Suffolk Safeguarding Children Board

Actions for Preventing and Intervening Early in Neglect

Suffolk LSCB Strategy, Guidance and Action Plan

Policy Version History

Version	Date	Author
1.2 - Draft version 1.3 1.4	6th October 2014 12th November 2014 8th January 2015	Ali Spalding – LSCB Manager
2.1	August 2016	Ali Spalding – LSCB Manager
2.2	November 2016	Ali Spalding LSCB Manager Jean Driscoll Practice Development and QA/ Principal Social Worker.
2.3	December 2016	Ali Spalding – LSCB Manager
2.4	March 2017 – Updated action plan	Paul Nicholls - LSCB Manager

Introduction

Neglect causes significant distress to children and leads to poor outcomes in the short and long term. Research and findings from Serious Case Reviews inform us that in extreme cases, neglect can be fatal.

Consequences can include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse and higher risk of experiencing other forms of abuse as well as difficulties in assuming parenting responsibilities later in life.

In Suffolk, neglect is a factor in 7% of the contacts received by CYPS between April 2015 and September 2016 and in 8% of the referrals which resulted in a social care assessment. This has remained consistent over this time. Since April 2014, neglect has been identified in 19% of all social work assessments and 44% of social work assessments for unborn children. There has been a slight but steady increase over this period.

Mental health difficulties, domestic abuse and alcohol misuse are all overrepresented in parents where neglect is a factor in assessments when compared to all families assessed. Neglect has been the main cause of children becoming subject to child protection plans – 55% over the period October 2013 – 2016. Since 2015 there has been a slight increase (4%).

This document sets out the principles and aims of the LSCB in addressing child neglect and includes the action plan to make this happen.

Strategic Aim

Suffolk family services should have the greatest possible sustainable impact on outcomes for children, young people, parents and carers in order to 'give every child the best start in life'.

*Outcome one, Suffolk Health and Wellbeing Board

Our strategic aim is to ensure there is early recognition of neglect. From early support to statutory intervention there should be appropriate, consistent, and timely responses across all agencies working together. Work with children and families should be positive and empowering and keep a clear focus on the impact of neglect on the child.

All those who have contact with children and families have their role to play in the recognition of potential neglect. This strategy and guidance links closely with the 'Be Safe' Priorities in the Family 2020 Health and Wellbeing Strategy and Joint Strategic Needs Assessment 'Working together to tackle poverty' 2015-20.

Key Principles*

1. Early indicators of neglect must be recognised if early assessment and intervention is to be achieved. Universal services should understand children's needs, recognise the signs of neglect, know what they can do to help and feel confident and supported in action.
2. There must be a shared understanding of the impact of neglect on a child's health, safety, and development; including the impact of emotional neglect. Children can recognise the signs of neglect and feel safe to tell.
3. Early assessment and intervention will be promoted and supported where sufficient progress is seen to be possible within the child's timescale. Where there is insufficient progress, intervention on a statutory basis will take place appropriately and without delay.
4. Parents should feel safe to ask for help to understand their child's needs and how to meet them and can access high quality help when they need it. Children and their families should be able to expect consistency from the practitioners they work with and the support they are offered.
5. Partner agencies must ensure that practitioners are trained to be aware of, identify assess and deal with neglect for children who may be particularly vulnerable.
6. Communities are supported to understand the needs of children, recognise the signs of neglect, and understand why it happens.
7. Neglect must be understood within a context which may include other forms of abuse. It is therefore important that those in strategic roles ensure that strategies and initiatives link and complement each other. Professionals must be curious and inquisitive about circumstances and events. They should feel confident to challenge families and each other about the sustainability of any improvements required. Historical information must always be taken into consideration.

*Informed by: NSPCC Thriving Communities: A Framework for preventing and intervening early in child neglect. Haynes A, Cuthbert C, Gardner R, Telford P. and Hodson D.

Core Objectives

- To improve awareness and understanding of neglect across all agencies using Signs of Safety and Wellbeing methodology so that early identification is achieved and there is effective working between services working with children and adults.
- To improve the recognition, assessment and support of children and young people and their families where neglect has been identified but **before** statutory intervention is required; and
- to improve the assessment and intervention with children and young people **once** statutory intervention has become necessary.
- To acknowledge and learn from the evidence obtained from audit, scrutiny and learning reviews to improve practice across the LSCB partnership.

Evidence-based approaches which we will use in Suffolk

---

1. Signs of Safety

In Suffolk, practitioners across the LSCB have been trained in the Signs of Safety framework model. This enables practitioners across different disciplines to work collaboratively and in partnership with families and children.

The Signs of Safety model is a tool intended to help practitioners with risk assessment and safety planning from early intervention to child protection cases. The tools are designed to help conduct risk assessments and produce action plans for increasing safety, and to reduce risk and danger by identifying areas that need change, while focussing on strengths, resources, and networks that the family have.

For more information about Signs of Safety and Wellbeing in Suffolk please click here

2. Standardised tool for assessment & intervention - the Graded Care Profile

Suffolk LSCB endorse the use of the Graded Care Profile 2 (GCP) to inform the assessment framework of Signs of Safety.

The **Graded Care Profile** is an assessment tool, initially developed by Dr Srivastava, which allows practitioners to produce an objective measure of the quality of care given to a child by looking at four key areas: physical, safety, love, and esteem, adapted from Maslow's hierarchy of human needs (Maslow 1954).

