



# **CHILD NEGLECT**

## ***Practice Guidance***

L S C B



**LOCAL SAFEGUARDING CHILDREN  
BOARD**

***SWINDON***

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# 1. Introduction

The Policy and Procedures Sub Group of Swindon Local Safeguarding Children Board has identified, following both local and national Serious Case Reviews, the need to introduce practice guidance for all agencies and their staff.

In 1991, 13% of children on national child protection registers were registered under the sole category of neglect. For the year 2005/2006 (DfES), this figure had risen to 43%. Neglect is often complex and hard to define and will vary by type, severity, and chronicity, making it difficult for staff to manage.

The 'neglect alone' category of Swindon children subject to a child protection plan currently accounts for 58% of the total number of children subject to a plan (Dec 2008).

Professional uncertainty regarding thresholds and criteria and what constitutes significant harm and neglect can lead to a difference of opinion and professional optimism in relation to 'good enough care'.

## 2. Defining Child Neglect

**“Neglect is 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)
- 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 (2006)*)

**A simple and helpful way to view neglect is to consider the needs of children and whether or not their parents or carers are consistently meeting the needs identified in the “Working Together” statement, if not, then neglect may very well be an issue.**

Neglect is often more than a child being persistently hungry or dirty and practitioners must focus upon the range of needs that children have when considering this question.

The Framework for the Assessment of Children in Need and their Families (2000, Chapter 2), identifies several dimensions these being the “Child’s Developmental Needs”, “Parenting Capacity” and “Family and Environmental Factors”. All intrinsically linked to the overall wellbeing and needs of children, and must be used when reviewing or assessing their needs.

Gaudin (1999) says neglect is notoriously difficult to define as there are no cross cultural standards for desirable or minimally adequate child rearing practices.

There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities. Depression, Domestic Violence, Substance Misuse and poverty are amongst the main factors linked to neglect.

(A Biennial Analysis of Serious Case Reviews 2003-2005, Brandon et al)

The National Society for Prevention of Cruelty to Children (NSPCC) 2007 have identified that some children are particularly vulnerable to neglect. At risk groups include children born prematurely, children with disabilities, adolescents, children in care, asylum seeking children, children from black, ethnic minorities and runaways.

It is important to remember that the recognition of unmet needs may not in itself indicate neglectful parenting, rather it may point towards the need for intervention and this calls for a joined up interagency approach.

When considering neglect, remember the following:

- **Neglect is a *passive* form of abuse, as it is largely due to omissions rather than parental actions or commissions.**  
(Knutson et al 2004)
- **Its presentation as a “chronic condition” requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern**
- **Child Neglect can cause serious harm and death.**

Identification, assessment and effective interventions in child neglect cases are crucial for safeguarding children.

This practice guidance is aimed at developing an understanding that neglect is an “*MULTI-FACTORIAL*” issue; reinforcing the need for practitioners to take an holistic and multi-agency approach to identification, assessment and intervention.

### 3. Child Neglect and Significant Harm

In order to evidence that concerns relating to child neglect require a child protection response, it is necessary for professionals to always think of neglect in the context of actual or likely significant harm.

*Working Together to Safeguard Children (2006)* is clear that there are no absolute criteria upon which professionals can rely when judging what constitutes significant harm.

Therefore, there are no specific criteria that will explain exactly where the threshold for child protection intervention will begin or end. The point at which this threshold is crossed depends upon a number of factors and will be largely reliant upon professional judgement and the completion of an accurate and effective assessment.

**Neglect that constitutes significant harm will usually be characterised by a compilation of events. A “snapshot” view of the child will never be sufficient.** Addressing the causes and not the symptoms through assessment of the specific circumstances is always necessary to establish the difficulties that underpin the neglect. Chronologies and genograms from the various agencies involved with the family are important; both past and present circumstances need to be considered as neglect often spans generations.

## 4. Identifying Child Neglect

Before embarking upon any intervention, professionals should familiarise themselves with a number of key practice issues that must always be considered when addressing concerns of neglect. Recognising the influence and importance of these concepts will focus the assessment and guide professionals towards an appropriate response:

### 4.1 Focus on the Child

Professionals working with children will spend a large amount of their time interacting with adults in order to affect a positive change in parenting capacity. This is necessary and reflects good practice when working and intervening with families.

However, contact with parents or carers must not be at the expense of losing focus on why the professional is actually there – **the child**.

Parents that neglect their child are often emotionally and materially deprived and they may attempt to use professionals to meet their own needs. In such circumstances it can be easy to lose focus on the child.

Supervision, consultation and maintaining multi-agency networks are all essential to maintaining a child focused perspective.

Hobbs, Hanks and Wynne (1993) identify a loss of focus on the child with too much attention being paid to the needs of the adults, particularly mothers.

### 4.2 Sharing Information – Working Together

Given the nature of neglect as “multi-factorial” and the usual absence of a precipitating critical incident, it will be unlikely, except in cases of chronic neglect, that the neglected child will be immediately recognised by a single agency working in isolation from other professionals.

Different organisations will hold different information that when brought together will enable professionals to consider concerns of neglect more fully in terms of significant harm. It is imperative that all agencies and professionals ensure a solid commitment to the process of information sharing, recognising that this will be paramount to the effectiveness of protecting children and assessing and providing for need.

Whilst acknowledging that professionals can only work together to safeguard children if there is a relevant exchange of information, due regard must be given at all times to:

The Common Law Duty of Confidence, “The Data Protection Act 1998” and “The European Convention on Human Rights (Article 8)”. (See *Working Together, 2006*)

**Local agencies should refer to the Swindon LSCB Sharing Information Protocol on the sharing of information or seek appropriate legal advice if in any doubt.**

### 4.3 The Rule of Optimism (Dingwall et al 1983)

For a variety of reasons, professionals can often think the best of families with whom they work. This can lead to a lack of objectivity and focus on the child, minimising concerns, failing to see patterns of abuse and generally not believing or wanting to believe that risk factors are high.

The full extent of neglect will only be identified after a thorough assessment of the family. If during this process, optimism replaces objectivity, the risk to the child will be heightened as the protective professional network “relaxes”.

One factor that possibly prevents professionals recognising and intervening in cases of neglect has been the assumption that children will not die. This **CAN** and unfortunately **DOES** happen.

Professionals must be alert to the possibility of such grave consequences, particularly where babies or toddlers are concerned.

#### 4.4 Ethnicity & Culture

##### **Working Together (2006) says:**

Children from all cultures are subject to abuse and neglect. All children have a right to grow up safe from harm. In order to make sensitive and informed professional judgements about a child's needs, and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child-rearing patterns that vary across different racial, ethnic and cultural groups. **At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons.**

It is important that professionals are sensitive to different family patterns and lifestyles and to child rearing patterns that vary across different ethnic and cultural groups.

Professionals, however, should guard against myths and stereotypes.

The assessment of neglect should always maintain focus on the needs of the individual child, with the family's strengths and weaknesses being understood in the context of their wider social environment. Consideration should always be given to the way religious beliefs and cultural traditions influence values, attitudes and behaviour and how they structure and organise family and community life.

These factors will neither explain nor justify acts which place a child at risk of significant harm through neglect, but are vital to the determination of whether significant harm is an issue or not. Professionals should guard against myths and stereotypes when assessing Black or minority ethnic families.

