Multi-agency practice guidance for recognising and responding to cases of child neglect.

SCOPE OF THIS CHAPTER

Neglect of children can have long-term effects on their health, development, and well-being. The impact of neglect must be considered in the child(ren)'s timeframe. Practitioners need to reassess their understanding that sustained neglect is assessed with consideration to the child(ren)'s age and development and not solely a prolonged period. For example, lack of supervision for a child(ren) who is fully dependent of their parent/carer could result in serious harm.

1. Introduction

A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout this document.

This guidance is applicable to all practitioners who work with families where there are children under the age of 18 years. In order to work together, agencies need to have a shared understanding of neglect, and knowledge as to the best way to effect change and keep children safe. This guidance is intended to promote and assist good inter-agency work, so that all practitioners can play an effective role in improving outcomes for children.

The aim of this multi-agency guidance is to establish common standards of approach across those agencies that come into contact with children and families. It should be used in conjunction with the Graded Care Profile Tool 2 (GCP2) for neglect.

UK wide research and local data indicates that while the numbers of children subject to a child protection plan due to physical or sexual harm has fallen steadily throughout the last decade children subject to a child protection plan due to neglect has risen sharply. These children remain on a plan longer and are more likely to experience multiple incidents of intervention.
In the UK 80 - 100 children each year are estimated to die because of abuse and neglect and there is a high degree of overlap between neglect and other forms of child maltreatment.

This guidance is intended to underpin the practice of those who work with children and families in all agencies and settings. It aims is to help practitioners form judgements about their intervention. It is not, however, exhaustive and practitioners may choose to add other evidence-based tools or resources to supplement good practice.

Early identification of the signs that neglect may be occurring is crucial and will enable the right support to be put in place to prevent further chronic neglect, which we know has a significant impact in a child(ren)'s life and into their adulthood. Universal services who are involved with a child(ren) and their families play a crucial role in this early identification and it is important that other agencies come and address the causes of the neglect in these early stages.

Neglect of children can have long-term effects on their health, development, and well-being. It can impact significantly on their self-esteem, self-image, and perception of self and of others. Persistent neglect can lead to serious impairment of health and development, intelligence, growth and physical ability and long-term difficulties with social functioning, relationships, and educational progress.

Neglect differs from other forms of abuse because it is:

- frequently passive
- not always intentional
- more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies.
- combined often with other forms of maltreatment.
- often a revolving door syndrome where families require long term support and
- often not clear-cut and may lack agreement between practitioners on the threshold for intervention.

The way in which we understand and define neglect can determine how we respond to it.

Good Practice: Key Principles.

Focus on the impact of the circumstances on the child(ren).

- Look at the whole picture – not only what has happened to the child(ren), but also their health and development, and the wider family and environmental context.
- Be aware of the many factors that may affect a parent's ability to care for a child(ren), and that these can have an impact on children in many ways.
- Build on families' strengths, while addressing difficulties
- Guard against over optimism, adopt a balanced approach, beware of over emphasising positives at the expense of negatives especially in situations where the standard of care fluctuates.
- Make full use of existing sources of information, e.g., own agency files and computer databases, others who know the child(ren), the child protection plan, the family themselves.
- Be creative in how you work with the family. Use a range of resources and techniques in communicating and working with them.
- Be specific in relation to the changes you expect and clear about the timescales in which you expect the changes to be achieved.

Common Problems

- The family do not understand what the problems are.
- There is a plan but still concerns for the child(ren)'s safety.
- The plan does not seem be working.
- The family know what good parenting is but do not do it consistently.

Be professionally curious as children will rarely disclose, they are being neglected and, if they do, it will often be through unusual behaviour or comments. This makes identifying neglect difficult for practitioners across agencies. While the presence of a potential indicator

of neglect does not necessarily mean that a child is being neglected, it will always warrant further investigation. Practitioners must be 'professionally curious' to determine further information in the interests of the child. It is essential that practitioners always exercise professional curiosity as it is likely that signs of any form of neglect will be identified when dealing with an un-associated incident.

2. Types of neglect

Working Together 2023: 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 because 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 caregivers)
- ensure access to appropriate medical care or treatment.
- provide suitable education.

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

One of the main reasons why neglect is difficult to define is that the term itself is an umbrella for numerous forms of child maltreatment. To overcome this problem, we have broken down the definition into the following:

Categories of Neglect.

Medical - minimising or denying children's illnesses and/or health needs. Failing to seek appropriate medical attention or administer medication and treatments. It's the responsibility of a parent or carer to ensure that a child(ren) receives adequate health and dental care; failure to do so is a form of neglect. For example, a child(ren)'s injuries, health issues or dental problems may go untreated, or they may suffer from repeated illnesses and conditions such as skin sores, ringworm, or rashes. They may be anaemic or always tired, and they may not receive the medication they need for a particular condition. They may be small for their age and could lag behind their peers with literacy and social skills.