The assessment is an evidence based assessment tool for evaluating levels of parental care. It identifies strengths and weaknesses to capture levels of physical and emotional care, identifies strengths and weaknesses and targets aspects of neglectful care. It provides evidence that can inform care and intervention plans.

The assessment gives an objective picture of the care that the child is **actually** receiving and highlights how parenting support and interventions can be targeted to improve the level of care the child receives.

More information on the graded care profile can be found on the Suffolk CYPS Good Practice Guide or LSCB website. These are the instructions for use and further guidance and information.

GCP2 Promotion

Graded care Profile for Emotional Abuse & Neglect Instructions

Graded Care Profile Scaling

Assessment

Issues to keep in mind when starting your assessment:

- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help this child or young person and what can I/my agency do now to help?
- What additional help, if any, may be required from others?
- Who or what presents the threat to the child's well-being?
- Where does the abuse occur and is the abuse an act of commission or omission?
- Is the harm isolated to a single event or cumulative, reflecting more than on risk factor?
- What is the actual or likely impact of any harm?
- Does the parent(s) have insight into self, child and circumstances?
- Is there a shared understanding of professional concern/s by the family?
- What is the parents/carers understanding of the need for change – is change possible?
- Are they willing to effect change, how long will it take and can they maintain the change required?

The parent themselves - e.g. are they very young? Do they have a learning disability or mental health problem? Do they exhibit behaviours that can impact on their ability to care for a child e.g. do they misuse alcohol or drugs, or experience domestic violence? Are they vulnerable in their own right?

Was their **own experience** of being parented damaging enough to impact on the care they give their own child? Parents who have been in care themselves may neglect their own children because of the absence of a family support network or from family substitutes such as foster carers.

Are there wider environmental issues? - are they isolated in their community? Do they suffer discrimination and/or poverty? Families who are experiencing poverty do not necessarily neglect their children and poverty is not a single causal factor in neglect cases. However, many of those cases of neglectful families that come to the attention of professionals working in social care are experiencing poverty. Social isolation and lack of readily available support is a further risk factor that can make neglect more likely.

How is the mental health of the parents? It is important that practitioners think of undiagnosed mental health issues. Depression is the most common form of mental illness affecting mothers. This is especially concerning when it is post-natal depression as it can interfere with the mother's ability to respond to her children's needs (Howe 2005).

There is much more research about depressed mothers than fathers. But we do know that the presence of a non-depressed parent significantly reduces the developmental risk to the child (Howe 2005).

Parental Learning Difficulties - For Stevenson (2007) the key issues to understand are: the parent's ability to anticipate risk to the child; manage diverse and complex situations; the possible rigidity of the parent's thought processes, thus making adaptation to change difficult i.e. in the child's needs or behaviour.

Horwath (2007) identifies six key issues in assessing the parenting capacity of learning disabled parents:

- Cognitive functioning (an IQ below 60 is not a good indicator of adequate parenting capacity);
- co-morbidity i.e. a diagnosis of mental illness or substance misuse; poor self-esteem;
- a lack of positive role models;
- a lack of support;
- and adverse social conditions.

Parental Autism - Practitioners should also consider the possibility of undiagnosed autism, particularly in mothers/females where it can present differently to males. Rigidity of thinking, fixed or controlling behaviours or avoidant behaviours may all be indications that further exploration is warranted. This sort of insight or understanding may help practitioners change their style of intervention with a family to positive effect.

Parental Substance Misuse - Howe (2005) asserts that the significant effect of taking 'mind-altering' substances is that they interfere with the reciprocal, trusting and responsive communication between the parent and the child, rendering the parent unable to read the signals and increasing the child's confusion and distress when this occurs (2005).

Parental drug use increases the likelihood of children being at risk of neglect and emotional abuse, but not other forms of abuse. Where the financial and emotional resources are committed to the pursuit of drugs, the degree of neglect will be higher. The issue of children taking on inappropriate caring roles beyond their years should be emphasised.

Domestic Violence? It is now acknowledged in legislation that where children witness domestic violence it should be regarded as 'harm' (Adoption and Children Act 2002 s120). Horwath (2007) proposes the concept that the parents' pre-occupation with safety can become all-consuming, and lead to other aspects of parenting being in deficit e.g. the mother is exhausted, has low self-esteem, or is depressed.

The Child Themselves

Some children are particularly vulnerable to suffering neglect:

- Children born prematurely or with very low birth weight
- Children with disabilities
- Adolescents
- Runaways
- Children in care
- Asylum seeking children and refugee children
- Young carers

The neglect of children with disabilities has been largely hidden. The research that does exist indicates that disabled children are more vulnerable to maltreatment than non-disabled children (Miller and Brown 2014). Reasons for this can be complex but include communication difficulties and to access help and care. It should also be considered that the needs of children with disabilities are often demanding and can overwhelm a parents/carer's capacity to provide adequate care.

You may find the following assessment tools useful:

SafeLives Dash risk checklist for the identification of high risk cases of domestic abuse, stalking and 'honour'-based violence

Suffolk's Drug Use Screening Tool (DUST)

Safeguarding Children and Young People from Sexual Exploitation - Policy Guidance, Toolkit and Risk Assessment

ACCORD (Adults and Children's Services Co-ordination) Protocol between CYP, ACS and Norfolk & Suffolk Mental Health Trust

References and Acknowledgments

All references can be found in **Appendix A - Informing Practice by Research – Guidance for Practitioners.**

Grateful thanks and acknowledgement to Cambridgeshire and Norfolk LSCBs, the NSPCC and Barnsley Metropolitan Borough Council.