#### 4.5 The Impact of Values and Difference

Neglect, more than other forms of abuse, is open to significant degrees of interpretation. This interpretation will undoubtedly vary amongst professionals who will differ in opinion about whether certain circumstances are neglectful or not.

For example, a family's home conditions may be assessed as neglectful by one practitioner and "good enough" by another.

Differences in opinion are to be expected and do not necessarily impinge on the assessment of neglect, rather they can and should encourage further exploration to justify significant harm or not. Professionals must always bear in mind that values, ideologies and theories have the potential to influence observable facts. Staff must ensure that such issues do not confuse or cloud the necessary objective view of the situation in terms of significant harm.

Professionals must be explicit when describing concerns of neglect. Separating fact from opinion is vital and backing up opinion with evidence from research and/or professional knowledge and experience is required.

#### 4.6 Low Warmth / High Criticism

Messages from Research (DOH, 1995), highlights the concept of "**low warmth / high criticism**" environments as those which are most damaging to children.

Within cases of neglect this concept can be particularly useful to practitioners when considering both the child's needs and the parental / carer response to these. Professionals will need to distinguish between those families who are needy and those who are neglectful.

**Low warmth / high criticism** as a concept can assist workers in evaluating the child's circumstances through a focus upon whether the child is cared for within a loving and nurturing environment or one in which they are undervalued and seen as "a burden" to the carers. The latter will, of course, raise the level of concern and contribute to the assessment of risk. Professionals need to guard against making assumptions and assessing certain parenting styles as being indicative of low warmth environments. Parental – child interactions can differ across cultures, with parents taking different roles and responsibilities with their children. The fact that a parent is not observed as being tactile or particularly involved in the practical upbringing of their child does not in itself suggest the child's environment is abusive.

#### **4.7 Drift of Cases**

The drift of cases can be caused by a variety of different reasons with both individual practitioners and professional systems getting into drift. Drift can be identified as a loss of interest and/or purpose in a particular piece of work. The threat of such drift is that there will be insufficient professional contact with the child and family to ensure that the child's welfare is being safeguarded and promoted.

The ongoing exposure of the child to significantly harmful circumstances and the absence of professional support and monitoring substantially increase the level of risk to the child concerned.

Frequent supervision together with ongoing inter-agency consultation must be maintained to ensure children do not "slip through the net" and that levels of risk are regularly reviewed.

Neglect cases are often long term and it is important to maintain focus on the child and their needs throughout intervention.

## **5. Factors Associated with Child Neglect**

During any professional contact with a child, consideration should always be given to the presence of the following factors that may indicate neglect is an issue. Where neglect is suspected, the list can be used as a tool to help assess if the child is exposed to an elevated level of risk. This list is not exhaustive or listed in order of importance.

### **5.1 Basic needs of the child are not adequately met**

The basic needs of any child include adequate physical and emotional care. Examples include food, shelter, clothing, warmth, safety, protection, nurturing, medical care, school attendance and identity. The failure or unwillingness of a parent or carer to provide adequate care will contribute towards the overall assessment of significant harm and should be considered as an elevating risk factor.

However, the fact that the child has unmet needs does not in itself explicitly conclude significant harm and this must be assessed in line with other related information obtained through the assessment process.

### **5.2 Poverty**

A major factor associated with neglect is that of poverty. Although the majority of families living "in poverty" parent their children perfectly well given their available resources, the stresses of living in such circumstances can, on occasions, result in the neglect of children.

It is often difficult for professionals to distinguish between indicators of early neglect and those of poverty and this can present dilemmas when considering if a child protection response is required or not.

It is more likely that neglect caused through financial poverty will be alleviated through the provision of support, finance and intervention; although caution must be taken not to automatically dismiss significant harm as an issue. Those children at most risk of neglect are those whose parents or carers emotional impoverishment is so great that they do not understand the needs of their children and despite intervention, are unable to provide for their children's continued needs.

Other factors will always need assessing alongside the issue of poverty to determine the level of neglect and the impact of poverty itself on the child's situation.

### **5.3 Substance Misuse**

Certain parental behaviours will be associated with elevating the risk of child neglect. Substance misuse is one of them. Children can be seriously neglected if substance use is chaotic, with the needs of the parents' addiction overriding their ability or willingness to meet the basic needs of their children.

Hidden Harm (2003) identified parental substance misuse as causing serious harm to children at every age from conception to adulthood.

Whenever substance misuse is identified as a concern, a thorough assessment of the impact upon parenting and potential implications for the child must be completed. Involvement of both adult addiction services and 'U' Turn (Children and Young People drug service) is important.

#### 5.4 Dysfunctional parent-child relationship

A child has a basic need for stability, with simple and consistent boundaries in which they can develop.

This stability also needs to be present in the child's relationship with their main carer(s). Absence of such stability can lead to difficulties in attachment.

Where parenting is 'good enough' with sufficient warmth, sensitivity, and responsiveness, children can feel confident in their parent(s) and secure about themselves and such 'securely attached' and then more able to develop socially, emotionally and cognitively where this does not happen children are vulnerable to attachment disorders.

Children need opportunities to take age appropriate responsibility and routines will help children develop security.

Hostile physical contact, hostile eye contact, hostile verbal contact, ignoring, avoiding and rejection of the child are all indicators suggesting a dysfunctional parent/carer-child relationship.

**The following behaviours may be indicative:**

<u>CHILD</u>	<u>PARENT</u>
Little or no distress when separated	Avoiding physical contact with the child
Avoiding contact with parent	
Emotional arousal inappropriate to the situation	Unpredictable/inconsistent in response to the child's needs
Distress in parents presence	
Inappropriate behaviour	Frightening behaviour by the parent.
<ul style="list-style-type: none"><li>• Rocking, thumb sucking, and hair pulling</li><li>• Frozen watchfulness</li><li>• Moving away from parent when under stress</li></ul>	<ul style="list-style-type: none"><li>- uncontrolled outburst of rage</li><li>- dissociated behaviour</li></ul>

Identification of poor or inappropriate interaction between the parent or carer and the child should heighten concerns for professionals when considering neglect.

#### 5.5 Lack of Affection

Refusal or failure by a parent or carer to show appropriate affection towards their child can be profound.

The absence of a loving and nurturing environment or the making of regular threats, taunts and verbal attacks can all significantly undermine a child's confidence and self-esteem. The resulting

effects and the long-term consequences for the child can be significant in terms of both their physical and emotional development.

Evidence of this behaviour by the parent or carer should be considered as an elevating risk factor. Care must be taken not to assess certain parental – child relationships as abusive. For example, a loving and nurturing environment does not equate with how many cuddles and kisses a child receives. Many cultures and associated child rearing patterns do not overtly demonstrate such affection towards children, although this in itself does not indicate they are being neglected in terms of significant harm.

### **5.6 Lack of Attention and Stimulation**

Children require positive attention from their parents or carers – this assists in their maturation and provides them with a sense of value and identity within their families. Children also require adequate stimulation and should be encouraged to learn, experience and explore.

Intentional or unintentional neglect of attention and stimulation can affect the child through their attachments with their parents or carers and their opportunities to develop emotionally, socially, intellectually and behaviourally and encounter positive life experiences. As above, guard against assumptions that certain cultural parenting styles suggest abuse through neglect.

Babies and Toddlers depend almost exclusively on their parents for nurture and protection.

### **5.7 Mental Health Difficulties**

The experience of a mental health difficulty by a parent or carer should not in itself lead any practitioner to assume an impaired ability to provide “good enough” parenting.