Medical neglect also includes ignoring the advice of a doctor or dentist, refusing to allow a child(ren) or to be treated and not taking them to routine appointments such as vaccinations. Childhood obesity can lead to cardiac, respiratory, and musculo-skeletal problems, bullying, poor friendship networks and isolation, and self-esteem. Obesity can start in early childhood and the longer it lasts the harder it becomes for a child(ren) to lose weight.

Given the harm that childhood obesity causes, practitioners should always consider whether there are actual or likely safeguarding concerns. This requires careful assessment, consideration of the available evidence and a clear analysis. Childhood obesity only becomes a child protection concern when parents behave in a way that actively promotes treatment failure in a child(ren) who is at serious risk from obesity.

Nutritional - inadequate calories for normal growth, sometimes linked to the concept of 'failure to thrive' recognising that there are other reasons why a child may not develop physically as well as psychologically. More recently childhood obesity resulting from an unhealthy diet and lack of exercise is increasingly being viewed as neglectful given its serious long-term consequences.

Emotional - being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, failing to develop a child's self-esteem and sense of identity. This differs from emotional abuse in that it is an act of omission. Chronic or extreme intimate partner abuse or other domestic violence in the child(ren)'s presence or likelihood of hearing; Encouragement or permitting of negative behaviours (such as criminal activity and/or substance misuse) in circumstances in which the parent/carer was aware of the existence and seriousness of the problem but did not attempt to intervene; Other inattention to the child(ren)'s developmental/emotional needs not classifiable under any of the above forms of emotional neglect (e.g. markedly overprotective restrictions which foster immaturity or emotional over-dependence, chronically applying expectations clearly inappropriate in relation to the child's age or level of development).

Physical - not providing appropriate clothing, food, cleanliness and living conditions. There is a need however to avoid confusion with deprivation and in making judgements based on cultural norms and standards of appropriate physical care. Refusal, failure or delay in seeking and obtaining appropriate health care services for a child(ren), including dental health; Abandoning or excluding a child(ren) from the family home and refusing to accept their return; Repeated shuttling of a child(ren) from one household to another due to an apparent unwillingness to maintain custody/care, or chronically and repeatedly leaving a child(ren) with others for days/weeks at a time; Inattention to avoidable hazards in the home, inadequate nutrition, clothing, or hygiene and other forms of reckless disregard for a child(ren)'s safety and welfare for example; such as poisoning from medicines, particularly in the 0 – 4 years.

Supervision and guidance - failure to provide an adequate level of guidance and supervision to ensure a child is safe and protected from harm including leaving a child to cope alone, abandoning them, or leaving with inappropriate carers and failing to provide appropriate boundaries about behaviours such as underage sex or alcohol use. This affects children of all ages. (Horwath 2007) and who maybe fully dependent of their parent/carer could result in serious harm.

Educational or cognitive neglect: failing to provide a stimulating environment, show an interest in the child's education, support their learning, or respond to any additional needs or failure to comply with statutory requirements around school attendance.

Permitted chronic truancy - Habitual truancy averaging at least five days a month is classifiable under this form of maltreatment if the parent/carer has been informed of the problem but has failed to intervene.

Failure to enroll/other truancy - Failure to enroll a child(ren) of mandatory school age, causing the school-aged child(ren) to remain at home for non-legitimate reasons (e.g., to work or to care for siblings) an average of at least three days a month.

Inattention to Special Educational Needs - Refusal to allow or failure to obtain recommended remedial educational services, or neglect in obtaining or following through with treatment for a child(ren)'s diagnosed learning disorder or other special educational need without reasonable effort.

2. Learning Lessons from Case Reviews

A key message for practitioners is the need to be alert to any changing patterns of cooperation with families: this is not always given the significance it merits, nor weighed up in terms of potential risk. When families withdraw, or there is poor or even non-attendance at appointments, they become less visible, and this may mask rapidly deteriorating home conditions and signs of potential harm to the child or unborn baby.

Neglect is not always a high priority or seen as a medical emergency, but the potentially life-threatening nature of neglect is especially relevant to a newborn baby.

Practitioners are reluctant to reappraise a case and change their view when new information becomes available.

The label of 'low level neglect' can downgrade thinking and activity and when coupled with parental hostility this can keep practitioners at bay.

There is often a failure to involve men/fathers as potentially protective influences who can contribute to a child's wellbeing.

Some assessments focus almost exclusively on the parents' needs rather than analysing the impact of the adults' behaviour on the child.

Written plans are too variable, there is evidence of some very good support for children that are meeting the short-term needs of the family, however very little evidence of longer-term support.

3. Risks

The impact of neglect during the first two years of a child's life can have profound and lasting effects on the development of the brain, leading to later problems with self-esteem, emotional regulation, and relationships. The impact of neglect on a baby or young child can be immediate and can result in serious harm or death. For example, lack of supervision for a child who is fully dependant of their parent/carer could result in serious harm.

Neglect during the first five years of a child's life is likely to damage all aspects of the child's development. A neglected child is likely to have difficulties with:

- Basic trust.
- Self-esteem.

- Ability to control their behaviour.
- Social interaction.
- Educational attainment; and
- Problem-solving.

