat Blanking
Terrorising	Placing child in unpredictable or chaotic circumstances Placing child in recognisably dangerous situations Setting unrealistic expectations with the threat of loss, harm or danger if they are not met Threatening or perpetrating violence against the child Threatening or perpetrating violence against a child's loved ones or objects Inconsistent application of rules so child does not know where the goalposts are
Isolating	Confining or unreasonably limited the child's freedom of movement within their environment Placing unreasonable limitations on social interactions with peers or adults in community
Exploiting and corrupting	Modelling, permitting or encouraging anti-social behaviour (such as prostitution or substance misuse) Modelling, permitting or encouraging developmentally inappropriate behaviour (such as prettification, infantalisation, living a parent's/carer's unfulfilled dream). Restricting or interfering with cognitive development
Denying emotional responsiveness	g detached and uninvolved racting with child only when absolutely necessary ng to express affection caring and love for the child

Leisure Activity

- Does the child have access to age inappropriate DVD, computer games etc?
- Does the child have access to pornography?
- Does the child have uncontrolled access to the internet?
- Does the child have unrestricted access to late-night television?
- Is the child supervised by a responsible person during potentially dangerous leisure activities?
- Is the child allowed to take part in age inappropriate activities?

Self-Harming

- Self-harming may include using drugs or alcohol or deliberate exposure to danger.
- Does the child experience self-harming, or threats of self-harming by a parent/carer or sibling as part of family life?
- Is the child self-harming, or threatening self-harm?

Educational Needs

- Does the parent/carer ensure the child receives an appropriate education?
- Does the parent/carer allow and/or recognise the need for treatment and/or services regarding serious educational problems or needs?
- Is the parent/carer involved in the child's education? (E.g. assisting with homework, ensuring child has equipment, engaging with teachers as appropriate, and so on)
- Is the child unable to access the curriculum or fully benefit from the educational experience? (E.g. because of their or others behaviour in class, relationships with peers and/or adults in school, ability to concentrate and/or learn, punctuality and/or attendance, social skills and/or acceptability and so on)

Parents/Carers Attitudes to Professionals

- Are parents/carers likely to refuse (actually or effectively) to be involved with professionals?
- Is there any history of disguised or non-compliance?
- Do parents/carers accept that professional involvement is appropriate?

- Do parents/carers accept that professional involvement is necessary?

History and Context

Is there a history or context of current concerns in terms of:

- Abuse or neglect?
- Mental ill health?
- Learning disability?
- Drug or alcohol misuse?
- Poverty or financial problems?
- Homelessness?
- Frequent changes of home and/or school?
- Child going missing, with or without parents/carers?
- Addictive behaviour by parents/carers?

The Child

- Is the child seen as being 'difficult'? (Crying, refusing to engage with parents or in play)
- Is the child 'passive'? (vacant facial expression, failing to respond to adults, reluctant to play)
- Is the child able to enjoy social intercourse, take turns, and respond to adult interest?
- Does the child have a secure attachment to parent/carer?
- Does the child have strong feelings of self-worth and self-confidence?

If there are concerns regarding the child's behaviour, demeanour, development and/or emotional well-being, consider the following in more detail. These checklists are intended for use by professionals who are involved in identifying possible issues for a child and parents/carers. An 'expert' opinion - for example from a psychiatrist - is not necessarily required in this context, but may be if issues appear to warrant exploration in more detail.

Attachment relationships:

Consider any concerns regarding the child in the following terms, these are to help your thinking but remember you should not try and diagnose attachment issues:

Type of Attachment	Indicators
Secure Attachment	• Child has strong feelings of self-confidence and self-worth • Child experiences a sensitive and reciprocal relationship in which their basic physical and emotional needs are met • Child is comfortable with emotion within relationships e.g. able to seek support, seek and receive physical contact • Child meets developmental milestones
Insecure/Avoidant Attachment	• Child does not seek out physical contact • Child is generally wary • Child's play is inhibited • Child presents as withdrawn or independent, not used to seeking support from relationships • Parent/carer fails to recognise or are indifferent to child's signals and needs
Insecure/Ambivalent or Resistant Attachment	• Child seeks contact, but does not settle when he/she receives it • Child resists attempts at pacification • Child is indiscriminate regarding who they interact with (moved from category above) • Child demands parental attention, but angrily resists it • Child nervous of new situations • This behaviour often reflects parents/carers behaviour that is inconsistent and insensitive, rather than hostile and rejecting
Disorganised Attachment	Child is confused and disorganised Child experiences parents/carers as frightening and/or frightened and not as source of safety and comfort