However, it is acknowledged that mental health difficulties can significantly impact upon parenting capacity depending on the type of mental illness and individual circumstances. As such, they should be considered as a possible contributory factor to neglect when identified.

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistency in parenting.
- Delusional beliefs about a child, or being shared with that child, to the extent that the child’s development and/or health are compromised.
- Extreme anxiety states in an adult leading them to limit or curtail their child’s developmentally appropriate activities.

Specialist advice as to the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner.

**NB Refer to local guidance ‘See the adult, See the child’ (2009).**

### **5.8 Learning Difficulties**

Identified or suspected learning difficulties of parents or carers do not necessarily indicate that parenting capacity is affected to a degree whereby professionals need to be involved on a child protection level.

However, any difficulties must be considered within any assessment as their potential impact upon the ability of the parents or carers to meet their child’s needs may be significant. This may be in relation to understanding their health needs, particularly if the child has a medical need, to the ability of not meeting their child’s educational needs e.g. homework.

If identified, practitioners must not seek to minimise the effects or likely effects upon the child through justifying neglectful actions as unintentional. The risk to the child is the same.

**NB Refer to local guidance ‘See the adult, See the child’.**

### **5.9 Low Maternal Self-esteem**

This has been identified within research as a risk factor associated with child neglect. Low maternal self-esteem impacts upon the “normal” parent-child interactions, which if affected significantly, can lead towards emotional and/or physical neglect.

(Schumacher, Slep & Heyman, 1998)

#### **5.10 Domestic Violence – Chronic unresolved relationship disputes between adults**

Children may be harmed by violence, even when they are not directly assaulted. Growing up in violent and threatening environments can significantly impair the health and development of children as well as exposing them to an ongoing risk of indirect physical harm.

Chronic, unresolved disputes between adults, whether these involve violence or not, may indicate that some of the child’s needs are being persistently unmet and hence neglect may be an issue.

Professionals need to remain alert to the indicators of neglect whenever domestic violence is raised as an issue. Carefully explore and assess the circumstances and if violence is re-currant, think of the likely consequences for the child in terms of their development and well-being.

**NB Refer to the L.S.C.B. Protocol 5, Children who experience domestic violence.**

#### **5.11 Age of parent or carer – level of maturity & degree of support**

The risk of child neglect can be associated with the age of the mother at the time of the child’s birth. Generally, this risk is increased for younger, teenage mothers.

Furthermore, the levels of risk to the child will be exacerbated should the level of maturity of the parent or carer be low. The degree of maturity exhibited by a parent or carer will reflect in apathy and impulsivity and will affect their ability to respond to their child’s needs accordingly.

Professionals should be aware of the support network for the child via other relatives or friends and actively assess their involvement with the child. If the network is assessed as limited, the potential for an increased risk of neglect will be apparent.

#### **5.12 Negative childhood experiences of parents or carers**

Children who suffer neglect become more detached and can lack empathy towards others. Such consequences will affect their capacity as parents to meet the needs of their children and leads to an increased risk of neglect resulting.

*“The children at greatest risk are those where the adult’s own childhood was abusive and neglectful, resulting either in an inability to recognise the needs of their own children or the development of a need to impose their will at the expense of their own children” ( Bridge Report into the death of Paul (1995) p4) (Child Abuse Christina Lyon Third Edition).*

#### **5.13 History of Parenting**

A significant factor associated with the neglect or the risk of neglect of a child is the known and/or assessed history of parenting. Previous abuse and/or neglect of a child, which has not been addressed successfully within any related treatment package, will heighten the risk of future neglect. Professionals should undertake thorough assessments of parenting history, including a “profile” of the parent or carer. When a “non-abusing” partner is present, assessments must include a focus on their ability to protect and meet the needs of the child.

#### **5.14 Placing dangerous or damaging expectations upon children**

Parents or carers placing significantly unreal and potentially damaging or dangerous expectations upon their children can also be a factor associated with child neglect.

Children who are not allowed or restricted in undertaking age appropriate activities on a regular basis, or who take on the adult’s responsibility in the household through providing care for themselves, younger siblings or the parents/carers themselves, may very well suffer from impaired “normal” development.

There could also be the associated risk of children being exposed to danger through being left in a position to provide such care by themselves.

Again, in isolation this factor may not suggest significant harm in itself, rather it may reflect a need for support and services dependant on the situation. The test of significant harm will relate to the persistent nature of such parental behaviour and the evidenced impact or likely impact of this upon the child's development.

### **5.15 “Home Alone” / Inappropriate Supervision**

It is important for professionals to consider the consequences or likely consequences for the child in being left alone or inappropriately supervised. Are the child's needs for safety, protection or nurture compromised?

Generally, the level of risk will increase the younger the child or supervisor. However, as there is no specific age limit that clearly defines when a child can be left alone or indeed, be responsible for supervising another, the assessment of risk will focus on significant harm in each situation and should include the additional factors highlighted within this guidance.

Professionals should remember that discovering a child “home alone” does not in itself indicate a risk of continuing significant harm and each situation requires thorough exploration. As a rule, ensure that you consider the following together with the main areas highlighted within the *Significant Harm* section.

- The child's / supervisor's age & level of maturity.
- The length of time the parent / carer was absent and their explanation.
- Who has/had access to the house when home alone / inappropriately supervised.
- The family's ethnicity / culture & child rearing patterns (i.e. is leaving a child on their own usual practice in the family's country of origin?)
- Whether this has happened before?

Professionals will also need to be alert to children presenting frequently at A & E Departments for injuries that have resulted from accidents caused through poor / inappropriate supervision.

### **5.16 Failure to seek necessary medical attention**

Failure by a parent or carer to seek medical attention for a child can, in certain circumstances, be considered neglectful. Repeated failure to attend to a child's medical needs such as vision and hearing tests and the refusal by parents to allow necessary medical treatment for their child are examples.

When considering the potential for such actions to cause significant harm, a thorough medical opinion must be obtained. Indeed, it is not good enough to simply suggest a risk because a parent has refused to take their child to a Doctor. A medical view must be obtained (**in writing**) justifying why the parental actions (or lack of them) are considered so dangerous and significantly harmful to the child concerned.

**This medical view should be explicit in explaining the actual or likely consequences should the child not receive the assessed medical intervention.**

Professionals will need to further assess whether routine medical examinations / immunisations have been pursued as this will give an indication of the capacity or willingness of the parents to meet these particular areas of need for their child.

## 6. Risk Indicators of Child Neglect

The following indicators are factors that professionals should be alert to when focusing specifically on the developmental needs of the child (physical, emotional, behavioural, social and intellectual). Any developmental indicators should be considered alongside other risk factors to form a wider view of the child's overall circumstances. The recognition and prompt response to such indicators is crucial if the neglected child is to be protected.

The longer a child is exposed to neglect, the more difficult it will become to influence positive outcomes for that child.

Signs and symptoms of abuse and neglect must always be viewed in context, and conclusions must not be made without a thorough assessment of the child's individual circumstances.

Risk factors must always be considered alongside any identified strengths that may ameliorate concern and lessen the overall exposure to significant harm or the likelihood of this.

### 6.1 The Age of the Child

**It is vital that the child's age is actively considered when assessing indicators of risk. Babies and toddlers depend almost exclusively on their parents or carers for the provision of their basic physical and emotional needs. Generally, the younger the child, the greater the vulnerability and the more serious the potential risk will be in terms of either their immediate health or the longer-term emotional or physical consequences.**

Babies who are not fed cannot compensate by eating at school, and, babies who are not cleaned do not have the capacity to do this for themselves.