AS/JD/LSCB

November 2016

LSCB Neglect Strategy Action Plan

How will it be done?	What Needs Doing?	Who will do it?	Timescale – RAG rating
1. Review practitioner knowledge and use of the Neglect Strategy and Graded Care Profile. Review how GCP1 or other assessment tools work alongside Signs of Safety.	Survey monkey on Neglect across practitioners in June/July 2016. Investigation into the use and in effectiveness of the Neglect Strategy and assessment tools in order to support the early recognition of and appropriate response to neglect.	Initial review undertaken by LSCB Manager utilising an electronic survey Findings endorsed by LSCB Exec.	Initial Survey of knowledge and use completed and report taken to LSCB Executive August 2016. Review of original Graded Care Profile and investment in updated version. COMPLETED.
2. Review Strategy Document to strengthen strategic direction that 'tackles neglect, identifies prevalence and enables evaluation of effectiveness.	Strategy document to be reviewed by key partners including CYP and Health. Strategy to be agreed by LSCB Board in early 2017	Document reviewed by Designated Nursing Team, Designated Doctor and Named Nurse for GPs December 2016.	LSCB Executive updated December 2016. Strategy document signed off by LSCB in January 2017. Action plan to be revised and monitored by LIG from April 2017.
3. LSCB Learning and Improvement Group (LIG) to consider additions to data performance reporting to monitor effectiveness of neglect strategy.	LIG subgroup to monitor performance indicators which identify neglect and report accordingly.	LIG subgroup reporting to LSCB full board twice a year.	LIG to monitor performance data in July and December.

How will it be done?	What Needs Doing?	Who will do it?	Timescale – RAG rating
4. LSCB to monitor the recommendations regarding Neglect in the Baby E SCR action plan.	LIG subgroup to include the Baby E action plan as a standing item on the agenda. This will be monitored alongside the CYP action plan. LSCB to run Thematic audit of neglect cases to ensure findings embedded.	LIG subgroup reporting to LSCB Board via quarterly subgroup reports.	Thematic audit findings reported via Learning and Improvement Group to Board in December 2017.
5. LSCB to monitor the rollout and impact of the revised Graded Care Profile (GCP2). This will assist practitioners to confidently assess risk and parenting capacity alongside the SoS methodology.	Promotion of evidence based assessment tools across universal and early help services to assist professionals to articulate concerns about neglect and support levels of consistency in assessment.	LSCB Professional advisor as part of GCP delivery group led by Workforce Development. Reporting progress via LIG subgroup.	By December 2017.

Appendix A: Informing Practice by Research - Guidance for Practitioners

What is Neglect?

Neglect is complex and hard to define clearly. It differs by type, severity, frequency, and impact. Neglect often co-exists with other forms of abuse and indeed is often a pre-condition to allowing other abuse to take place. Increasingly, the psychological impact of neglect is being recognised.

Being clear about what the child experiences and the possible harm that may arise will allow for preventative safeguarding, rather than waiting for the impact on the child to become irreversible.

Definitions and descriptions of **child neglect** help to provide benchmarks for practice. In England, the official description – used by all professionals responsible for children's welfare and including children up to the age of 18 years – is set out in the government's statutory guidance *Working Together to Safeguard Children 2013*

'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 during 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 home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'

(HM Government, 2013: Appendix A. p86).

What Makes It Harder for Professionals to Identify Neglect?

A recurrent theme in research on neglect is that there can be confusion and misunderstanding between professionals in identifying neglect. Issues include:

- Neglect is an act of omission – did this parent or carer intentionally neglect this child? The focus on this question can detract from identifying the causes of neglect.
- Who is neglecting the child? Are there organisational issues which mean that the child's needs are not met e.g. a disabled child not getting services, a young carer, a looked after child not in an adequate placement, or a child excluded from school/home schooled?
- Understanding both the parenting behaviours and the impact on the individual child of that behaviour is complex.
- An assumption that another service is seeing the child.

Neglect can present to professionals as a one-off incident, episodic (during a family crisis or a period of parental mental illness) or chronic.

Mothers, in the main, are the focus of practitioners when working with child neglect. However, partners of Mothers or Fathers may also play a significant role in contributing to the child experiencing neglect or they may be a protective factor.

Categories of Neglect

Child neglect falls into four main categories: physical, educational, emotional and medical neglect.

Physical neglect is the failure to provide for a child's basic needs. It usually involves the parent or caregiver not providing adequate food, clothing or shelter.

It can also include child abandonment, inadequate or inappropriate supervision, and failure to adequately provide for a child's safety or failure to adequately provide for a child's physical needs. For teenagers, it includes the parent forcing the young person to leave home.

Physical neglect can severely impact a child's development resulting in failure to thrive; malnutrition; serious illness; physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision; and low self-esteem.

Educational neglect involves the failure to ensure a child receives an adequate and suitable education.

Emotional neglect or psychological neglect can include:

- Ignoring a child's presence or needs.
- Consistently failing to stimulate, encourage or protect a child.
- Rejecting a child or actively refusing to respond to a child's needs, for example refusing to show affection.
- Constantly belittling, name calling or threatening a child.
- Isolating a child, preventing a child from having normal social contacts with other children and adults.
- Terrorising a child, creating a climate of fear and intimidation where the child is frightened to disclose what is happening.
- Corrupting a child by encouraging the child to engage in destructive, illegal or antisocial behaviour.