Neglect in childhood is also likely to lead to problems with aspects of adult life such as:

- Independent living in the community.
- Accepting adult responsibilities.
- Anti-social behaviour such as criminality, substance misuse.
- Increased vulnerability to being in abusive relationships (including the risk of sexual exploitation and being trafficked).
- Life chances and opportunities such as employment and education.
- Parenting - children who experience neglect lack a role model for good parenting, and so are vulnerable to becoming neglectful or abusive parents; and
- Self-care - for example nutrition, general health, risk-taking behaviour.

A particularly damaging combination for children is growing up in an environment of low warmth and high criticism – that is, parents/carers who switch unpredictably between helpless (neglectful) and hostile (abusive) care.

Neglect can affect children of all ages.

Where parents/carers have specific beliefs, which may involve how the child receives health care and treatment or general nutrition, the outcome can be that the child's health and well-being can be dangerously compromised.

It is important to remember that neglect can be fatal to the child.

"The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children's safety …. these issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems (Brandon et al, 2013).

4. Assessment

More than any other form of maltreatment, **neglect is often dependent on establishing the importance and collation of seemingly small, undramatic pieces of factual information.** When collated these may present a picture that may identify a child(ren) is suffering from Significant Harm. Neglect cannot be defined as a one-off incident such as seeing an untidy kitchen while on a visit. Neglect is evidenced over a period of time with proof usually gathered from a number of agencies/practitioners, the use of **multi-agency chronologies** could provide practitioner with a complete and holistic picture of the family, significant incidents, the cumulative impact of neglect on the child(ren) and the response from agencies.

When assessing families' practitioners need to (this is not an exhaustive list).

- Be aware of adverse childhood experiences (ACES) for the parents/carers and the impact on their parenting.
- Understand the parents experience of being parented.
- Work with and engage with fathers and test out any assumptions as they might be the better parent.
- Identify sources of support for the parents/carers from family, friends, faith, voluntary or statutory services
- Where appropriate have difficult conversation with the parents/carers and this should be done in an open and honest way. For guidance, please access the **How to have difficult conversations with parents/carers.**

It is therefore important for practitioners to keep a focus on the child(ren)'s lived experience (Horwath). Please access further guidance in capturing the voice and lived experience for children please access the following **Voice and Lived Experience of Children and Young People Guidance for Practitioners** and the **Day in the life** (for unborn babies, babies, pre - school children, primary school children and teenagers).

The assessment of need and provision of services for children should reflect anti-discriminatory practice. **Culturally competent** practice places children's wellbeing and protection within their cultural context and, by being culturally competent, practitioners can better identify which aspects of the family's difficulties are 'cultural', which are neglectful, and which are a combination of factors.

Historically, practitioners have struggled to identify neglect for a variety of reasons including a fear of imposing their values on other people. SCRs - including those undertaken locally - have time and again highlighted this, alongside failings to join up information and a lack of coordinated communication between agencies as factors in neglect. Therefore, it is important for all practitioners to work within a recognisable framework with agreed definitions.

An assessment must address the most important aspects of the child(ren)'s needs and the capacity of the parents or carers to respond to these needs within the wider family and community context.

The assessment should be informed by a variety of relevant sources, develop a critique and an analysis, make conclusions about risks and protective factors, and create plans for a way forward. These plans need to be implemented, monitored, and reviewed.

Parental Consent – there is a clear expectation that all practitioners will discuss their concerns openly and honestly with the parents/carer and child where appropriate. Where a practitioner is requesting support of services on behalf of a child or family, they require consent beforehand – this is regardless of whether they are seeking support from Early Help or from Children's Social Care for Child in Need services. Where a referral relates to immediate safeguarding concerns, and practitioners are concerned that seeking consent may place the child at risk of significant harm, consent is not required, and contact should be made with Children's Social Care as soon as possible. The reason for not informing the parents or carers

of the referral should be clearly recorded by the professional. Should the child or family decline the offer of an assessment, the professional who identified the concerns should discuss the case with the Early Help Team or their Safeguarding Lead to determine if the circumstances warrant a referral to Children's Social Care.

Key areas to consider when undertaking an assessment.

Understand the family's circumstances - A clear understanding of the family's background and previous involvement with services is required at the start of assessments and can be gained by completing a Genogram (family tree), social history and starting a chronology.

Isolated incidents of neglect are rare - It is likely that there will be several, possibly fairly minor incidences of neglect, which over time begin to identify patterns of parenting and heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour within the family context and therefore the usefulness of compiling chronologies cannot be overstated.

Talking with parents about the neglect - It is often difficult to raise issues with parents about neglect because it requires those working with children and families to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process, those working with children and families need to ensure that their specific concerns are clearly and explicitly understood by parents, who can then be informed about what needs to change in the care of their children, why and in what timescales. The GCP2 can be helpful to show the parents what the practitioner is concerned about. It is important to be honest, clear, and sensitive, not to use jargon and check that parents have understood what has been said to them. The whole family is key to the process of assessment, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes.