The importance of safe and effective action cannot be emphasised enough when considering risks to babies and toddlers. When assessing neglect, maintain the focus on the child's age and the specific needs that relate to that child's age group.

Whenever possible, speak with the child to gain their views. Ensure this is done in their first language.

### 6.2 Physical Indicators

The following physical indicators of neglect are examples that primarily relate to the basic physical care that is afforded to a child, although it must be remembered that physical symptoms can also result from emotional neglect. **Paediatric medical opinion** will always need to confirm the presence of such indicators and their relevance and relationship to neglectful parenting.

Inadequate warmth/ shelter	Inadequate food / rest / inappropriate diet	Inadequate hygiene / physical care
<ul style="list-style-type: none"> <li>• Cold injury</li> <li>• Hypothermia</li> <li>• Pneumonia</li> <li>• Red, swollen, Cold hands &amp; feet</li> <li>• Recurring chest infections</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormally large appetite (at school or nursery)</li> <li>• Diarrhoea caused by poor or inadequate diet</li> <li>• General physical immobility or lethargy</li> <li>• Height &amp; weight below the 2nd centile – or levelling off / declining</li> <li>• Impaired brain growth</li> <li>• Lack of response to stimuli or contact</li> <li>• Malnutrition</li> <li>• Poor skin condition, particularly in</li> </ul>	<ul style="list-style-type: none"> <li>• Alopecia</li> <li>• Clothing Inappropriate for the time of year / inadequate / dirty</li> <li>• Dirty / smelly</li> <li>• Dry, thin hair</li> <li>• Nappy Rash</li> <li>• Repeated episodes of gastro- enteritis</li> </ul>

	<p>the nappy area of younger children</p> <ul style="list-style-type: none"> <li>• Rickets</li> <li>• Stunted growth / protruding abdomen</li> <li>• Vitamin deficiencies</li> </ul>	<ul style="list-style-type: none"> <li>• Skin infections</li> </ul>
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### 6.3 Emotional, Social, Intellectual and Behavioural Indicators

Professionals should be alert to the following developmental and behavioural indicators of neglect. Any observations concerning a child's development or behaviour must be accurately recorded and justified in terms of evidence (i.e. what makes you believe the child has low self esteem? – what behaviours suggest the child is anxious / withdrawn?)

- ❑ **Low self esteem and poor confidence**
- ❑ **Anxiety**
- ❑ **Ostracised at school**
- ❑ **Child is withdrawn**
- ❑ **Child is distressed in the parent's presence**
- ❑ **"Frozen Watchfulness"**
- ❑ **Rocking**
- ❑ **Child moves away from parent / carer when under stress**
- ❑ **Little or no distress when child is separated from their main carer.** (Guard against this indicator when considering cultures and individual families that do not solely rely on the parent(s) as the main carer)
- ❑ **Child is clearly avoiding contact with parent or carer**
- ❑ **Child's emotional responses are inappropriate to the situation**
- ❑ **Unpredictable and unprovoked attacks by the child on the parent / carer**
- ❑ **Eating disorders, including stealing & hoarding of food**
- ❑ **Language delay**
- ❑ **Cognitive & socio-emotional delays – school related difficulties**

### 6.4 Failure to Thrive/ Obesity

The term "Failure to Thrive" describes children who fail to gain weight adequately and who do not achieve a normal or expected rate of growth for their age.

In addition, "Failure to Thrive" is used to describe infants and young children whose length and head circumference have fallen significantly below expected norms and who are failing to achieve full developmental potential.

Although the term is most often used with babies and young children, failure to thrive can persist throughout childhood and into adolescence. If it is unrecognised and untreated it can have adverse consequences for a child's health and development, including poor growth and developmental delay. In babies or toddlers, it is particularly serious.

Most cases of failure to thrive result from illness or genetic or metabolic disorders and are termed "**organic failure to thrive**". The associated factors are complex and varied.

Where there is no underlying medical reason explaining a child's lack of growth and development, this is termed "**non organic failure to thrive**".

“Non organic failure to thrive” has been linked to poverty, limited parenting skills and abuse and neglect. It is important for professionals to recognise that failure to thrive may result from physical and emotional factors.

**Whenever failure to thrive is identified as an issue of concern, a paediatric assessment will be required to fully determine the extent of the poor growth and development and to determine if there is evidence of organic or non-organic factors causing the failure itself.**

Whenever identified as “non-organic failure to thrive” consideration must be given to the possibility that this directly results from neglectful parenting.

Professionals should also remember that failure to thrive could result from a combination of organic (medical problems) **AND** non-organic reasons (neglectful parenting & abuse).

### Obesity

In recent years there is concern about the increasing number of dangerously overweight children. In some circumstances this could be potentially attributed to parental neglect where the parents are unwilling or unable to adhere to medical management advice. Concern should be raised when there are additional health and social problems such as breathing problems, sleep apnoea, joint problems and bullying. In such instances this problem should be managed from a multi-agency perspective. (Childhood Obesity and Abuse 2009, Medical Journal of Australia).

## 7. Age-Specific Risk Indicators of Child Neglect

### 7.1 Key Features in Infants (0-2)

Physical	Development	Behaviour
<ul style="list-style-type: none"> <li>❑ Failure to thrive, weight, height and head circumference small</li> <li>❑ Obesity</li> <li>❑ Recurrent and persistent minor infections</li> <li>❑ Frequent attendance at G.P, casualty departments. Hospital admissions with recurrent accidents/illnesses.</li> <li>❑ Late presentation with physical symptoms (impetigo, nappy rash)</li> </ul>	<ul style="list-style-type: none"> <li>❑ Late attainment of general developmental milestones</li> </ul>	<ul style="list-style-type: none"> <li>❑ Attachment disorders, anxious, avoidance, difficult to console.</li> <li>❑ Lack of social responsiveness</li> </ul>

If babies are not fed appropriately for their age they may present as failing to thrive. If they are habitually cold and wet they may take longer to recover from recurrent infections. If they develop nappy rash it may be a sign that they are not being changed regularly.

## 7.2 Key Features in Pre School Children (2-5)

Physical	Development	Behaviour
<ul style="list-style-type: none"> <li>○ Failure to thrive, weight and height affected</li> <li>○ Unkempt and dirty/poor hygiene</li> <li>○ Repeated accidents at home</li> </ul>	<ul style="list-style-type: none"> <li>○ Language delay, attention span limited</li> <li>○ Socio-emotional immaturity</li> </ul>	<ul style="list-style-type: none"> <li>○ Overactive, Aggressive and impulsive</li> <li>○ Indiscriminate friendliness</li> <li>○ Seeks physical contact from strangers</li> </ul>

Persistent neglect through the pre-school period often results in poor growth (height and weight). Poor language development and emotional immaturity are also common to the neglected child. The attention span of neglected children is often limited and may be associated with hyper-activity. Peer relations can be difficult to make and sustain as neglected children may not have the ability to develop the social skills necessary for co-operative play. Some children may elicit intimate contact from complete strangers and crave physical contact (“touch hunger”).

