

Tips for identifying and working with Neglectful Parenting

1. In cases of neglectful parenting early intervention is vital because research tells us that the impact of all types of neglect on children/young people may not be seen until much later and by that stage it is often too late to make a real difference.
2. Be observant and alert to signs of neglectful parenting or changes in a child/young person's behaviour Stop, Think; Neglect.
3. Take a holistic view to consider the child/young person's circumstances and do not make conclusions without a thorough assessment.
4. Be compassionate and understanding, show the child/young person that you care and that their feelings are important. Take your time and let the child/young person go at their own pace, and respect pauses. Reflect and use the child/young person's language to show that you understand what they are saying. The [Day in my Life](#) tools can be useful in understanding what life is like for them.
5. Monitor the child/young person's situation to collate evidence of improvement, sustainability, and good outcomes.
6. Use the term "[Was not brought](#)" (WNB) instead of "Did not attend" to think from the child/young person's perspective.
7. Remember young people are still children and are not always able to decide what is right for themselves.
8. Focus on the impact of the circumstances on the child/young person, including the likely long-term impact. Seek advice from a medical professional if you are worried about medical neglect to risk assess the impact.
9. Over optimism by practitioners may result when minor changes to a child/young person's circumstances are made which are given too much 'weight' when the overall risk(s) remain unchanged. Practitioners should adopt a balanced approach and beware of over emphasising positives at the expense of negatives, especially in situations where the standard of care fluctuates.
10. For a variety of reasons, practitioners can often think the best of families, especially when the parents seem well meaning, trying hard to improve their situation and the care of their children. This can lead to a lack of objectivity and loss of focus on the child/young person, minimising concerns, failing to see patterns of 'relapse' or abuse and not believing or wanting to believe that risk factors are high. The risk is that insufficient change is made, risks are not evaluated in a holistic context.
11. Be aware of 'false engagement' and 'feigned compliance.' True engagement by parents shows through changes in their behaviour, measurable and visible improvements in the child/young person's health, educational achievement, and general well-being.
Remember, always think about what this means for the child/young person.
12. Parents who may neglect their child are often emotionally and materially deprived and may have unmet needs of their own. Whilst meeting these needs may be a way of improving their parenting capacity, too much focus on their needs can detract from meeting the needs of the child/young person. Remember the needs of the child/young person are paramount and any assessment must recognise the parental needs, identify services for parents and include assessment of whether change can happen in a timeframe to meet the child/young person's needs, prevent drift and long-term damage.
13. The motivation of the parents, being 'well meaning' with an apparent willingness to 'try' to change things, and their own need for support are not justifiable reasons for allowing the child/young person to continue in a neglectful environment or receive neglectful care.
14. Be aware of disguised parental 'compliance' which may reassure practitioners that the parents share the same concerns and are working towards improving matters, whereas little is changing to improve the life of the child.
15. Neglectful parenting that constitutes significant harm will usually be characterised by a combination of events; a 'snapshot' view of the child/young person will never be sufficient.
16. Help parents understand what support they need and encourage them to seek help when problems first arise.
17. The parent's ability to care for their child may be affected by their [learning disability](#), [mental health problems](#), [domestic abuse](#), [alcohol/substance misuse](#) so practitioners need to understand how these can impact on the child/young person in many ways.
18. Avoid 'start again syndrome' where each new incident is dealt with in isolation of the family's history. Look at the whole picture, not only what has happened to the child/young person but their health, development, views and voice, the wider family and environmental context.
19. Check with other practitioners if they have chronologies and take the lead to pull together a [multi-agency integrated chronology](#) for a full picture of the family.
20. [Share past and present information](#) with other practitioners who may also have concerns to obtain as many details as you can about the child, young person, and their family. Without doing this, an assessment will be incomplete and probably wrong.
21. Practitioners need to be aware of their own values/differences and not let their own assumptions cloud their objectivity. Assess the facts of the case, any opinions a practitioner has must be backed up with evidence. 'Gut feelings' do not appear without cause! Practitioners need to look at what has made them think like this and what is the evidence.
22. 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 neglectful parenting 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.
23. Ensure that the drift of cases is avoided by making sure cases are regularly discussed in supervision and prioritise these effectively. Consider what has worked before and when a different approach might be needed.
24. Maintain multi-agency links and if there is an issue affecting a practitioner's ability to visit (threat of violence / intimidation) make sure managers are informed at the earliest opportunity to plan how to deal with this and keep up the visits to the child. If practitioner is fearful to visit the home, then how does the child/young person feel about living there.
25. [Graded Care Profile 2 \(GCP2\)](#) will help highlight strengths/difficulties and should be part of a [referral to Children's Social Care](#).
26. Having targets with timescales in plans will help identify when progress is not being made quickly enough and there should be contingency plans to ensure when things are not making progress there are different approaches identified.
27. Practitioners must refer to the police and/or children's social care if they suspect a child/young person is at risk of neglectful parenting.

For more information on neglect please access the following

[Pan Bedfordshire Child Neglect Strategy](#)

[Pan Bedfordshire Neglect guidance](#)

[Neglect is also Child Abuse: Know All About It | NSPCC](#)

GCP2 training: Bedford Borough based practitioners: [CLICK HERE](#), Central Bedfordshire based practitioners: [CLICK HERE](#) and Luton based practitioners: [CLICK HERE](#)