Parental Capacity - Consider the capacity of parents in assessments, including the impact of their mental and emotional health and any learning disability. Reflect on any past practitioner involvement with the family; what has worked, has it been maintained? Why was it effective or why have things deteriorated? Both past and present circumstances need to be considered as neglect often spans generations; how well has the family-maintained progress in the past when practitioners have withdrawn? The full extent of neglect will only be identified after a thorough assessment of the family. It is important that practitioners are sensitive to different family patterns and lifestyles and to child rearing patterns that vary across different ethnic, cultural and faith groups. Practitioners, however, should guard against myths and stereotypes. Understand the 'norm' of different cultures to gain insight into whether this family have diverted from this 'norm'. Parents can sometimes be supported by extended family and friend's networks to improve care of their children. Family Group Conferences are a positive way of raising with a wider family network the unmet needs and how they can be met.

Culture - When working with a family, it is useful to gain an understanding of the extended family and who should be included in the interventions for example:

- If you have questions about a family's culture, ask them in a nonthreatening, honest manner.
- Look for opportunities to learn about other cultures, either formally or informally.
- Ask the family who should be involved, as this may include extended family members and friends.
- Look closely at your own racial and cultural attitudes and values--personal biases often run deep.
- Be careful when ascribing certain characteristics to specific groups--every individual is unique.
- Consider the role that work, pride, and shame play.

Involve fathers, father-figures, and the wider family - need to be engaged in the assessment in order to understand the role they have in the child(ren)'s life. Care of children is likely to be more effective where there is positive support from fathers and most children want and benefit from this contact. Where fathers may pose a risk to the child(ren), it is imperative that they are engaged with the assessment process so that risks are identified, understood, and managed.

Parents are likely to have many needs of their own - examples of these could include substance misuse, learning disability, mental health difficulties, domestic violence, and abuse, all of these requiring high levels of support. It is important to offer support and services to parents and carer's who will ultimately enhance their care of the children, however this must never be allowed to compromise keeping a clear focus on the needs of the child(ren).

Financial Situation - Guard against the risk of 'excusing' or explaining neglectful care because a family is in poverty. Neglect is not necessarily a consequence of poverty although poverty may make it more difficult to provide good care to a child(ren), with problems accessing services or the financial ability to buy clothes, etc. Neglect is about a child(ren)'s needs being unmet to such a degree that ill-treatment or impairment of health and development, physical, emotional, and social occurs. Neglectful care of children may also be found in families considered 'well off' and practitioner should guard against assumptions.

Substance Misuse - It is known that children whose parents have problematic substance misuse (illegal and/or prescribed drugs) are harmed or are likely to be harmed and that their health, emotional, physical, educational, and social welfare compromised. Remember, the use of illegal is time consuming for the adult; money has to be found to pay for the drugs, the drug supply has to be located and at times the adult will be under the influence or withdrawing. Similarly, the purchase of alcohol may involve a significant proportion of the family budget and the child(ren)'s needs may lack priority. Any concerns of substance misuse need to be assessed thoroughly. For example, check for dangers in the house, e.g., where are drugs stored? When are the drugs taken? Who cares for the child(ren) when the parent is under the influence? Assess the risk of immediate harm e.g., is the child exposed to drug paraphernalia or drugs/alcohol, is there a lack of adequate supervision and basic care food/hygiene/clothing. Older children/teenagers may end up caring for a parent who has a substance misuse problem or may find themselves drawn into this behaviour themselves as the parents / carers do not work pro-actively to discourage substance misuse – indeed, they may encourage it and see

this as an entry to adulthood. See **Children of Parents who Misuse Substances** for further guidance.

Avoid drift and lack of focus - It is important to plan the assessment and have clear timescales for finalising written assessments. Remember that before, during and after undertaking formal assessments, the safeguarding interventions and service delivery still needs to be inputted as required to protect the child(ren). These services and interventions can inform the assessment process.

Guard against becoming 'immune' to neglect - Those who work regularly with families where there is neglectful parenting can become de-sensitised and can tend to minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised. It is also valuable for workers from different agencies to meet, e.g., in practitioners' meetings or Case Learning Meetings to discuss issues, share concerns and keep neglect issues in focus.

Mental Health and Learning Disabilities/Difficulties - Such difficulties can significantly impact upon parenting capacity. Seek specialist advice whenever this is identified as an issue to ensure the parents / carers are able to understand the information and advice they are being given and appropriate joint assessments of parental capacity are made as early as possible. For Further information see **Children of Parents with Mental Ill Health** and **Children of Parents with Learning Disabilities.**

Domestic Abuse - Direct or indirect harm can arise through children being exposed to domestic abuse/domestic violence (physical or emotional) in the home. Consider the long-term implications for children growing up in such environments. Assess the impact of the abuse/violence and the atmosphere on the adults' ability to meet the needs of the children.
Under the new Domestic Abuse Bill Act 2021, councils across England have a legal duty to provide children life-saving support such as therapy, advocacy, and counselling in safe accommodation, including refuges. The act defines domestic abuse as occurring where the victim and perpetrator are aged over 16. Abusive behaviour directed at a person under 16 would be dealt with as child abuse rather than domestic abuse. However, for the first time, a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse in their own right. This means that locally commissioned services consider and address the needs of children affected by domestic abuse.