## 7.3 Key Features in School children (5-16)

Physical	Development	Behaviour
<ul style="list-style-type: none"> <li>Short stature, variable weight gain</li> <li>Poor hygiene, poor general health</li> <li>Unkempt appearance</li> <li>Underweight or obese</li> <li>Delayed puberty</li> </ul>	<ul style="list-style-type: none"> <li>Mild to moderate learning difficulties</li> <li>Low self esteem</li> <li>Poor coping skills</li> <li>Socio emotional immaturity</li> <li>Poor attention</li> </ul>	<ul style="list-style-type: none"> <li>Disordered or few relationships</li> <li>Self stimulating or self injurious behaviour or both</li> <li>Soiling, wetting</li> <li>Conduct disorders, aggressive, destructive, withdrawn</li> <li>Poor/erratic attendance at school</li> <li>Runaways, delinquent behaviour</li> </ul>

In the child who has reached school age the effects and main indicators of long term neglect are usually found in poor social and emotional development, behavioural problems and learning difficulties.

In many cases there is no direct evidence of an effect on growth. Schools may be unable to compensate for the long-term lack of cognitive stimulation at home because neglected children have huge difficulties attending to learning tasks.

This may be exacerbated by poor attendance.

Neglect should be considered as a possible cause in children who are disruptive and difficult to manage in school.

## 8. The Impact of Child Neglect

The impact of neglect for a particular child, as with other forms of abuse, will be influenced by a number of factors that either aggravate the extent of the harm, or protect against it.

Relevant factors include the individual child’s means of coping and adapting, family support and protective networks available to the child and importantly, the way in which professionals respond and the success of any intervention initiated to safeguard and promote the welfare of the child.

Generally however, the sustained physical or emotional neglect of children is likely to have profound, long lasting effects on all aspects of a child's health, development and wellbeing. Sustained neglect can have a deep impact upon the child's self image and self-esteem and may compromise their future ability to function effectively as an adult. Problems in forming or sustaining close relationships, establishing oneself in the workforce and developing the necessary skills and attitudes to be a "good enough" parent are examples of difficulties that can be experienced by adults who were neglected in childhood.

Other links, have also been established between neglect in childhood and mental illness, substance misuse, offending behaviour and the ability to cope generally with life.

Furthermore, neglected children can often have significant problems at school, with the signs of cognitive and socio-emotional delays being evident at a very young age. "Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and on long-term difficulties with social functioning, relationship and educational progress. Neglect can also result, in extreme cases, in death." (Working Together 2006 (2.15))

To reinforce the potential severity of neglect, the following quote from Paul: Death through Neglect (1995) (Bridge Childcare Consultancy Service) should be read and remembered!

**Paul died aged 16 months having "...lain in urine soaked bedding and clothes for a considerable number of days. Photographs taken after his death showed burns over most of his body derived from the urine staining, plus septicaemia with septic lesions at the ends of his fingers and toes. In addition, he was suffering from severe pneumonia. It is impossible to imagine the level of suffering that this little boy experienced as death slowly occurred"**

## 9. Investigation & Assessment of Child Neglect

Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm through neglect or a child has been taken into Police Protection because of such concerns, enquiries must immediately be initiated under Section 47 of the Children Act 1989.

- The first part of the Section 47 process following a referral will involve Children and Family Services undertaking **agency enquiries**; beginning the processes of information gathering and information sharing that is so crucial to the assessment of significant harm.
- Following the completion of such enquiries, if concerns of significant harm are still apparent, a **Strategy Discussion** will be convened. This will usually be arranged within 48 hours of the referral to Children and Family Services.

Any Strategy Discussion needs to be truly multi-agency given the nature of neglect and the importance of taking an holistic view of the child's health and development and the family circumstances. No involved agency will be omitted from this part of the process as the investigation will be compromised if information is lacking.

It may be beneficial to construct an "**eco-map**" (this shows the network of people around a child/young person) to help determine who is involved in the child's life. **Genograms** also provide a useful structure to analyse a family's relationships and patterns of concern.

The Strategy Discussion will facilitate effective communication and information sharing, establish the facts of the case and decide upon the appropriate response.

**Where a decision is made to progress an investigation into concerns of neglect under Section 47, whether single or joint agency, the following actions must ALWAYS be undertaken.**

**9.1 Previous case records / files must always be reviewed and chronologies prepared by involved agencies.**

Neglect is usually characterised by many “minor” incidents repeating over time. Without a review of existing records and without a chronology providing a framework of evidence, these minor incidents will be difficult to spot and hence, so will neglected children.

**9.2 Full Paediatric Assessments of all children** in the household must be undertaken whenever deemed necessary. This will give evidence if the concerns relating to physical and/or emotional neglect have had a direct impact upon the children’s health and development.

**9.3 A comprehensive observation of the household conditions** must take place. Professionals assessing levels of risk must undertake a thorough observation of the home conditions.

**9.4 For all investigations, but particularly those focusing on physical neglect, check all the rooms**, specifically the children’s bedrooms, beds & bedding. Look in the kitchen to see if it is hygienic and if food is available – check the refrigerator – remember the age of the child – is the food age appropriate? Look in the bathroom - is this hygienic?

**9.5 Check for objects in the house that are accessible to children and pose a risk** (i.e. substance misusing families – are the drugs in reach of the children? Where are they and other equipment” kept? (i.e. methadone in the fridge represents a massive risk). Look out for drugs paraphernalia on floors / work surfaces etc.

**9.6 All children of the household seen and, if of age, spoken with.** Remember that with neglect it is less likely that you will be asking about a specific incident (i.e. who did what, when, where and how?).

When speaking with the child, try and establish facts about their experiences in the family in the first instance – this may lead to specific events that can be explored further. Listen carefully to what the child is saying. **Always interview the child in their first language.**

**9.7 Note your observations about the child’s physical and emotional presentation** – make this factual. Check your views with other professionals involved in the case.

**9.8** If other communication difficulties / disabilities or other factors may affect the interview with the child, **seek specialist advice** on how best to progress (i.e. use of signers / advocates etc)

**9.9 Racial/Cultural/Religious factors** that influence parenting style must be explored, although the focus must remain on the needs of the child. Such issues must not be used to justify actions or environments that represent a risk of significant harm.

**9.10** Children & Young People's Services and/or the Police **must consider if immediate action is required to secure the safety of the child** during their initial contact. Other agencies will be advised of any action that is taken or planned.

