**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Practice Guidance for Social Workers – Identifying, Assessing and Addressing Neglect**

**Introduction**

Practitioners and academics are agreed that chronic and serious neglect can have far-reaching effect upon childhood and child development. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm (Hildyard and Woolfe, 2002; Davies and Ward, 2011).

This Practice Guidance is written for Social Workers and the aim of the Guidance is to establish a common understanding around the assessment of the impact of neglect and a common threshold for intervention in cases where the neglect of children is questioned or identified.

This Practice Guidance aims to highlight some of the difficulties experienced in identification of neglect, assessing the impact of neglect and providing interventions to tackle neglect and promote positive change. It is intended that this Practice Guidance, the accompanying toolkit and the Threshold Guidance will assist you to confidently identify and systematically assess the impact of neglect upon children and young people.

***The overarching principle is that we must strive to ensure the child is at the heart of all our interventions, we must have a clear focus on the child’s lived experience.***

**Definition of Neglect**

The European Convention on Human Rights (Article 3) and the United Nations Convention on the Rights of the Child (UNCRC Article 19) set out the child’s rights to have a childhood that is free from abuse and the right ‘***not to be subject to*** ***inhuman or degrading treatment’.***

“Working Together to Safeguard Children”2015 describes neglect as:

‘The persistent to meet a child’s basic physical and/or psychological needs likely to result in a serious impairment of the child’s health or development. Neglect may occur during pregnancy as a maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

Provide adequate food, clothing or shelter (including 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

National Picture

National research (Stevenson 2007; Howarth 2007) and statistics (NSPCC 2011-16) indicate that while the numbers of children made subject to a Child Protection Plan for physical and sexual abuse have fallen, the numbers for neglect have risen steadily throughout the last decade (with the numbers for emotional abuse also increasing).

Nationally, between 80-100 children each year are estimated to die because of abuse and neglect with a high degree of overlap between neglect and other forms of abuse (Brandon et al, 2008, DCSF).

Research shows that in the majority of serious case reviews, neglect is found to be a background factor; however it is uncommon for it to be identified as a primary cause of death (Brandon et al, 2012, DfE).

NSPCC statistics from 2016 show that neglect is the most common reason for being subject to a Child Protection Plan England (45% of plans) or being placed on a child protection register in Wales (40%).

The death of Daniel Pelka in 2012 and the imprisonment of two parents in Gloucestershire in 2014 for the prolonged and extreme neglect of their children, highlight not only the far reaching consequences of neglect but also the complexities of working with a form of abuse that is often chronic and involves entrenched difficulties within families (Moran, 2009).

Serious Case Review “Holly” was published by North Somerset in 2016 and highlights some of the complexities of Neglect and potential risk factors in relation to children’s health and well-being.

Statutory Framework

What the criminal law says:

The current criminal law on child neglect is outlined in Section 1[2] (a) of the Children and Young Persons Act 1933. The Serious Crime Act 2015 (Section 66) introduced some important amendments to the Children and Young Person Act 1933. This Act seeks to clarify certain aspects of law around emotional abuse and does not replace the 1933 Act.

Children and Young Persons Act 1933

Section 1 of the Children and Young Persons Act 1933 (“the 1933 Act”) provides for an offence of child cruelty. This offence is committed where a person aged 16 or over, who has responsibility for a child under that age, wilfully (i.e. intentionally or recklessly) assaults, ill-treats, neglects, abandons, or exposes that child in a manner likely to cause “unnecessary suffering or injury to health”; or causes or procures someone else to treat a child in that manner.

Section 1[2]{a}of the Children and Young Persons Act 1933 provides that, in a case where a parent (or the legal guardian) or other person legally liable to maintain a child or young person has failed to provide adequate food, clothing, medical aid or lodging or, if having been unable to provide such items, has failed to take steps to procure them, that person is deemed, for the purposes of the child cruelty offence, to have neglected the child in a manner likely to cause injury to its health.

Section 1(2)(b) of the 1933 Act provides that, in a case where the death of a child under the age of 3 is proved to have been caused by suffocation while the child was in bed with a person aged 16 or over, that person is deemed, for the purposes of the child cruelty offence, to have neglected the child in a manner likely to cause injury to its health, if he or she went to bed under the influence of drink.