Further guidance can be found at this link **Safeguarding Children abused through Domestic Abuse Practice Guidance.**

Graded Care Profile 2 (GCP2) is a validated tool from the NSPCC that helps those working with children and families to measure the quality of care being given to a child(ren). It is an assessment tool that can help practitioners and families to identify anything that is putting that child(ren) at risk of harm. It is important to identify neglect as early as possible so practitioners can get the right help for and avoid children living with neglect for a long period of time. The GCP2 should be used in partnership with families, as far as possible, to identify

areas of strength and difficulty and to measure periodically change that has, or has not, occurred and identify what needs to change.

Helping practitioners to objectively measure neglect and to identify areas where parents need to improve their care should result in better outcomes for children and by working out what parents can do better; it's easier for the person working with a family to get them the right support to improve the life of their child(ren).

The GCP2 can be used by multi-agency practitioners along the continuum of need from Universal to Statutory intervention. However, it is anticipated that the GCP2 will be used to identify neglect at the earliest opportunity to ensure early intervention. Good practice would be that it completed as part of any assessment or referral made in respect of neglect. At the latest it should be completed before an Initial Child Protection Conference is held. If a GCP2 has not been completed and another assessment covers the neglect concerns etc. you need to be clear why you have not used the GCP2 and what alternative actions/outcomes have been undertaken.

It can also be used to escalate to statutory intervention including Public Law Outline processes. **Please see relevant Multi-agency Threshold documents.** Where practitioners have concerns that require statutory intervention consideration must be given to the need for a paediatric medical opinion. This should always be considered at the strategy discussion in consultation with the on-call Paediatrician for child protection medicals. Please see **Child Protection Medical Assessments.**

Purpose of the GCP2:

Where neglect is suspected:

- To assess the current quality of care and give a base line measurement.
- To target intervention.
- To monitor progress after interventions.

Where quality of care is of interest:

- In targeting resources.
- In understanding educational outcomes for a child(ren).
- In understanding emotional or behaviour outcomes for a child(ren).

User Requirements:

The GCP2 can be used by licensed practitioners. Practitioners are specially trained to use the tool when visiting families at home to do an assessment. It is called GCP2 because different aspects of family life are 'graded' on a scale of 1 to 5.

Questions are broken down into four areas:

- Physical, such as quality of food, clothes, and health.
- Safety, such as how safe the home is and if the child(ren) knows about things like road safety.
- Love, such as the relationship between the parent/carer and child(ren).
- Esteem, such as if a child(ren) is encouraged to learn and if they a praised for doing something good.

By providing a clear, objective framework for evaluating a family's strengths and weaknesses, GCP2 aims to:

- Help practitioners manage and monitor their caseloads more effectively.
- Direct the right support to the families who need it the most.
- Protect more children from neglect.

Good practice would be that in all cases where neglect is suspected or identified, practitioners will have completed a GCP2 before making a referral to either the Early Help Services or Children Social Care unless there is a good reason for that not to have happened.

Safeguarding Bedfordshire has information about free GCP2 training and additional information and resources about the GCP2.

4. Adolescents

Many adolescents have lived with neglectful care throughout their childhood. Factors which can be present are the same as many of those for younger children. Identifying neglect in adolescents raises particular challenges to practitioners. Indications of neglect may resemble aspects of adolescent experience such as poor self-care, lack of routine, lack of supervision and poor boundaries. Adolescents themselves may pose a challenge to practitioners attempting to assess neglect. They may experience the care they are receiving as normal and feel defensive about professional scrutiny into family life. There may be perceived benefits for the adolescent in having little in the way of adult restrictions and expectations. Neglectful emotional care of adolescents may be wrongly assessed as them acting out and a parent being unable to cope. However, the chronology will often identify that these troubled adolescents have experienced high levels of instability, and not had their emotional and physical needs met for much of their childhood.

It is important to be mindful of factors that indicate an adolescent is at risk of neglect; issues such as risk-taking behaviour coupled with low parental warmth and acknowledgement. Poor parental control and involvement may be aspects of neglectful parenting. Behaviours that can be seen as challenging or difficult are often a response to chronic childhood neglect. Children at risk of criminal or sexual exploitation may have an underlying experience of neglect.

The catastrophic impact of chronic neglect can be seen in the numbers of adolescents who become the subject of serious care reviews due to teenage suicide, or physical harm arising from high-risk behaviours.

Some behaviours that have been reported to characterise neglected adolescents are:

- Difficulty solving problems.
- Lack of creativity and language skills.
- Relatively easy onset of frustration and anger.
- Poor and/or inconsistent school achievement.
- School absences leading to school dropout.
- Arriving early to and leaving late from school to avoid being at home.
- Withdrawn or passive, hyper alert or watchful.
- Low self- esteem, anxiety, depression, prone to suicide.

- Inability to trust or overly compliant.
- Lack of recognition with regard to nutrition.
- Drug and alcohol abuse and early sexual activity.
- Anti-social behaviour, getting into trouble, violent conduct.
- Lack of attention to medical needs.