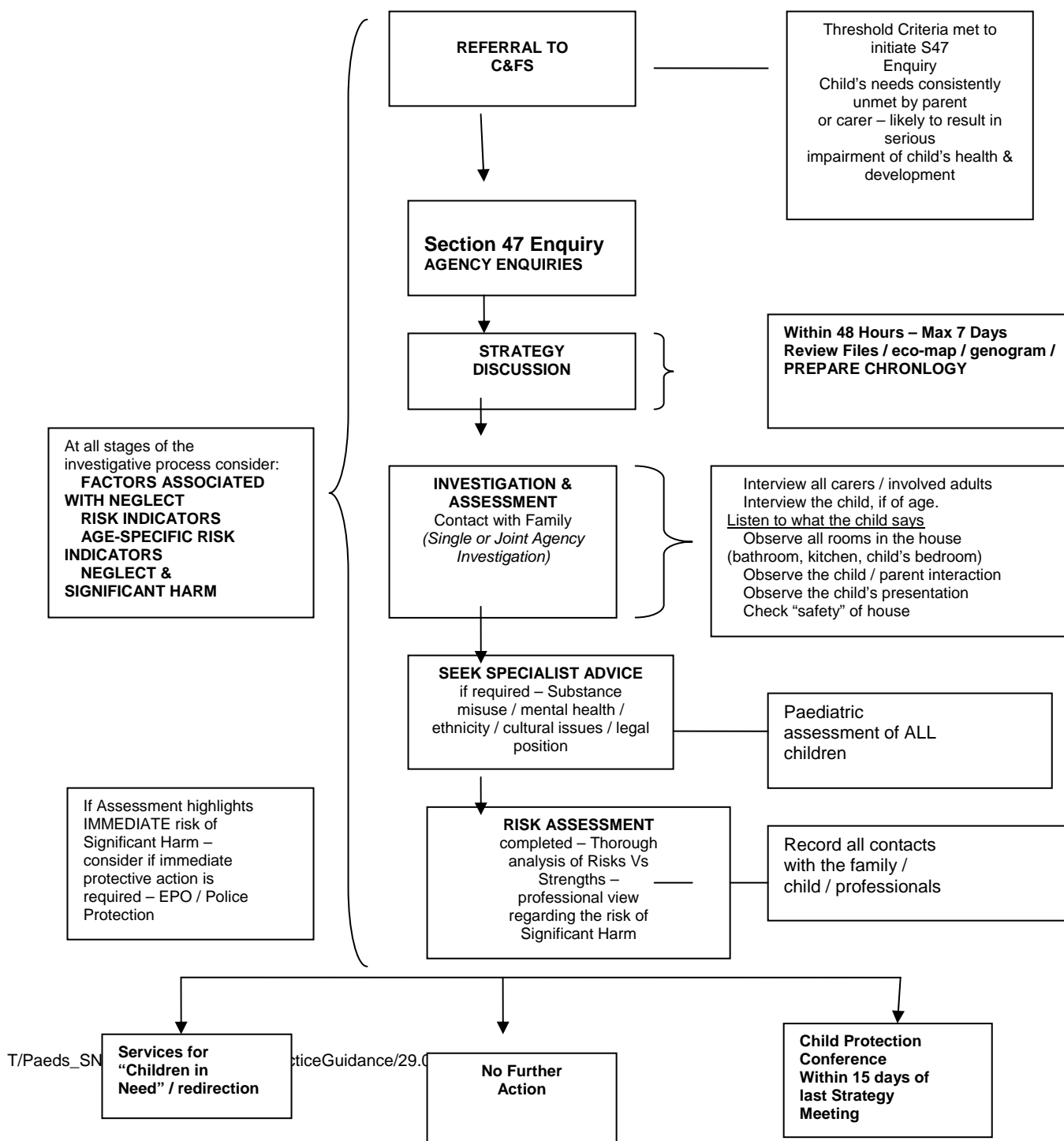
**9.11 All professionals must contemporaneously and accurately record contacts with the child and family during the investigation process.** Continue the use of the chronology if further

incidents / events occur. **Recording must separate fact from opinion**, given the often ambiguous nature of what neglect actually involves.

9.12 Following the completion of the initial investigation, Children and Families Services will consider one of four possibilities.

- **No Further Action**
- **Immediate or continued protection via application to Court.**
- **Provision of services for “child in need” or re-direction to other agency for support.**
- **Convene a Child Protection Conference**

## FLOWCHART – Section 47 Process



## 10. Working with Cases of Child Neglect

When neglect is identified as representing actual or likely significant harm, there are a number of key actions that are necessary in terms of pursuing the assessment, ensuring the child's safety and intervening to minimise the identified risks to within acceptable levels.

The worker needs to accept that intervention in cases of neglect will be long term and that criteria for change within specified time-scales needs to be agreed.

Flexible and intensive provision may be required to meet the child's needs and to make good some of the previous deficits identified in the child's upbringing.

The following sections provide some useful practice tips that practitioners should consider when dealing with cases of suspected neglect.

### 10.1 Key Points – Practice Issues regarding Child Neglect

**Focus on the Child** – Keep your focus on the child, their needs and whether these are being met. Make sure that any focus on “changing” parental behaviours does not ignore the child and their welfare. Neglecting parents can often have significant needs of their own and may use professionals to satisfy these.

**Sharing Information** – Work with other agencies. Share past & present information to obtain as many details as you can about the child & their family. Without doing this, your assessment will be incomplete and probably wrong.

**Values & Difference** – Watch out for your own assumptions & don't let them cloud your objectivity. Assess the facts of the case – Any opinions you have must be backed up with evidence. “Gut Feelings” do not appear without cause! – look at what has made you think like this & there will be evidence (verbal or non-verbal communication – observations etc)

**The Rule of Optimism** – Be careful not to lose your focus by always thinking the best of people. If you have no concerns – you must be in a position to prove this with evidence. This evidence will involve observations and other information that the child's needs are being appropriately met.

**Ethnicity & Culture** - Children from different ethnic and cultural backgrounds will experience different parenting styles. Whilst some of these styles may differ from the White UK perspective of child-care, this does not make them significantly harmful to children. Any judgement of neglect must be based on evidence and not on stereotypes about a family's culture or ethnicity, which neither explain nor excuse acts presenting a risk of significant harm.

**Drift** – Ensure that the drift of cases is avoided. Make sure you regularly discuss cases in supervision and prioritise these effectively. Maintain your multi-agency links. If there is an issue affecting your ability to visit (threat of violence / intimidation) make sure you inform your manager at the earliest opportunity to plan how to deal with this + keep up the visits to the child. *If you don't want to visit the home – how does the child feel about living there?*

**Low Warmth / High Criticism** – Think of this when assessing a child's circumstances – it will help you focus on the child's overall care and whether their needs (particularly emotional) are being met. It will also help you look at the parenting capacity – are their responses to their child appropriate?

## 10.2 Key Points – Factors Associated with Child Neglect

- **Basic needs of the child are not adequately met** – Parents or carers who have the economic means to meet the needs their children yet fail to do so are to be considered as those who pose most risk. Many families where neglect is the result of poverty will respond to support.
- **Age of the child-** Remember the general rule- *the younger the child the higher the risk*. Neglected babies and toddlers are at most risk in terms of their immediate health and the prospects for their longer-term welfare. Make sure your risk assessment focuses on the age of the child.
- **Poverty-** Guard against the risk of “excusing” neglect because a family is in poverty- Neglect is about a child’s needs being unmet to such a degree that ill-treatment or impairment of health and development can be justified- this can occur in families that are “in poverty” or indeed, in those considered “well off”.
- **Substance misuse-** If parents misuse either drugs or alcohol and this use is chaotic; there is a strong likelihood that the need of their children will be compromised. Any concerns of substance misuse need to be assessed thoroughly – check for dangers in the house and the risk of immediate harm.
- **Dysfunctional parent-child relationship-** Observations of a poor parent-child relationship may evidence a level of neglect in that the stability and boundaries have deteriorated through lack of attachment.
- **Lack of Affection-** Evidence of this factor may suggest the psychological neglect of a child. Guard against cultural stereotypes as some parenting styles may openly show displays of affection.
- **Lack of Attention & Stimulation-** As above
- **Mental Health Difficulties-** Such difficulties can significantly impact upon parenting capacity. Seek specialist advice whenever identified as an issue.
- **Learning Difficulties-** As above
- **Low Maternal Self-Esteem-** This can affect the “normal” parental- child interactions and should be considered as an elevating risk factor when neglect is an issue of concern.
- **Domestic Violence-** Direct or indirect harm can arise through children being exposed to violence (physical or emotional) in the home. Consider the long term implications for children growing up in such environments.
- **Age of Parent or Carer-** Immaturity/ lack of experience/ apathy/ impulsive behaviour- all can increase the risk of neglect.
- **Negative childhood experiences-** Children who suffer abuse or neglect may become more detached and lack empathy- this could affect parenting capacity.
- **History of Parenting-** Previous abuse or neglect by a parent will increase the level of risk to the child.
- **Dangerous/ Damaging expectations upon children-** Giving children inappropriate responsibilities to care for themselves or others or restricting activities that will impair health & development.
- **Home alone/ inappropriate supervision-** Generally, the younger the child the greater the risk. Assess circumstances in light of other information- Does this happen regularly? Explanations by parents/carers?
- **Failure to seek appropriate medical attention-** Always seek a medical view- this will be needed to confirm that the failure to seek such attention has either caused or is likely to cause significant harm.