There are resources to support thinking about attachment at Community Care Inform – find them here

Identifying Concerns

Overview:

The starting point of any assessment is to get the parents to understand and acknowledge concerns from practitioners. They will have possibly been involved in a Team Around the Child (TAC) meeting, or some other kind of multi-agency meeting, but what understanding do they have of what was discussed and what the priorities are? The aim of this activity is to make sure the parents/carers understand what the concerns are and to determine the potential for change.

Tools: make some cards labelled with identified concerns relating to the case, or points from the action plan e.g.

Susan's late bedtimes	*Ben missing school*	*Jamie needs a coat*

Method: Read through the action plan going over each point with the parent/carer, then using the cards, ask the parent/carer to place the cards into two piles – "High Concern" and "Low Concern". Encourage them to say why they feel this way.

Further Ideas: It would also be useful to do this activity separately with the child/young person (if appropriate) to establish whether there are any differences of opinion as to what the priorities are, or whether there is agreement within the family. This information can then be used to further the assessment/action plan.

If it is not appropriate to use labelled cards, using picture cards, drawing pictures on paper/flipchart, cutting out pictures from magazines etc. could be more visual ways of engaging children/young people/parents/carers in identifying concerns.

Identifying Parenting Tasks, Knowledge, Skills and Attributes

The table below might provide a focus for discussions with parents about what is expected from them, for example, as part of an action plan

Parenting Tasks	Knowledge, Skills and Attributes
Basic care Meeting child's physical needs Providing appropriate health care and medical attention Ensuring child has nutritious diet, warmth, shelter Giving clean and appropriate clothing and ensuring adequate personal hygiene	**Knowledge of:** Healthy diet and the food and drink requirements of a child at different ages A comfortable temperature for a baby and small child Toileting requirements of baby or child How to bath a baby and hygiene requirements of child Common ailments and how to cope with accidents How to access GP, dentist, optician etc Particular medical requirements of the child **Skill in being able to:** Provide a diet that enables child to thrive Recognise if a child is uncomfortable because they are too cold or hot Identify and respond to child's toileting needs Keep a young child clean and teach a child to take increasing responsibility for their own hygiene Identify and respond to child's health care needs Meet the particular needs of the child related to their disability or health issues
Ensuring Safety Ensuring child is adequately protected from harm and danger Protecting children from possible significant harm Avoiding contact with unsafe adults/children Protecting children from self-harm Recognising hazards and dangers both at home and elsewhere	**Knowledge of:** Sources of potential harm such as hazards in home, need for supervision, risk posed by unsafe adults and other children Ways in which child can become involved in anti-social behaviours and indicators of this involvement Particular vulnerabilities of a disabled child **Skill in being able to:** Provide a safe environment for the child both within the home and elsewhere Identify the signs and indicators that the child is at possible risk of harm
Stimulation	**Knowledge of:**