Severe neglect of an infant's need for nurture and stimulation can result in the infant failing to thrive and even infant death.

Emotional neglect is often the most difficult situation to substantiate in a legal context and is often reported as a secondary concern after other forms of abuse or neglect.

Medical neglect is the failure to provide appropriate health care for a child, placing the child at risk of being seriously disabled, being disfigured or dying.
Concern is warranted not only when a parent refuses medical care for a child in an emergency or for an acute illness, but also when a parent ignores medical recommendations for a child with a treatable chronic disease or disability resulting in frequent hospitalisation or significant deterioration.

In non-emergency situations, medical neglect can result in poor overall health and compounded medical problems. This also includes dental neglect, where a child may have severe untreated dental decay.

Every health care provider must have in place a ‘Was Not Brought’ policy (previously Did Not Attend to ensure that the reasons for children not being brought for appointments are considered. ‘Following up missed appointments can ensure that children and families in early need of help are identified and that appropriate support is given.’ (CQC 2016)

Statutory Framework

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Local authorities have a duty to "safeguard and promote the welfare of children who are in need" under section 17 of the **Children Act 1989** (England, Scotland and Wales) and section 17 of **The Children (Northern Ireland) Order 1995**.

A child is defined as being 'in need' if:

a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable **standard of health or development** without the provision for him of services by a local authority under this Part;

b) his health or development is likely to be **significantly impaired**, or further impaired, without the provision for him of such services;

c) or he is disabled" (**Children Act 1989** and **The Children (Northern Ireland) Order 1995**).

Significant Harm

The threshold for child protection intervention is if a child is assessed as being at risk of significant harm.

Definitions for significant harm in all four nations of the UK are broadly similar. For England and Wales, harm is defined under section 31 of the **Children Act 1989** as:

> "**ill treatment or the impairment of health or development**". To decide whether harm is significant, the health and development of the child is "compared with that which could **reasonably be expected of a similar child.**

The current legal and policy framework across the UK views neglect as a persistent parental behaviour with serious effects on the child.

This focus on long-term behaviour discourages early intervention, but taking action at an early stage will significantly improve outcomes for the child.

Signs and Symptoms of Neglect

Where any of the following are present the practitioner should discuss the child's needs with a senior member of staff to decide the most appropriate course of action:

Physical signs e.g. growth not within the expected range. This is a complex issue with potentially many causes. However, in terms of meeting the child's fundamental need for nutrition, a child who does not gain weight and height, or who loses weight for no apparent medical reason, should be a cause for concern amongst professionals. Babies and small children who are not fed eventually stop crying –this should not be misinterpreted as a content child; recurrent infections; skin conditions; unkempt dirty appearance; inadequate clothing; unmanaged/untreated health conditions; scalds and burns; frequent accidents or injuries. Accidents are generally understood to be a sudden, unexpected event taking place without warning. However, the belief that an injury was caused accidentally should not simply be accepted.

It is extremely important that, in the circumstances described above, a paediatric assessment is seriously considered and discussed with a paediatrician.

Developmental signs e.g. developmental delays; poor attention/concentration; lack of self-confidence/poor self-esteem; educational underachievement (including erratic or non-school attendance). Childhood neglect may also be associated with one of the many causes of language delay and communication, socio-emotional adjustment and behavioural difficulties. Studies have found that such difficulties can manifest themselves in children by their third birthday. The implications of this for the child are likely to be seen in preschool settings with difficulties in literacy, numeracy, and friendships.

Behavioural signs e.g. over-active, aggressive, impulsive behaviours; indiscriminate friendliness, withdrawn with poor social relationships, wetting, soiling or destructive behaviours, substance misuse or running away, school non-attendance, sexual promiscuity, self-harm, offending behaviours. Attachment difficulties can be an early sign of neglect or emotional maltreatment. Disorientated attachment patterns can manifest themselves through behaviours such as repeated unsuccessful attempts to engage with a parent and failing to seek reassurance when upset or distressed.

Children deemed to be in the period known as adolescence are making the transition from childhood into adulthood. In older children, the signs may include behaviours thought to be harmful to themselves or others, anti-social in nature and a disregard of risk with risk taking behaviour. Older children may typically be involved in crime, use drugs and alcohol or exhibit violent behaviour towards others. it is important to recall that an adolescent's tolerance of neglect does not indicate a positive choice to be neglected, nor should it be a reason to engage in blaming the young person. Physical neglect is likely to manifest itself in young people becoming stigmatised and bullied.

The time span during which a child might be deemed an adolescent is hugely variable and professionals should hold in focus the fact that children remain children until they are deemed adult in law, that is when they reach the age of 18. The cumulative impact of childhood neglect during this period is likely to become clearer and consolidate into patterns which will generate poorer outcomes throughout the rest of their lives.

Signs in the home environment e.g. dirty, hazardous environment, personal or environmental odour, poor state of children's bedding, inadequate ventilation or heating, lack of play opportunities, poor supervision, isolation of parents and children from the local community.

It is possible for children across the age range to experience neglect, and therefore no child in a household should be excluded from professional assessment because it is **assumed** that they are too old to suffer neglect or too young to experience their parent's substance misuse. Neglect is insidious – it will have an impact on all children in the household. Some children will be more vulnerable to neglect than others.