Neglected Children: Research, Practice and Policy Sage Publications 1999 pp 47 – 68, the following types of neglect; **disorganised neglect, emotional neglect and depressed neglect** are explained:

Type of Neglect	Description	Affect and Cognition	Case Management
<b>Disorganised Neglect</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Multi-problem, disorganised, crisis ridden families</li> <li><input type="checkbox"/> Mother/parent appears to need/want help, professional made welcome</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Affect if dominant, cognition minimised- feelings dominate behaviour</li> <li><input type="checkbox"/> Parental care is inconsistent and unpredictable</li> <li><input type="checkbox"/> Children become more demanding to get attention- increasingly dramatic</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop trust, express empathy, be predictable</li> <li><input type="checkbox"/> Mirror the feelings</li> <li><input type="checkbox"/> Introduce alternative strategies</li> <li><input type="checkbox"/> Long Term</li> </ul>
<b>Emotional Neglect</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Opposite of disorganised families</li> <li><input type="checkbox"/> Advantaged materially but failure to connect emotionally</li> <li><input type="checkbox"/> Children know their roles, respond to clear rules, do well at school- physical needs met but not emotional needs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Absence of feelings: lack of empathic responses from parents</li> <li><input type="checkbox"/> Results in learning to block expressions of feelings/awareness of feelings</li> <li><input type="checkbox"/> Children may appear falsely bright, self-reliant, poor social relationships</li> <li><input type="checkbox"/> Child may become the carer- role reversal</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Families appear superficially successful – less professional involvement</li> <li><input type="checkbox"/> Role reversal: dangers of separating child from parents- best to keep child at home</li> <li><input type="checkbox"/> Help parents learn to use other sources of support</li> <li><input type="checkbox"/> Teach parents to engage with children emotionally</li> <li><input type="checkbox"/> Must be structures with clear rules and roles</li> <li><input type="checkbox"/> The goal: to move families towards the less withdrawn version of emotional neglect</li> </ul>
<b>Depressed Neglect</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Classic neglect: parents withdrawn, dull/uninterested in professionals, appear unable to understand, unmotivated</li> <li><input type="checkbox"/> Love their children- but do not perceive their needs or believe anything will change</li> <li><input type="checkbox"/> Passive and helpless</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parents have shut down- both cognition and affect</li> <li><input type="checkbox"/> Parents may feed, change and move children but rarely respond to signals from the child</li> <li><input type="checkbox"/> Children may give up when no responses- become silent, limp, dull and depressed</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Children benefit from access to responsive and stimulating environments e.g. Day care</li> <li><input type="checkbox"/> Parents need to learn to express feelings- practice smiling, laughing, soothing</li> <li><input type="checkbox"/> Parent education unlikely to be successful if backed by threat or punitive strategies</li> <li><input type="checkbox"/> Medication may help but beware of side-effects</li> <li><input type="checkbox"/> Needs a longer term, more supportive approach</li> </ul>

## 10. 4 Risk Assessment

The identification of the nature and extent of risk to a child is central to any assessment. The meaning of risk” in the context of neglect is the danger that is likely to cause significant harm to a child in respect of his/her wellbeing, either physically, emotionally or developmentally.

Any assessment of risk will include the various factors outlined as key elements in The Framework for the Assessment of Children in Need and their Families (2000). These elements provide the basis upon which social workers and other professionals can obtain and evaluate information in an holistic manner. Given the nature of neglect, this is essential if an effective assessment is to be completed of whether or not neglect is suggestive of significant harm.

The main areas requiring exploration are:

### **Parenting Capacity:**

Basic Care  
Ensuring Safety  
Emotional Warmth  
Stimulation  
Guidance & Boundaries  
Stability

### **Family & Environmental Factors:**

Family History & Functioning  
Wider Family  
Housing  
Employment  
Income  
Family’s Social integration  
Community Resources

### **Child’s Developmental Needs.**

Health  
Education  
Emotional & Behavioural  
Development  
Identity  
Family & Social Relationships  
Social presentation  
Self-care Skills

### **When assessing risk always consider the following:**

- **The events / incidents which have been the catalyst for the enquiry.**
- **The present circumstances that may facilitate further events of this kind.**
- **The circumstances that would reduce the likelihood of these events being repeated.**
- **An evaluation of the risks versus strengths**

**You may find the Neglect Assessment checklist (Appendix 1) helpful when considering potential risk factors.**

## 10.5 Risk Factors versus Strengths (Protective Factors)

When assessing risk – always consider neglect in terms of significant harm. A helpful way to evaluate levels of risk is to formulate a grid as below. Compare any identified risks against any strengths that would reduce the concern.

The factors within this grid are not exhaustive and other areas of risk or strength may be equally relevant. The areas of risk primarily relate to the adequacy of parental care.

<b>ELEVATING RISK FACTORS</b>	<b>STRENGTHS (PROTECTIVE FACTORS)</b>
1. <b>Basic needs of the child are not adequately met</b>	<b>Support network / extended family meets child's needs / parent or carer works in partnership to address shortfalls in parenting capacity.</b>
2. <b>Age of the child.</b>	<b>Child is of age where risks are reduced</b>
3. <b>Substance misuse</b>	<b>Substance misuse is "controlled" / presence of another "good enough" carer. Parents understanding of the impact on their child.</b>
4. <b>Dysfunctional parent-child relationship</b> 5. <b>Lack of Affection</b> 6. <b>Lack of Attention &amp; Stimulation</b>	<b>Good attachment / parent-child relationship is strong.</b>
7. <b>Mental Health Difficulties</b> 8. <b>Learning Difficulties</b>	<b>Capacity for change / support to minimise risks / presence of another "good enough" carer</b>
9. <b>Low Maternal Self-Esteem</b>	<b>Mother has positive view of self – capacity for change</b>
10. <b>Domestic Violence</b>	<b>Recognition and change in previous violent pattern</b>
11. <b>Age of Parent or Carer</b>	<b>Support for parent / carer – co-operation with provision of support / services / Maturity</b>
12. <b>Negative childhood experiences</b>	<b>Positive childhood or understanding of own history of abuse.</b>
13. <b>History of Abusive Parenting</b>	<b>Abuse addressed in treatment</b>
14. <b>Dangerous / Damaging expectations upon children</b> 15. <b>Home alone / inappropriate supervision</b>	<b>Appropriate awareness of a child's needs and age appropriate activities / responsibilities. Parents understanding of risk and resolve</b>
16. <b>Failure to seek appropriate medical attention</b>	<b>Evidence of parent engaging positively with agency network (Health) to meet the needs of child.</b>

## 10.6 Characteristics of parents or carers who do not improve

When working with cases of neglect, it is essential that professional inaction does not expose the child to an increased level of risk.