Serious Crime Act 2015, Section 66 amendments

Section 66 clarifies, updates and modernises some of the language of, section 1 of the 1933 Act.

The effect of the changes made by section 66 are to:

Make it absolutely clear – by substituting for the current list of examples of relevant harm

(which includes the outdated term “mental derangement”) the words “whether the suffering or injury is of a physical or psychological nature” – that cruelty which causes psychological or physical suffering or injury is covered under section 1 of the 1933 Act;

Make it absolutely clear that the behaviour necessary to establish the ill-treatment limb of the offence can be non-physical (for example a sustained course of non-physical conduct, including, for instance, isolation, humiliation or bullying, if it is likely to cause unnecessary suffering or injury to health);

Replace the outdated reference to “misdemeanour” with “offence”; and

Amend section 1(2)(b) so that: i. A person is also deemed to have neglected a child in the relevant manner where the person concerned is under the influence of “prohibited drugs”; ii. It is clear that the provision applies where the person comes under the influence of the substance in question at any time before the suffocation occurs; and iii. It applies irrespective of where the adult and child were sleeping (for example if they were asleep on a sofa).

‘Ill-treatment’ includes a ‘sustained course of non-physical conduct, likely to cause a child unnecessary suffering or injury to health’. This must be considered in cases relating to ‘emotional cruelty’. The term ‘Wilful’ is retained within the act. “The courts have held that ‘wilful’ misconduct means ‘deliberately doing something which is wrong, knowing it to be wrong or with reckless indifference as to whether it is wrong or not’. Although there is no definable threshold for when a minor neglectful act becomes a criminal offence, each single incident must be examined in the context of other acts or omissions and the possibility of a criminal offence should be considered.”

The criminal law only forms one small part of our collective response to child abuse and neglect.

Universal and Early Help Services

We know the majority of parents are able to meet the needs of their children, often drawing on the support of their family and friends. However some parents will require extra support from services to ensure that their children’s needs are met with support.

A small number of children will require comprehensive and statutory support services, as a result of complex and or serious circumstances, in order to ensure that their needs are met.

Universal and Early Help Services have a critical role in identifying, assessing and addressing the needs of children who are experiencing low level neglect.

“For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future. Children are best protected when professionals are clear about what is required of them individually, and how they need to work together”. Working Together 2015

Early Help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Social Workers must consider what Early Help has been offered before their intervention when compiling the chronology. This will inform

their assessment of the parent’s capacity to make and sustain changes that are require. It will also assist in identifying barriers to change.

When Social Workers have assessed that changes have been made and sustained they will seek parents consent to ensure they plan for and action the Step-Down to Early Help.

Defining Significant Harm

To assist Social Workers in the assessments Neglect we suggest that the following constitute 'significant harm'. Neglect that is:

Persistent; (continuing to exist or occur over a prolonged period)

Cumulative; (increasing or increased in quantity, degree, or force by successive additions)

Chronic or acute; (persisting for a long time or constantly recurring/of a very poor quality/severe or intense degree)

Resistant to intervention. (Resistance to something or someone).

Direct and substantial impact on the health and well-being of the child/young person (lack of food/shelter, preventing seeking heath treatment, lack of supervision leading to risk of injury inside or outside the home)

Working Sensitively with Diversity

All children, and the families in which they live, are unique. Their racial and cultural background, religion, gender, sexual orientation and any physical and/or learning disability all need to be considered within an assessment. It is important that practitioners are aware of their own personal value base and the impact that this may have in working with families.

Literature expresses caution about non-intervention based upon fear of being judgemental. Child abuse including neglect can never be explained or justified on the basis of differing cultural norms or beliefs. Offering cultural explanations for abusive and neglectful parenting is referred to as ‘cultural misattribution’ by Lord Laming in his inquiry into the death of Victoria Climbie (2003).

For some children discrimination is a part of their daily lives. Agency responses to children should not reflect or reinforce the experience of discrimination-they should counteract it. For example, it is particularly important that practitioners use interpreters when necessary and that children are listened to and able to express their views in their first language.