Some practitioners may be reluctant to identify neglect in vulnerable children where families have traumatic stories of huge adversity, violence or loss, i.e. disabled children, refugee children. 'Disabled children are more dependent than other children on their parents and carers for their day-to-day personal care; for helping them access services that they need to ensure that their health needs are met; and for ensuring that they are living in a safe environment. The impact of neglect on disabled children is therefore significant. This is not always recognised in time.' (Ofsted thematic inspection August 2012).

In some cases, professionals may inadvertently excuse signs of neglect because other positive factors may be in evidence. For example, the child may appear happy and playful, generally well-nourished and seemingly 'loved' by their parents. The potential impact of poor hygiene and poor physical care including oral hygiene is nevertheless a concern and it is important that professionals hold in focus the experience of the child and how this affects outcomes for them in their school, their community, and upon their development.

Practitioners should ensure that the judgements made about parenting are objective and not based on assumptions about different cultures or communities. For example, disabled children may be at increased risk due to communication difficulties or sympathy for carers affecting professional judgement and perceptions that the needs of a disabled child should be viewed differently from other children. The family and environmental factors identified above are no less relevant for disabled children and therefore professionals working with disabled children should always be prepared to have candid discussions when concerns begin to emerge about the care of a child.

Children particularly vulnerable to neglect are:

- Premature children, or with low birth weight
- Disabled children
- Adolescents
- Runaways
- Children in care
- Asylum seeking and refugee children
- Children from black and ethnic minorities
- Young Carers

Bruising and rough handling in the context of neglect in babies

Marion Brandon in her reviews of Serious Case Reviews has commented that the use of both the concept and the terminology of ‘rough handling’ may mask the risks of physical injury or even death for babies and older children. A view may be formed that these injuries are less serious acts of omission, indicating inconsiderate and careless parenting rather than a potential indicator of underlying serous concerns and injuries. In some Serious Case Reviews, where children have died or been seriously injured, professionals had noted previous insensitive ‘rough handling’ of babies, and parents being verbally aggressive and smacking a toddler, and other inappropriate behaviours that imply physical aggression.

- All bruising in a non-mobile baby should be considered suspicious. There should be an assumption that a referral to Children’s Services will be made and a paediatric assessment undertaken. The decision not to refer should be made in consultation with the agencies supervising senior with a clear explanation of the reasons for this recorded.
- The significance of bruising to older children MUST be interpreted in relation to the child’s age, developmental capability and the care being received.
- A bruise also needs to be considered in relation to the parent’s capacity to supervise in a way that is appropriate to the child’s developmental needs.
- Older babies are more able to bruise themselves through falls and tumbles but where there are pre-existing concerns about neglect and emotional development, for example faltering growth and failure to thrive, workers should be concerned about bruising and consider specialist assessment by a paediatrician rather than a GP.

Assessment and Intervention of Neglect

To successfully assess and intervene in neglect cases, there needs to be a full understanding of all of the factors to understand what prevents adequate parental capacity to respond to a child’s needs. It is important that practitioners do not confuse the ***symptoms*** of neglect with the ***causes*** of neglect, as any interventions must primarily tackle the cause. An example of this might be to focus only on ensuring that the family home is tidy and clean (a symptom) rather than ensuring that the parent or carer receives treatment and support with substance misuse or a mental illness.

Increased risk of neglect and emotional abuse may be more likely in homes where there is domestic abuse; substance misuse; unemployment; mental ill health; an absence or perceived absence of a helpful supportive network; lack of intimate emotional support or poverty. As with all child protection assessments, factors like this should be specifically explored when assessing the child, although their absence does not mean neglect or emotional abuse will not be present.

Supervision Checklist

A study by Gardner (2008) outlined the following elements of basic good practice with neglect.

This could be used as a checklist in supervision and case reviewing and audit:

- A timely response to all expressions of concern regarding neglect.
- An understanding of the child's day-to day experiences – have you asked the parent and child about the impact of their difficulty on daily life?
- Adequate child care must be addressed as the priority.
- Practitioners must engage with the whole family including extended family members.
- Clarity is required on parental responsibility and expectations.
- A full assessment of the child's health and development.
- On-going monitoring for patterns and changes over time.
- Practitioners should avoid assumptions and stereotypes.
- Track families whose details change and keep records updated.
- Regular systematic planning and review of outcomes and service effectiveness including the views of children and family members.
- Address underlying problems in a systematic way; and
- engage in regular independent case audit.
- Can you list the parental behaviours towards the child that you feel could cause harm to the child? How does their illness/behaviour impact on their function and on their responses to their child?
- Can you list the different ways in which you feel the child is being or could be harmed?
- Do you understand the child/care-giver/family history: are there previous incidents or episodes of neglect?
- Are you aware of other adults in this child's life – who does this child mean something to? Have you considered how other adults play a part in the child's life?
- Does the parental behaviour cause the child to take on inappropriate caring roles, either for their parents or carers or for their siblings?
- Have you asked about finances?
- Is their housing appropriate? E.g. wheelchair accessible; not crowded?
- Is there extended family that support the child and immediate family? What links does the family have in the community? Is there an adult who is literate living in the house?
- Does the child or family suffer from any sort of discrimination in the local community or at school?

Noticing the neglected child

Neglected children rarely ask for help on their own behalf. The experience of neglect is likely to erode the capacity to seek help. Children who are neglected may have little experience upon which to gauge what more effective parenting would feel like.