Promoting the child's learning and intellectual development Encouraging, stimulating cognitive development Providing social opportunities Talking and responding to the child Encouraging and joining in play Enabling the child to experience success Ensuring school/nursery attendance Facilitating child to meet the challenges of life	The education system and resources available to promote child's intellectual development within the community The way in which a child develops cognitive and language skills Impact of child's disability on their cognitive development **Skill in being able to:** Engage with the child in play activities Stimulate the child through verbal communication or child's particular communication method, reading, play materials etc Access and use educational resources in the community Prepare child for preschool and school activities and support child enabling them to maximise the opportunities provided by these activities Have appropriate expectations of child when encouraging them to take on the challenges of life
Emotional Warmth Ensuring the child's emotional needs are met Giving the child a sense of being valued and a positive sense of own race and cultural identity Ensuring the child has secure, stable and affectionate relationships with significant others Demonstrating sensitivity and responsiveness to the child's emotional needs Providing appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement	**Knowledge of:** The child's cultural background The emotional needs of children **Skills in being able to:** Offer child love and acceptance and being able to respond sensitively to their needs Foster a sense of identity Have confidence in the child's worth and abilities Provide appropriate physical contact in light of age and ability Demonstrating consistency, reliability and dependability, providing a stable environment
Guidance and Boundaries Enabling the child to regulate their own emotions and behaviours Demonstrating and modelling appropriate behaviour and control of emotions and interactions with others Providing guidance involving the setting of boundaries enabling child to develop values, a conscience and appropriate social behaviours	**Knowledge of:** Appropriate behaviour for age and ability Effective methods for disciplining child **Skills in being able to:** Understand how their values and attitudes impact upon others Be authoritative, rather than over protective, permissive or authoritarian Offer a secure environment where rules are clear and consistent Set appropriate boundaries, providing adequate supervision and encouraging children to set their own boundaries Avoid harsh punishments but reinforce good behaviour Model effective methods of dealing with conflict, demonstration of emotions and interactions with others

Enabling the child to grow into an autonomous adult acting appropriately with others Allowing child to explore and learn Enabling child to manage anger, consider others Use effective methods of discipline to shape behaviour	Have confidence in child Have appropriate expectations of child 
Stability Provide a sufficiently stable family environment to enable the child to develop and maintain a secure attachment to the primary care-giver Ensure secure attachments are not disrupted Provide consistent emotional warmth Respond in a similar way to the same behaviour Recognise and respond to the child's changing needs Ensure child keeps in contact with family members and significant others	**Knowledge of:** What a child needs to develop a secure relationship with a care giver Their own upbringing and its effect on their ability to parent **Skills in being able to:** Maintain relationships with significant people in the child's life Recognise the changing needs of the child as they mature and develop Create a stable home environment

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Interaction Observation Chart

Parent/carer details ……

Childs details ……

Date and venue ……

	Child	Parent	Reaction
Playing			
Talking			
Touch/Affection			
Reassurance			
Boundaries			
Guidance			
Praise			

Criticism/ negative comments			

An Accumulative Chronology of Neglect and its Impact

Date of Referral	Reason for Referral/Issues	Action Taken	Outcome	Risk Level for Specific Referral	Analysis of Impact Accumulative	Accumulative Risk Level

An Accumulative Chronology of Neglect and its Impact: An Example

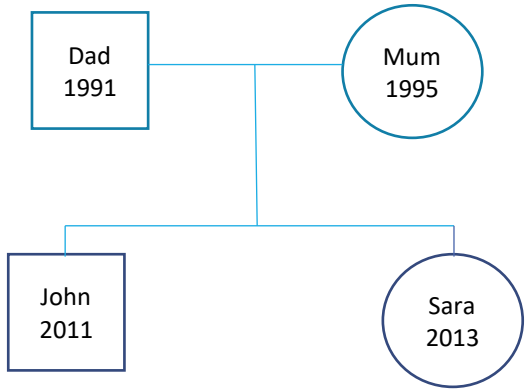
Date of Referral	Reason for Referral/Issues	Action Taken	Outcome	Risk Level for Specific Referral	Analysis of Impact Accumulative	Accumulative Risk Level
01.01.14	Very poor home conditions; kitchen dirty, no food, no clean clothes	Assessment completed; parents advised to address the issues (left)	Further visit; home conditions improved. Case closed	Low		
25.03.14	Poor home conditions Children found wandering around the street	Assessment completed Child in Gran's care whilst wandering Home conditions good enough	Case closed	Low		
04.06.14	Poor school attendance Child's behaviour deteriorating	Letter to family with community based services EWS informed	Case closed	Low		
05.11.14	Children hungry, children's poor presentation, poor home conditions	House cluttered, limited food available, food parcel given	Refer to tenancy support. Case closed	Low		