In addition, inappropriate expectations can arise when a child becomes an adolescent. Parents may become emotionally and physically unavailable to them yet inappropriately rely on the adolescent for their own support and needs. Support may be lacking for the adolescent at developmental, educational, and personal milestones. Adolescent neglect can have very serious consequences and they are more likely:

- To be excluded from education.
- To become involved in anti-social or offending behaviours.
- To be at risk of trafficking, sexual exploitation and going missing.
- To face stigmatisation by peers.
- To misuse substances.
- To experience depression or anxiety.
- To have an inappropriate diet.
- To self-harm/attempt suicide.
- In the worst scenario, to die.

It is important that practitioners working with adolescents bear in mind the possibility of neglect when responding to their needs. Adolescents may also find their home situation too difficult to bear which may result in running away, further putting themselves at risk of even more dangerous situations, for example exploitation, substance misuse and domestic abuse.

Agencies who work with adolescents need to provide a co-ordinated response. Effective safeguarding of adolescents requires practitioners to pay attention to sustained and consistent relationship building with them. The work needs to focus upon facilitative parenting, supporting the development of life skills leading to safe independent living, developing resilience, and minimising harm, the modelling of unconditional relationships and supporting adolescents to make sense of their experiences and develop greater emotional self-awareness.

Useful resource for practitioners; Government Review that provides an accessible summary of relevant literature on adolescent neglect: **Growing up neglected: a multi-agency response to older children.** NSPCC **Contextual Safeguarding and ways to talk to teenagers and parents** and **Neglect or emotional abuse in teenagers: Core info leaflet**

5. Contextual Safeguarding

An approach to understanding and responding to children's experiences of significant harm beyond their families. It recognises that the different relationships that children form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and children's experiences of extra-familial abuse can undermine parent-child relationships.

As individuals move from early childhood and into adolescence, they spend increasing amounts of time socialising independently of their families. During this time the nature of children's schools and neighbourhoods, and the relationships that they form in these settings, inform the extent to which they encounter protection or abuse. Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang- related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, children encounter significant harm in a range of settings beyond their families.

Peer relationships are increasingly influential during adolescence, setting social norms which inform children's experiences, behaviours and choices and determine peer status. These relationships are, in turn, shaped by, and shape, the school, neighbourhood and online contexts in which they develop. So, if children socialise in safe and protective schools and community settings, they will be supported to form safe and protective peer relationships. However, if they form friendships in contexts characterised by violence and/or harmful attitudes these relationships too may be anti-social, unsafe or promote problematic social norms as a means of navigating, or surviving in, those spaces.

Children's engagement in extra- familial contexts can also inform, and be informed by, what is happening in their homes. Therefore, when children are exposed to violence or exploitation in their school, community, or peer group this may fracture their family relationships and undermine the capacity of their parents/carers to keep them safe.

6. Children with disabilities

Research evidence indicates that children with disabilities are more likely to suffer neglect than their peers but that they are less likely to be subject to Child Protection Plans under the category of neglect. When working with children with disabilities practitioners need to be mindful of the following:

- Developmental delay or behaviour which challenges should not automatically be attributed to the child's disability; it may be a result of neglect and poor parenting.
- Neglect for children with disabilities can be life threatening; if, for instance, they do not have access to the correct medical treatment.
- Children with disabilities have the right to the same standard of parenting and relationship of care that other children have. Parents "doing their best" may not be the same as providing an acceptable standard of parenting.
- Children with disabilities have the same emotional, social, and cognitive needs as other children. These can often be subsumed by the high level of physical care and supervision that they require.
- Just because a child has a learning disability or doesn't communicate verbally this doesn't mean that the impact of neglect is somehow less significant. A child's behavioural distress or difficulties may be their way of communicating that they do not feel safe at home.
- Parents of children with disabilities often experience financial and practical difficulties, for example through reduced opportunities to work. Assessments of parenting capacity must differentiate between neglect due to systemic issues and neglect caused by a lack of parenting capacity.

- Views and experiences of the child(ren) must be central so that the needs of the family with a child with disabilities are not allowed to mask safeguarding and child protection concerns. Safeguarding concerns should be standard agenda item in multi-agency meetings about children with disabilities.
- Children with disabilities often have their care needs met by numerous adults so neglect and abuse may have a variety of sources. Families can be overwhelmed by the number of practitioners working with them. Different information is shared with different practitioners, resulting in no one agency having a complete picture of the family situation. It is important that this is addressed in core group meetings.
- Children with disabilities can be neglected in specialist placements as well as at home. It is important that practitioners work proactively with family carers when disabled children are placed away from home to ensure they know how to recognise and report on concerns.

In summary, in assessing neglect for children with disabilities practitioners should ask: Would this situation be acceptable if the child(ren) was not disabled?

Practitioners need to be able to differentiate between issues of care that are related to medical/disability related and those that derive from maltreatment. This is not simple and requires multi –agency working to ensure that assessments accurately consider the causes. For example, a child with complex needs demonstrated aggressive behaviour for a number of years and had led to no dental care over that period. Due to dental decay he had to have them removed. Staff noted that a significant improvement in behaviour afterwards and recognised dental pain had been a significant factor.