Parents too find it difficult to ask directly for help. Parents who misuse substances often have low self-efficacy. They are likely to be fearful of losing their children or they may be experiencing domestic violence.

Practitioners face barriers to recognising neglect that may include:

- Poor understanding of neglect
- Disguised compliance
- Sympathy for parent
- Misplaced optimism
- Distraction from poor parenting such as a child's diagnosis of ADHD or other disability or behavioural problem.
- Lack of understanding of significance of domestic abuse and non-attendance at appointments
- Poor and inadequate assessments
- Lack of information sharing and multi-agency working

The NSPCC poses some specific questions on neglect:

What you might notice in the main carer-child interaction in infants (less than 12 months old)

The main caregiver may not seem to be tuned in to their child's needs, or sensitive to their child's feelings. They speak little to them, and when they do it is often in the form of orders, with very little positive feedback. They describe their babies as irritating and demanding. Even within the first few days of life, you may observe that the main caregiver fails to engage with their child emotionally during feeds.

What you might notice in the main carer-child interaction among toddlers (1-3 years)

As the child becomes older, it may be obvious that the parent remains unresponsive and uninvolved with their child, or fails to respond to them appropriately (known as 'lacking attunement'). They are often critical of the child, and ignore their child's signals for help. In some instances, they even seem comfortable when their child is struggling to complete a task. When the parents are critical or verbally aggressive, the child shows more anxiety.

What you might notice in the main carer-child interaction among older children (age 3-6)

In this age group, it may be evident that the parents are not engaged in playing with the child, they show little affection and are unlikely to reach out to the child to relieve their distress. The mothers may offer less praise, and show less positive contact.

They speak little to the child, which may contribute to language delay that is evident in emotionally neglected or abused children of this age. Neglectful mothers are more likely to resort to physical punishment than other mothers.

What you might notice in a child age 5-14

Behaviour

The impact on behaviour is often greatest when neglect starts early in a child's life, or if the child is both neglected and emotionally abused. They may present as aggressive and hostile, for example, the child may be prone to angry outbursts or lashing out towards others. They may be more impulsive than other children, and may show features seen in Attention Deficit Hyperactivity Disorder (ADHD), for example, poor concentration or impulsive behaviour. Neglected children specifically, may be particularly quiet or withdrawn. Blame can be put on the disorder and not on the parenting of the child.

Relationships with other children

Neglected children may have difficulty with friendships and have more problems socialising, than other children do. They may describe another child as their 'best friend' but the other child does not reciprocate this. The child may have few friends, and be perceived by other children as more likely to be aggressive or disruptive.

Emotional or self-perception issues

Neglected children may have little self-confidence, and the more severe neglect they experience, the lower their self- esteem. They are more likely than their classmates to experience symptoms of depression. They have difficulty interpreting emotions, such as anger or sadness. They may also experience more mood swings than would be expected for their age, or show levels of affection towards others, which are inappropriate for the situation. Neglected children may see themselves as being worthless to others. They often believe that what happens is beyond their control, which leads to anxiety and helplessness to do anything to improve their situation. Many of these children give up on tasks before they have even started, because they simply do not see the point in trying.

They have fewer effective coping skills than other children. When they become upset they are less likely to distract themselves through play, or talk it over with someone else. They may become angry, or restrict their emotional displays. Some children may think about, plan or attempt suicide.

School performance

Neglected children often have more difficulty than their classmates carrying out complex tasks, particularly when they are required to understand and follow instructions that involve visual and motor integration; this was tested by asking the children to trace geometric shapes of increasing difficulty against the clock. They are likely to have a lower IQ than their classmates, although results or numeracy assessments varied across studies. Despite poor performance in some areas, neglected children may be better at problem solving, planning and abstract thinking than other children.

Relationships with parents

One study of neglected children showed that:

Living in the family can be lonely for both parent and child because there is little exchange of information, and there may be a lack of emotional warmth between them.

Some parents are more negative in comparison to non-neglecting parents. The parents may make more demands of their children, and are unlikely to respond to requests from their children for support. Neglected children come to expect less support from their mothers, in comparison to non-neglected children.

Full details of the studies from which these points are drawn are detailed at:
core-info.cardiff.ac.uk

Brandon et al (2008) identify common factors amongst mothers in their study of Serious Case Reviews where neglect was a feature. These include a history of neglect in their own childhood by caregivers with possible mental or physical ill health (therefore having an attachment disorder).

- Time in care, frequent house moves.
- Concerns about sexual abuse.
- Leaving home in teens.
- Multiple pregnancies.
- Mental health issues.
- Alcohol and substance misuse.
- Strong ambivalence to helping agencies; and a sense of ‘survival’ without support.
- Fathers, where a history was available, shared these factors. Additionally, there was evidence of criminality.
- Where males in the house were not necessarily the father of the children there was sometimes ambivalence and hostility to helping agencies.

The NSPCC suggests that the neglect of disabled children has been invisible.

The heightened vulnerability to neglect of disabled children was measured and found to be 3.8 times more likely to be neglected (Sullivan & Knutson 2000), for many reasons including stretching the family’s capacity to be able to care; not being able to communicate their needs (Bovarnick: NSPCC 2007); and in part due to traits the child brings to the relationship with the parent (Howe 2005).