02.01.15	Concerns regarding parents drinking, parents arguing; home conditions poor	Assessment completed, child in need plan in place; work with parents around managing the home	Case closed - 01.08.15	Low		
04.02.15	Child calls 999, parents arguing	Police attended – no disclosure made	Case closed	Low		
06.06.15	Domestic Violence incident; parents drunk; poor home conditions	Strategy discussion; S47 investigation; children placed with grandparents; CP conference arranged	CP Plan Case closed – 01.05.16	Medium		
04.06.16	Domestic disturbance; parents drunk; poor home conditions; child with injury	Strategy discussion; S47 investigation; child placed in foster care	ICO applied for, children remain in care	High		

Example Genogram

A genogram is a quick and simple way of capturing family structures, particularly those that are more complex. It can be useful to complete at the start of an assessment or whenever there is a need to gather information about family relationships, gender, ages etc. There are standard symbols, e.g. males are always represented by a square, females by a circle, marriage/civil partnerships represented by a solid line. The example below shows a very basic family structure

- John was born in 2011
- Sara was born in 2013
- Their dad was born in 1991, their mum in 1995
- The parents are married



Section 3

Neglect Toolkit

Record Sheet

Housing	Tier 1	Tier 2	Tier 3	Tier 4
Maintenance	Well maintained house Family address maintenance issues	Some reported accidents to child in home Inadequate/poor housing	Poor state of repair, or overcrowded	Housing is dangerous or seriously threatening health Dangerous disrepair, (e.g. exposed nails, live wires) causing observed accidents to child in the home
Scoring	4	3	2	1
Facilities	Appropriate accommodation which meets the needs of the family	Housing not suitable for new-born Temporary housing Unsatisfactory accommodation and environmental circumstances e.g. flat in high rise	No heating system in the home Inadequate bedding, dirty toilet and bath, child shares parents bed Living in interim accommodation including B&B Rent arrears put family at risk of eviction Prosecution/eviction proceedings Experiencing frequent moves	Home lacks a working toilet Without housing and no housing agency with a duty to assist Physical accommodation places child/young person in danger Child dangerously exposed or not provided for Asylum seekers Lack of refuge for runaway/homeless young people
Scoring	4	3	2	1
Safety Features	Essential features, secure doors, windows and any heavy furniture Safe gas and electrical appliances Drugs and toxic chemicals out of reach Smoke alarm fitted and working Child protected from danger or significant harm in the home	Lacking in essential features Very little improvisation or DIY which is done too casually to be effective Haphazard use of safety equipment e.g. fireguards	Some possible hazards due to disrepair Tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances Unsafe home conditions e.g. lack of fences around garden for young children	Definite hazard due to disrepair Exposed wires and sockets Unsafe windows, broken glass Dangerous chemicals lying around Drugs accessible to child
Scoring	4	3	2	1

Clothing	**Tier 1**	**Tier 2**	**Tier 3**	**Tier 4**
Appropriateness of Clothing	Appropriate dress for different settings Clothing appropriate for age	Clothes not age appropriate Inappropriately dressed for school, employment or training impacting on progress/relationships in school Inappropriate clothing e.g. for weather or size	Presentation significantly impacts on all relationships May be provocative in behaviour/appearance	Clothing leaves child dangerously exposed
Scoring	4	3	2	1
Cleanliness and fitting of clothing	Fitting appropriate for size and clean	Clothing is regularly unwashed and frequently ill fitting (0-4) Often wearing unwashed clothes (14-19)	Appearance reflects poor care, hygiene, dirty clothes, ill-fitting shoes (0-4) May not always be clean – may suffer from teasing from school/nursery about being 'smelly' Clothing is regularly unwashed and frequently ill fitting (5-19)	Appearance reflects poor care, hygiene, dirty clothes, ill-fitting shoes - leads to alienation or teasing from peers (5-13) Appearance reflects poor care, hygiene, dirty clothes, ill-fitting shoes causing significant harm (14-19)
Scoring	4	3	2	1