Professionals need to be clear about the threshold at which more stringent action may be required to safeguard and promote the welfare of the child.

When developing child protection plans and written agreements, professionals should be explicit about what action is required of the parents to lessen concern. Indeed, the parent's capacity to change is a critical factor in the assessment of significant harm in respect of neglect. There can be genuine uncertainty about the level of capacity parents may have to change their standard of care. This is especially so in cases of serious neglect. This may cause workers to delay in taking decisions and compromise the best interests of the child.

Professionals must develop "contingency plans" that should be implemented as soon as it is clear that parental capacity is not improving; despite the provision of services result in significant harm. The following list should be used as a guide when considering those parents or carers who are least likely to improve when multi-agency intervention occurs to address neglect.

**Highly anti-social, aggressive or violent behaviour**

**Severely inadequate in parenting capacity**

**Major interpersonal difficulties**

**Persistent denial or lack of acceptance of responsibility for what they have done.**

**Poor motivation to be involved with professionals or treatment**

**Persistent and chaotic substance misuse**

**Learning difficulties with accompanying mental health difficulties**

**Significant and profound mental illness**

**Poor capacity to empathise with child – blame child for professional involvement.**

**Experience of serious childhood abuse (although it is important to note that certain factors appear to mediate against generational repetition).**

Professionals should use the LSCB "Escalation Policy" if they have voiced concern over any inaction and support for child has not improved or risks are increased.

## 10.7 The Core Group – Detailed Child Protection Plan

This forum will be vital to continue the sharing of information and monitoring of the detailed child protection plan that the core group will have developed after the Initial Child Protection Conference

Ensuring a solid multi-agency protection plan exists, is one way in which professionals can maintain focus and set minimum standards below which more stringent child protection action will be required (i.e. court action)

Core Group Meetings should be held regularly, at a minimum of six weekly intervals.

**All agencies** should ensure a commitment to this process, recognising its value in planning for protection and preventing further harm to children deemed to be at risk of suffering significant harm.

## 11. Written Agreements – Clear Expectations

Within any case of identified or suspected neglect Written Agreements must be used as a way of setting early benchmarks against which progress or lack of it can be judged.

Written Agreements do not replace Child Protection Plans and are to be used as tools to help professionals and parents alike during the child protection process.

Written agreements will need to be explicit about what actions are required by whom and when to ensure the welfare of the child is safeguarded and promoted on an ongoing basis.

## 12. Common Pitfalls: *and how to avoid them*

- Not enough weight is given to information from family, friends and neighbours. *Ask yourself:* Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?
- Not enough attention is paid to what children say, how they look and how they behave. *Ask yourself:* Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible? How should I follow up any uneasiness about the children's health or development? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non verbal communication, have I made every effort to enlist help in understanding him/her? What is the evidence to support or refute the child or young person's account?
- Attention is focused on the most visible or pressing problems and other warning signs are not appreciated. *Ask yourself:* What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?
- Pressures from high status referrers or the press, with fears that a child may die, lead to over precipitate action. *Ask yourself:* Would I see this referral as a safeguarding matter if it came from another source?
- Professionals think that when they have explained something as clearly as they can, the other person will have understood it. *Ask yourself:* Have I double-checked with the family and the child(ren) that they understand what will happen next?
- Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted. *Ask yourself:* What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?
- Parents behaviour, whether cooperative or uncooperative, is often misinterpreted. *Ask yourself:* What were the reasons for the parents behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child?
- When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems. *Ask yourself:* Is this family's situation satisfactory for meeting the child(ren)'s needs? Whether or not there is a concern about harm, does the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?
- When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help. *Ask yourself:* Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child(ren) as

safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.

- Information taken at the point of referral is not adequately recorded, facts are not checked and reasons for decisions are not noted. *Ask yourself:* Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? What action all other relevant people have taken/will take?

From: Cleaver H, Wattam C, and Cawson P. *Assessing Risk in Child Protection*. London: NSPCC, 1998

# 13. Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis 2003-2005, Brandon.M et al.

This is a synopsis of the most recent report.

## FACTORS LINKED TO THE CHILD'S MOTHER

- A history of emotional and/or physical neglect, with their own mother (the child's grandmother) being unable to offer reasonable mothering.
- Caregiving by mothers (or other carers) who were mentally and/ or physically ill and either failed to seek, or accept or receive effective treatment.
- The mother's father (the child's grandfather) is rarely mentioned.
- Periods of time in state care or in the care of relatives (for example with a maternal grandmother or aunt who tended to have significant problems of their own).
- Frequent house moves or moves at key times, for example after a death, causing a lack of continuity.
- Concerns about sexual abuse and/or sexual exploitation (for example from stepfathers etc) Sometimes explicit information was available about past sexual abuse.
- Leaving home early, in their teens, and evidence of early sexual relationships.
- Multiple pregnancies (4-11) with many losses due to termination, miscarriage, adoption, a child or children being cared for by a relative etc. The child's mother often appeared traumatized during pregnancy and often an early pregnancy was concealed.
- Mental ill health; depression, mood volatility, anxiety, anorexia, self-harm.
- Alcohol and drug misuse often seemed to follow later but this is sometimes a predominant feature from early on and throughout.
- Strong ambivalence to helping agencies.
- Often 'survival' despite appalling early history and without external support.

## FACTORS LINKED TO YOUNGER CHILDREN

- Difficulties at birth e.g. low birth weight at admission to SCBU
- Poor anti and post natal attendance at appointments
- Mothers discharging themselves early or the baby.
- Babies left with inappropriate carers.
- Often the last to be born in long series of pregnancies
- Low maternal expectations of the child.

## FACTORS LINKED TO OLDER CHILDREN

- Self harm and suicide attempts after living with neglect long term.
- History of long term intensive involvement from multiple agencies
- Running away and going missing
- Placement breakdown
- History of rejection and loss (including death of a parent) usual including maltreatment.
- Difficult to contain in school, temporary and permanent exclusions.

## References:

Brandon et al A Biennial Analysis of Serious Case Reviews (2003-2005)

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*Children who Experience Domestic Violence (2007)*

*See the Adult, See the Child (2009)*

## SWINDON LSCB NEGLECT ASSESSMENT CHECKLIST

This checklist may help you when preparing to make a referral. It does not replace a full assessment. It just gets you to think about some of the main predisposing factors that can increase the risk of child abuse.

FACTORS		YES	PARTIALLY	NO	
Basic Needs Met	5.1				
Family Poverty	5.2				
Maternal Substance Misuse	5.3				
Paternal Substance Misuse	5.3				
Dysfunctional parent-child relationship	5.4				
Lack of Affection	5.5				
Lack of Attention/Stimulation	5.6				
Parental Mental Health Difficulties	5.7				
Parental Learning Difficulties	5.8				
Low Maternal self esteem	5.9				
Domestic Violence	5.10				
Limited Family support	5.11				
Own negative parenting experience	5.12 5.13				
Unsafe environment for child					
Children left home alone	5.15				
Child supporting other siblings					
DNA's any appointments					
Failure to attend medical attention	5.16				
Poor Immunisation Record					

### ANALYSIS OF RISK FACTORS

Referral Made

YES

NO

To Whom.....

NAME..... Signature..... Date.....