Kennedy and Wonnacott (2005) emphasise the importance of addressing ‘disabling barriers’ including discrimination; lack of service provision; pity for carers affecting judgement; and the perception that a disabled child is somehow worth less.

Brandon et al (2008), in their review of Serious Cases warn of the **‘start again syndrome’**, where practitioners, overwhelmed by the complexity of the family, put aside knowledge of the past and focus on the present, supporting parents to make a fresh start. **Any new or re-assessment of a family must take into account the family’s history in order to make sense of the present**.

Stevenson (2007) says there are six pre-requisites for a good enough assessment of parenting:

- Knowledge of evidence on specific effects of parental issues on care-giving e.g. substance misuse, learning disability.
- Ongoing regular re-appraisal of the situation.
- A realistic picture about the parents' will to change.
- Realistic expectations of what is 'good enough' parenting.
- Identification of individual needs.
- Impact of poverty as an integral part of the assessment, not just a 'context' but as a daily stressor.

A Research in Practice briefing on Understanding and Working with Neglect (2005) highlights the following principles for best practice in assessing neglect:

- Pro-active assessment – don't wait for the accident/incident.
- Addressing the causes, not the symptoms.
- Using an ecological framework.
- Multi-disciplinary assessment – and access to research.
- Understanding families' histories and patterns of interaction.
- Matching interventions to identified needs.
- Appropriate timescales for intervention and change.
- Work with parents; and
- Work with children within a resilience framework.

References and Research

Child neglect: policy, response and developments in England

Julie Taylor1, Marian Brandon2, Dawn Hodson3 and Alice Haynes3

1 University of Birmingham and Birmingham Children's Hospital NHS Foundation Trust

2 Centre for Research on Children and Families, University of East Anglia

3 National Society for the Prevention of Cruelty to Children (NSPCC), London
Research, Policy and Planning (2016) **32**(1), 39-51

Despite headline reactions to child sexual exploitation and abuse or murdered children, child neglect continues to be one of our most pervasive and intractable child protection problems. It is the main reason why children's social care services become involved with families. Moreover, it has the largest impact on future outcomes for both children and society. In England, the child protection system has evolved largely in response to high profile child protection inquiries, but remains vague on what it considers to be its cornerstone: professional judgement about when a threshold for intervention is reached and at what level. Current austerity measures and funding cuts exacerbate the problem. Nonetheless there are a number of promising initiatives and models that highlight what can be done to help neglected children and families and an emerging evidence base that illuminates those areas where most ground can be gained. The role of place and community in neglect is increasingly being seen as the new frontier for intervention. Sustained involvement with families over the long term, interpersonal supportive yet firm interactions that keep children central are costly to deliver and are not crowd-pleasers. Nonetheless such programmes are key in making a difference for neglected children.

Core-Info: emotional neglect and emotional abuse in pre-school children.

Cardiff University, Department of Child Health and NSPCC [London]: NSPCC, 2012

Leaflet summarising what is known about emotionally neglected or emotionally abused children aged under 6 years. Based on a systematic review of research, the leaflet outlines the signs to look out for in mother-child interactions and in the child's behaviour. Also sets out practice issues professionals should consider. **core-info.cardiff.ac.uk**

Neglect matters: a guide for young people about neglect. [London]: NSPCC, [2010]

A guide for young people aged 11-17 years explaining what neglect is, how to recognise it, who can help and what you can do about it. A summary of how research and advisory groups of young people were used to develop this guide is also available: Neglect matters: the story of the guide (2010).

Ten top tips for identifying neglect. Beesley, Pat British Association for Adoption and Fostering (BAAF) London: British Association for Adoption and Fostering (BAAF), 2011

Provides guidance on identifying, evidencing and responding to neglect. Chapters cover understanding why parents neglect their children; lessons to be learned from serious case reviews; the impact of neglect on children; and how best to intervene. Aimed at social care practitioners and others working with children and families needing a quick reference guide.

Adolescent neglect: research, policy and practice.
Rees, Gwyther, and Stein, Mike, and Hicks, Leslie, and Gorin, Sarah London: Jessica Kingsley, 2011

Discusses the neglect of young people (11-17-year olds). Outlines how adolescent neglect differs from child neglect, the context of why it is overlooked, how it is defined, the causes and consequences of neglect, young people's views, and what professionals can do. Based on original research, this book establishes an evidence base and considers implications for policy and practice. Reflection points included throughout. Suitable for practitioners working with young people, particularly those in social work, health services and education, policymakers and students.

Recognizing and helping the neglected child: evidence-based practice for assessment and intervention. Daniel, Brigid, and Taylor, Julie, and Scott, Jane, and Derbyshire, David, and Neilson, Deanna London: Jessica Kingsley, 2011

Explores key issues around child neglect including: how neglect can be recognised, signs that parents need help, and signs that a child's needs are not being met. Covers how practitioners should respond, including assessment, planning and appropriate interventions. Also considers the prevention of child neglect, proposing a public health approach. Based on evidence gathered from a Department of Health and Department of Children, Schools and Families (now DfE) funded literature review. Includes practical case studies throughout and makes recommendations for policy and practice. Foreword by Enid Hendry of the NSPCC.

Neglect matters: a multi-agency guide for professionals working together on behalf of teenagers. Hicks, Leslie, and Stein, Mike Nottingham: Department for Children, Schools and Families (DCSF), 2010

Guide for professionals to improve understanding of what adolescent neglect is and to offer suggestions for ways of improving multi-agency practice. Covers assessment, prevention and intervention and provides signposts to good practice. Answers the questions: what is adolescent neglect? what are the causes and consequences? whose business is adolescent neglect? what can I do about it? what practitioners need to know and do? Based on material gathered during research. Based on a review of research (Stein et al., 2009).