Children may be drawn into caring, to the detriment of their own care. Children may not receive support at key developmental stages, such as puberty, early and later adolescence. Lack of supervision and boundaries may result in children being exposed to greater likelihood of harm and experiencing more problems.

7. Top Tips

- Read files/information on the family fully and beware of "start again" syndrome. Complete a full genogram (family tree) with the family, including the roles and responsibilities within the family for routines such getting to school, dentist appointments and cooking meals. Neglect is often intergenerational and fathers/male care givers are often unrepresented.
- **For Children's Social Care:** Consider a Family Group Conference to address concerns and make a plan.
- Refresh the chronology - ask yourself:
  - What has happened in the past and the impact on the children?
  - What interventions have been used/tried?
  - Has change been made and sustained?
  - Are particular children more neglected than their siblings?

  This will enable you to get a plan of action in place and look at what hasn't been offered/tried.
- Consider other factors in family functioning such low mood, Post Natal Depression, Domestic Abuse, substance misuse (drugs and alcohol) and parental trauma/experiences

which are impacting on their ability to parent. Gain their experiencing of being parented – were they neglected?

- Ensure that your Chronology is regularly up to date as this will aid your referral, and assessment. For CSC it will assist if a statement is required for court and also essential to EDT if things escalate at evenings and weekends. Add a case summary. Keep this updated with the concerns and strengths.
- Create plans with the family that have set timescale for actions.
  - The who, when and the how – consider what is realistic?
  - What small difference can start- as well as the bigger change needed? – milestone?
  - How is this going to be maintained?
  - Who will notice improvement and deterioration?
- Ensure that visits to the child(ren) occur in different venues: The home (see the child(ren)'s bedroom, the kitchen, and the bathroom) as well as school and other involved carers homes. This enables you to see the interactions between parents and children, as well as looking at the home environment. Gain the child(ren)'s lived experience.
- View all children as individuals and consider how neglect is impacting on them in terms of their ages and stages (infants to adolescents). Plan direct work with children – be child led.
- Work closely and form positive relationships with other practitioners to enable you to get a full assessment of the child(ren)'s lived experience.
- Use the GCP2 to gain a deeper understanding on the impact of neglect.
- Review these at least every 3 months to see if there are any changes, positive or negative and what area needs prioritising.
- Benchmark each child and establish areas to tackle e.g. teeth, hair care, immunisation, developmental issues, attendance to nursery-school, diet, and routines. Ensure you are up to date with current health advice such as parents need to brush infant's first teeth and involve colleagues in delivering united messages to parents on treatment plans such as head lice treatments. Review appointments attended and liaise with practitioners involved to see if the child(ren) 'was not brought to appointments.
- Ensure tools are reviewed regularly in order to see if the situation is improving or deteriorating. Ensure that these are completed prior to meeting such as CIN, ICPC etc.
- Use your supervision, colleagues, and reflective forums to look at the situation from a different perspective – consolidate risks and strengths with the family and consider if situation needs escalating. Know yourself and practitioners supporting children. Consider if you/ others are being overly optimistic – what evidence is informing judgements that situation is improving or declining?
- Undertake a **multi- agency chronology** to gain an understanding of the child(ren)'s week – are appointments kept? Remember the difference in message between saying that 'Child did not attend' and **'Child was not brought'**
- Undertake a **PAMs assessment (Parenting Assessment)** if an emerging issue of learning disability for parent to enhance plan and ensure that expectations are clear. Use the named adults' practitioner for advice and guidance.
- Increase visits to home and reduce time between core groups if you have concerns. This will enable you to get a good understanding of what is happening for the child(ren) and if parents are making progress with actions – what part of the change cycle are parents occupying?

- **What is the family's financial situation?** Is addiction causing financial issues? Do the family work? Have the parents got basic skills, or do they need support? Can they shop, manage a house, budget, pay bills?
- Could the child(ren) be vulnerable to exploitation online or in the community, due to the lack of emotional warmth or protection at home? What understanding do the parents have of grooming and exploitation? Use the **Child Exploitation tool** to ascertain evidence for concerns.
- **Take photographs** to show change and what is good enough. What has been achieved and agreed? Check your standards with other practitioners so you are agreed on what 'good enough' looks like.
- Evidence is key, use checklists, chronologies and have regular conversations with practitioners to see if the situation is improving. Are parents showing a capacity to change? What is preventing change?