Hygiene	Tier 1	Tier 2	Tier 3	Tier 4
	Good level of hygiene/personal hygiene Cleaned, bathed and groomed regularly Growing level of competencies in practical skills, e.g. washing	May not always be clean – may suffer from teasing from peers/school/nursery about being 'smelly' Slow to develop age appropriate self-care skills Health impacts on child's ability to develop some self-care skills Not always adequate self-care e.g. poor hygiene at risk of leading to social exclusion	Appearance reflects poor care, hygiene, inappropriate care of hair and skin Poor hygiene leads to alienation from peers Significant delay in age appropriate self-care skills Health impacts seriously on several areas of self-care skills Child/young person takes little or no responsibility for self-care tasks in comparison to peer group	Seldom bathed or clean Health prevents development of any self-care skills Appearance reflects poor care, hygiene, inappropriate care of hair and skin leads to alienation or teasing from peers (5-13) Appearance reflects poor care, hygiene, inappropriate care of hair and skin causing significant harm (14-19) Lack of self-care significantly affecting health Health prevents development of any self-care skills – child/young person relies totally on other people to meet care needs Engaged in activities which impact on self-care e.g. substance misuse
Scoring	4	3	2	1

Health	Tier 1	Tier 2	Tier 3	Tier 4
Seeking Treatment	Regular dental and optical checks and care Child health promotion plan including immunisation	Dental care not sufficient	Dental decay and no access to treatment Health concerns not treated or badly managed	Dental care and optical care not attended to Refusing medical care endangering life/development Frequent accidents or Emergency Department visits with indicators of abuse Parent/parent to be refusing medical interventions which are in agreed best interest of the child/unborn baby Medical lifestyle compromises safety or is likely to
Scoring	4	3	2	1
Keeping of Appointments	All appointments kept Rearranged if problems Developmental checks and immunisations up to date Regular dental and optical checks and care Attends for antenatal care	Not attending referred appointments/assessments Failure to engage with preventative health services Misses some antenatal appointments	Attends appointments after prompting by health professional, but contests the usefulness even if it is of clear benefit to the child Late booking for antenatal care and persistent non attendance	A pattern of parent/parent to be not attending referred medical appointments/assessments Missing essential health appointments (including immunisations)
Scoring	4	3	2	1

Supervision	**Tier 1**	**Tier 2**	**Tier 3**	**Tier 4**
Awareness	Aware of important safety issues Unborn baby/child/young person protected from danger or significant harm in the home or elsewhere	Poor awareness and perception except for immediate danger Left alone for brief periods during the day aged under eight	Oblivious, dangerous animals/pets present Left alone for frequent/prolonged periods during the day aged under eight	Parental indifference Child is left alone in the household (0-4) Left alone for long periods or overnight aged eight and over Parent leaves child (under eight) alone
Scoring	4	3	2	1
Practice pre-mobility age	Cautious whilst handling and laying down Frequent checks if unattended	Sometimes handling is precarious Inconsistent supervision	Handling precarious Unattended even during care (e.g. bottle left in mouth)	Dangerous handling Left dangerously unattended during care chores (e.g. in bath)
Scoring	4	3	2	1
Acquisition of Mobility	Effective measures against any imminent danger Supervision indoors No direct supervision outdoors if known to be in a safe place Can allow out in unfamiliar surroundings if thought to be safe Checks if suspicious	Inconsistent measures taken against imminent danger Little supervision indoors or outdoors Intervenes if in appreciable danger Not always aware of whereabouts outdoors believing it is safe as long as child returns on time	Ineffective measures taken against imminent danger, if at all Improvement from mishaps soon lapses No supervision Intervenes after mishaps which soon lapses again	Exposes to dangers Minor mishaps ignored or the child is blamed Intervenes casually after major mishaps Parental indifference despite knowledge of dangers outdoors (e.g. railway lines, unsafe buildings)
Scoring	4	3	2	1