Child neglect: identification and assessment. Horwath, Jan Basingstoke: Palgrave Macmillan, 2007

Aimed at practitioners and managers working to safeguard and promote the welfare of neglected children, this book is designed to help with the identification and assessment of child neglect. It highlights the relevant personal, professional and organisational factors and explores how current practice can be improved. Divided into the following four sections: 1) Defining child neglect: what it is and what it does to children. 2) Assessing the care-giver and the care-giving context. 3) Referral and assessment: practice reality. 4) Moving practice forward - which includes the assessment challenges and best practice, and developing practitioner and organisational capacity.

Neglected children and their families. 2nd ed. Stevenson, Olive Oxford: Blackwell Publishing, 2007

Provides guidance for assessment and intervention in child neglect for all those studying in childcare, including social workers, health visitors and child nurses. Begins by defining and understanding the problem and considers the family context such as poverty, social exclusion, community support, and ethnic and cultural factors. Chapter three focuses on

parents and issues such as substance abuse, depression and learning disability. Chapter four considers the effects of serious and chronic neglect, including the implications for the development of delinquent behaviour, the concept of resilience, and attachment. Also contains chapters on working together and modes of intervention.

Child neglect: practice issues for health and social care. Taylor, Julie ed., and Daniel, Brigid ed. London: Jessica Kingsley, 2005

Addresses issues surrounding child neglect, including recognition, effective prevention, economic, cultural and social factors, and appropriate interventions. Includes chapters on the use of the Graded Care Profile in assessing neglect; emotional child neglect; lessons from serious case reviews; neglect of disabled children; failure to thrive; parental substance misuse; the role of mothers and fathers in child neglect cases; attachment and neglect; and working together in neglect cases. Aimed at practitioners, academics, and policy makers, draws on research and practice knowledge, and sets out the implications for social work and health practice and policies.

Allnock, D. (2016) What is the relationship between neglect and adult-perpetrated intra-familial abuse? An evidence scope.

Barnsley Metropolitan Borough Council (2013) *Barnsley Assessment Framework supporting the assessment of children and young people.*

Beckett, C (2003) Child Protection: An Introduction. Sage London

Brandon, M., Bailey, S., Belderson, P., Larsson, B. (2013) Neglect and serious case reviews. London: NSPCC.

Brandon, M; Belderson, P; Warren, C; Howe; D; Gardner; R; Dodsworth; J; Black; J (2008) ‘Analysing child deaths and serious injury through abuse and neglect: what can we learn? DfES, London

Cawson, P; Wattam C; Brooker S; Kelly, G (2000) ‘Child Maltreatment in the United Kingdom: A Study of the Prevalence of Abuse and Neglect’ NSPCC, London

Care Quality Commission (2016) ‘Not Seen, Not Heard’ Care Quality Commission, London

Daniel, B and Taylor, J eds. (2005) ‘Child Neglect: Practice Issues for Health and Social Care’, Jessica Kingsley, London – containing chapters by Buckley, Gough, MacDonald; Turney; Minty; Kennedy and DePanfilis

Department of Health, Department for Education and Skills (2007). Good practice guidance on working with parents with a learning disability. London: DoH

Dubovitz, H eds. (1999) ‘Neglected children; Research, Practice and Policy’ Sage London – including articles by Crittenden (1999)

Gardner, R (2008) ‘Developing an effective response to neglect and emotional harm to children’ UEA and NSPCC – can be found on NSPCC website.

Hackett, S. (2016) Neglect and harmful sexual behaviours in children and young people: an evidence scope.

Hanson, E; Flood and Holmes eds. (2016) Exploring the relationship between neglect and child sexual exploitation: Evidence Scope 1. Research in Practice: Dartington

Hayes A, Cuthbert C, Gardner R, Telford P and Hodson D (2015). Thriving Communities – A framework for preventing and intervening early in child neglect NSPCC

Horwath, J (2007), ‘Child Neglect: Identification and Assessment’ Palgrave MacMillan, Basingstoke

Howe, D (2005) ‘Child Abuse and Neglect’ Palgrave MacMillan, Basingstoke

Howe, D; Brandon, M; Hinings, D and Schofield, G. (1999) ‘Attachment Theory, Child Maltreatment and Family Support.’ Macmillan Press

Iwaniec, D (1995) ‘The Emotionally Abused and Neglected Child: identification, Assessment and Intervention’ John Wiley and Sons, Chichester

Miller D and Brown J (2014) We have the right to be safe’: Protecting disabled children from abuse. NSPCC

MacDonald, G (2001) Effective Intervention for Child Abuse and Neglect. Wiley London

Prior, V and Glaser, D (2006) ‘Understanding Attachment and Attachment Disorders’ Jessica Kingsley, London Reder P Research in Practice (2016) Child neglect and its relationship to other forms of harm: responding effectively to children's needs: executive summary.

Stevenson, O. (1998) ‘Neglected Children and Their Families’ (2nd Edition recommended 2007). Blackwell Publishing, Oxford

Thoburn, J; Wildong J and Watson J (1990) ‘Family Support in cases of emotional maltreatment and neglect’ The Stationary Office London.

AS/LSCB - 2016