8. A guide to undertaking home visits

- Ensure that you do a range of announced and unannounced home visits.
- Have a clear purpose for each visit and record outcome - ensure you record what is seen, smelt and the impact on child(ren).
- Unannounced visits give you an idea of visits when family are not expecting a practitioner – let the family know that you may call in from time to time.
- See the bathroom and toilet - does the child(ren) have a toothbrush, flannel, soap… are they it in a good state of repair/mouldy/unused.
- See the child(ren)'s bedroom – does the room feel like a child(ren)'s space? Toys/posters -is there bedding on the beds? Does the room smell? Is the mattress clean and dry?
- See the kitchen -ask what's for dinner? Accept offers of drinks – as this gives a window into home life – demonstrates cleanliness of cups, milk and builds rapport.
- Is the home warm? Have electricity? Broken windows? Consider if you have seen all the rooms in the home? If not, why not?
- Consider where the child(ren) plays (is there a safe garden?) Is there space to play – have tummy time – is it safe (stair gates? - plug socket covers? Where is medication kept?)
- What are the child(ren) playing on internet? Do tablets/phones have parental controls on their devices?
- What kind of animals live in house? Is there animal faeces? Where is it? Whose job is it to clean and care for animals?
- What is the child(ren)'s behaviour like at home? Is it different to how they present elsewhere? Are they overly guarded or unable to regulate their emotions in the home?
- What are infants doing on visits? Is he/she strapped in a buggy, do they have safe space on the floor, do they have toys. Is their development delayed i.e. Are they able to hold their head up unaided, does the child(ren) have a flat head, is the child getting tummy time, how does the child(ren) react to his/her parent? If the parent is shouting, how are they reacting to this?
- Who is in the home when you visit? How does the child(ren) respond to these individuals?

9. Common Problems

"I can't seem to get the family to understand what I am concerned about".

Try the following.

- Use the GCP2 as it provides a visual representation of concerns and parents/carers can plot where they are against the professional's view which will aid discussion.
- Focus your concerns on the child(ren) and the impact of neglect on them.
- Share the chronology you have compiled with the family.
- Think of creative ways to discuss the issues you are concerned about. Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about
- Do the parents have learning disabilities/difficulties? If so, seek advice and guidance form Adult Services
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues.
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact, try and visit with a colleague to produce a new way of talking about the same things.
- It is important that you name neglect and describe what you see, hear and smell.

"There is a plan in place, but I remain concerned for the child's safety".

Try the following:

- Discuss your concerns with your line manager, the named person within your organisation who has responsibility for child protection or, where the child's name is included on the child protection plan, the Chair of the reviews.
- Ask for the review to be brought forward.
- Produce a multi-agency chronology.
- Reflect on concerns in relation to the child and parent and the effectiveness of discussion about this Consider discussing your family within your team, possibly at a team meeting, your colleagues may think of new ways of engaging the family or offering support.
- Use tools / resources to consolidate concerns.
- Seek Legal Advice.

"The plan doesn't seem to be working the family isn't cooperating – I feel 'stuck'".

Try the following:

- Review what you have done so far to engage the family – what has been most successful?
- What has been least successful and why?
- Discuss the case with your line manager.
- If there are practical issues blocking progress attempt to resolve these. It may be that the home is so chaotic when you visit that you are unable to complete any assessment within that environment, if this is the case plan carefully how you can assess the family in these circumstances.

- Resolve some of these practical issues that may be distracting the family (be careful they are not being used as excuses to distract you).
- Think about what the family most likes to talk about – the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover.
- Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it.
- Think carefully how you are going to monitor and measure the issues of neglect; it is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change, feedback to the family what you perceive to be the situation.
- Consider using creative ways to engage the family e.g. video, needs games.
- Consider using working agreements with the family.
- Use observation as a method of gaining information and then feedback the issues with the family and engage in discussion about this.
- Consider having a colleague co-work with you. This will provide you with support and may also help to provide a "fresh" outlook on the case.

"It's hard to effect change and work with issues of neglect within this family because sometimes parenting is 'good enough' and other times it is not".

Try the following:

- What is the overall level of care? Is this good enough?
- Consider what it is that affects the level of parenting – when is it good enough and why?
- When is it not good enough and why?
- Keep a diary to be able to map changes and when they occur in order to be able to identify possible causes. In this way it may make it easier to put in additional services or supports at stressful times.

"The family had shown that they do know and understand what good parenting entails… but they don't do it consistently"?

Try the following:

- Keep the needs of the children in focus. Talk to the children and find out what their experiences are – use the **Day in my life practice guidance tools.**
- It is common for parents who have received support and services such as parenting skills programmes to have knowledge of what good parenting is. Often parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently.
- Consider involving individuals who can act as role models to parents preferably in the home. These individuals could be family aids, family workers, volunteers, extended family or any professional with time and commitment. The aim of this exercise would be to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby or helping a family to understand the necessity for good hygiene in the kitchen.

- When you know that parents can care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision.
- Discuss your chronology with your line manager.

10. Further Reading and Useful Resources

- **One Minute Guide - Neglect**
- **Neglect Campaign Posters** - Bedfordshire Neglect Matters Campaign
- **Neglect Matters Young People's Booklet** - Bedfordshire Neglect Matters Campaign
- **NSPCC information**
- **A Day in My Life: Unborn Baby**
- **A Day in My Life: Baby**
- **A Day in My Life: Pre-school**
- **A Day in My Life: Primary**
- **A Day in My Life: Teenager**

- **Neglect Procedure**;
- **Responding to Abuse and Neglect Procedure**;
- **NSPCC - Neglect**