Ensuring Safety	**Tier 1**	**Tier 2**	**Tier 3**	**Tier 4**
Traffic 0-4	3-4 years allowed to walk but close by, always in vision, hand clutched if necessary i.e. in a crowd	Infants not secured in pram/pushchair 3-4 year old expected to catch up with adult when walking, intermittent glance back if left behind	Babies not secured 3-4 year olds left far behind when walking or dragged with irritation	Babies unsecured Careless with pram 3-4 year olds left to wander and dragged along in frustration when found
Age 5 and above	5-7 year old allowed to cross road with a 13+ child 8-9 allowed to cross alone if they reliably can	5-7 year old allowed to cross with an older child under 13 8-9 crosses alone	5-7 year old allowed to cross a busy road alone	Child age 7 crosses a busy road alone without any thought or concern
Scoring	4	3	2	1

Provision of Care of Safety	Tier 1	Tier 2	Tier 3	Tier 4
	Unborn baby/child/young person protected from danger or significant harm in the home or elsewhere Child is left in care of an appropriate/vetted adult, never in sole care of an under 16 Parent/child always aware of each others whereabouts	Haphazard supervision, unaware of child/young person's whereabouts Insufficient awareness of dangers to the unborn baby/child/young person Inappropriate care arrangements and too many different carers Insufficient awareness of dangers to the unborn baby/child/young person Out of necessity a child aged 1-12 left with a young person under 14 who is familiar and has no significant problem, for no longer than is necessary as an isolated incident Above arrangement applies to a baby only in an urgent situation Absence of appropriate supervision and guidance	Level of supervision is inadequate given child/young person's age Inappropriate care arrangements such as succession of caregivers Coming and going of lots of adults living in the household For recreational purposes a 0-9 year old is left with a 10-13 year old or a person known to be unsuitable Parents/carers unsure of child's whereabouts For recreational reasons a 0-7 year old is left with an 8-10 year old or an unsuitable person Child found wandering Child locked out Living in house with domestic violence and abuse	Parent leaves child (aged eight and over) alone for long periods or overnight Parent leaves child (under eight) alone Inappropriate/no care arrangements Parent/parent to be unable to restrict access to home by dangerous adults Child found wandering Child locked out For recreational reasons a 0-7 year old is left alone or in the company of a relatively older but less than 8 year old or an unsuitable person Child witnessing physical/sexual abuse/harm/domestic violence and abuse Parents/carers unsure of whereabouts of child/young person when child/young person identified as being at risk of sexual exploitation
Scoring	4	3	2	1

Engagement	Tier 1	Tier 2	Tier 3	Tier 4
Interaction	Parent/carer and child both initiate interaction Stable and affectionate relationships with parent/carer Shows warm regard, praise and encouragement Good quality early attachment Ongoing appropriate good quality attachments as child grows up	Interaction mainly by child, sometimes by parent/carer Interaction negative if child's behaviour is defiant Parent/parent to be has mental health issues which affect their ability to demonstrate emotional warmth Relationships with parent/carer sometimes characterised by inconsistencies	Parent/carer seldom initiates interaction Child frequently seeks interaction with parent Withdrawn, unwilling to engage or isolated Engagement mainly functional Parent/carer indifferent when child attempts to engage Relationship with parent and family frequently characterised by inconsistencies Inappropriate attachments	Child appears resigned or apprehensive Child constantly seeks parental contact Total withdrawal Parenting mostly experienced as low warmth, high criticism Family no longer want to care for the child/have abandoned child Relationships characterised by rejection/abandonment Parent/carer aversive to engagement Child plays on their own (0-4)
Scoring	4	3	2	1

Stimulation	Tier 1	Tier 2	Tier 3	Tier 4
	Parent/carer facilitates cognitive development through interaction and play Provides all that is necessary Improvises if unaffordable Takes the child out for recreational purposes Child/young person is given access to leisure facilities appropriate to age and interest Child/young person has a range of experiences through leisure/play/sport/reading/ activities Access to language/communication support	Child / young person spends considerable time alone Parent/carer needs encouragement to meet child's developmental needs Essential access to leisure facilities/activities only; no effort to improvise if unaffordable Not allowing child to mix with peers Child/young person receiving little positive stimulation, with lack of new experiences or activities Child/young person not communicated with by parent/carer	Often restricts stimulation of child through care –shuts child in a room/leaves child in cot for short periods Parent has unrealistic expectation of child's need for stimulation Lacking on essentials Not encouraged to care for toys	Persistently deprives child of stimulation through care - shuts child in a room/leaves child in cot for long periods Parents show little or no interest in stimulating the child Absent, even mobility restricted (confined to chair/pram/pushchair/car seat) for parent/carer's convenience Parent/carer irate at child's demands Parent/carer shows no interest in the child/young person No outings for the child May play in street, but parent/carer goes out locally e.g. to pub with friends
Scoring	4	3	2	1

Parenting Capacity	Tier 1	Tier 2	Tier 3	Tier 4
Basic Care	Provide for unborn baby/child/young person's physical needs e.g. food, drinks, appropriate clothing, medical and dental care Making plans for becoming a parent Sufficient parenting skills and experience	Inability to respond to concerns about basic care Food, warmth and other basics not always suitable Parent /parent to be struggling without support and/or other adequate resources Young inexperienced parent(s)/parent(s) to be Parents/parents to be with additional needs Parent has learning disability/mental health/substance misuse/alcohol issues – young carer (5-19) Poor parenting history	Basic care is frequently inconsistent Food, warmth and other basics not often available Family with poor coping skills Very young inexperienced parent(s)/parents to be Parent's/parents' to be learning disability/mental health/substance misuse issues significantly affect care of unborn baby/child/young person or preparation for having a baby Parents/parents to be have struggled to care for previous unborn baby/child/young person Parent/parent to be has terminal illness/disability which affects provision of basic care Parental behaviour affects or will affect capacity to nurture Tran generational involvement with social care for issues including neglect Child/young person is taking on a caring role in relation to their parent/carer	Basic care is rarely consistent and/or absent Parent/parent to be is unable to provide basic care consistently Parent/parent to be have seriously abused/neglected or are likely to abuse or neglect the child/unborn baby/young person Parent's own needs mean they cannot keep unborn baby/child/young person safe from abuse Parents disengaged from unborn baby/child Preoccupied with own needs which impacts on child's well being Parents with enduring mental health problems needing frequent hospitalisation Persistently goes missing from home to be with adults without parental consent Goes missing from home for any period of time
Scoring	4	3	2	1

Income and Employment	Tier 1	Tier 2	Tier 3	Tier 4
	Reasonable income over time, with resources used appropriately to meet individual needs Parents/parents to be able to manage their working or unemployment arrangements and do not perceive them as duly stressful	Low income Debt problems increasing No sense of budgeting or financial responsibility Periods of unemployment for the wage earning parent Stress from 'overworking' / working away beginning to make an impact	Low income plus adverse additional factors e.g. up to borrowing limit on social care fund Insufficient income to provide adequate and nutritious diet Rent / mortgage arrears Stress from unemployment or 'overworking' having impact on aspects of family life – care of child Parents/parents to be find it difficult to obtain employment due to poor basic skills	Extreme financial difficulties impacting on ability to have basic needs met Inability to pay rent / mortgage leading to loss of home Chronic unemployment that has severely affected parent's own identity and ability to care for child Family members unable to gain employment due to significant lack of basic skills or long term difficulties e.g. substance misuse or health issues
Scoring	4	3	2	1

PRINT

Neglect summary analysis – targeting areas of concern to be addressed as priority

Date of Analysis:	**Family Name:**

	TARGETED AREAS	**CURRENT SCORE**	Targeted Score	Timescale	Reviewed Score
1					
2					
3					
4					
5					

Additional Resources and Information

- Childhood Neglect Training Resources
- Understanding Adolescent Neglect (Children's Society)
- Protecting Children from Neglect (NSPCC)
- Understanding Child Neglect e-learning (SCIE)
- Childline - Neglect (for young people)
- NSPCC Two Part Podcast on Neglect
- Research in Practice Resources regarding Neglect
- Community Care Inform Neglect Knowledge and Practice Hub
- The Right Help in the Right Way at the Right Time
- Hearing the Child's Voice Poster
- Early Help Poster
- The Compass Team
- Signs of Safety

This multi-agency practice guidance has been adapted from the Child Neglect Practitioners Toolkit developed by the South East Wales Regional Child Protection Forum.