Neglect – making sense of risk Factors

NSPCC research identified that some children are especially vulnerable to neglect, amongst them are:

Children born prematurely, or with very low birth weight, Children who are Missing from Home or Care.

Children who are Looked After

Asylum seeking and refugee children.

Children with additional needs, disabilities and complex needs.

Research evidence suggests that children with disabilities are at increased risk of abuse and neglect, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect, yet they are underrepresented in safeguarding systems.

Adolescents and children under the age of one are also highlighted as particular at risk groups.

An assessment must address the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context.

The 2015 Working Together guidance for England lists some of the following as features of a high quality assessment:

they are child-centred and informed by the views of the child decisions are made in the best interests of the child

they are rooted in child development and informed by evidence they build on strengths as well as identifying difficulties

they ensure equality of opportunity and a respect for diversity including family Structures, culture, religion and ethnic origin

The Signs of Safety Methodology

This methodology will assist practitioners to explore the potential harm to children, whilst at the same time inquiring into the strengths and safety in the family.

Signs of Safety elicits and values the family’s knowledge of their own situation.

A risk assessment and case planning tool sits at the core of the methodology. This allows us to maps the harm, danger, complicating factors, strengths, existing and required safety.

There are four simple questions to ask when thinking about a family:

What are we worried about? (Past harm, future danger and complicating factors)

What’s working well? (Existing strengths and safety)

What needs to happen? (Future safety)

How worried are we on a scale of 0 to 10? (Judgment)

Undertaking Assessments

Plan the assessment and engage the family:

The child and family are key to the process, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes

Establish the family’s views of the concerns in an open and transparent way.

Children value being treated with respect, honesty and care, listen to their views in a way that compliments their needs, this maybe by direct work, communication tools or observation

Assessments should actively consider equality issues such as the parent’s ethnic origin and any cultural needs. The parent’s capacity to engage in the assessment process must also be consider and supported. For example where a parents has any learning needs or disability, or mental health needs.

Assessments are ongoing not a single event. It is essential that assessments are updated to evidence change and demonstrate consideration to the parent’s capacity to sustain change.

Be prepared to revisit your hypothesis with new information gained

Completing the assessment:

Genogram

Chronology: Keeping clear records of what you see as a practitioner will allow you to develop your understanding of the chronicity of the neglect and therefore draw analysis as to the persistence of it, parent’s capacity to change and clarity as to the impact upon the child.

Children should be seen within their family home, on their own when appropriate and observed amongst their sibling group and with their care givers.

The child’s views must be sought in relation to seeing them alone and what efforts you have made to make them as comfortable as possible.

Consideration should be given to each child within the family, assessments should be made of each child and their particular needs. How they are different or similar, how are they more vulnerable or more resilient?

Ask the parents to describe their children individually and talk about what they like about them. What are their individual personalities? What do they like doing? This can be enlightening in terms of finding out what parents know about their children, how they feel about them and how good their attachments are.

Are any of the children in this family more resilient than others to the care they are receiving and if so, how? Why do you think this is?

Describe each child in terms of appearance and personality

List the strengths and positives of the relationships within the family

List any injuries the child has had chronologically including injuries that have been explained by the parent or carer

List your concerns about the child’s development needs using the dimensions within the Assessment Framework

**Making sense of the information gathered – your analysis**

The Importance of Analysis

Undertaking an assessment is a dual process of gathering and organising information and then analysing it. Analysis involves attaching meaning and significance to what has been observed or expressed, and so determining what should happen next:

Based on the understanding of the assessment information is the plan in the best interests of the child/children?

Is there adequate justification in continuing with services either voluntarily or through statutory involvement?

Focus on the impact of the circumstances on the child:

Every assessment must demonstrate that the Social Worker has a good understanding of the child’s lived experience.

Gather and analyse information gained from a number of different sources – child health, development wider family context and environmental context

When analysing the information about the risks, think about the seriousness and consequences for the child of no change in parental capacity

Don’t allow the needs of the parents to cause you to lose sight of the child

Don’t underestimate the impact of a parent’s mental health difficulties, drug and/or alcohol use or domestic abuse on the care they are giving to the child

Are the parents showing motivation to change? Do you and the parents have an understanding of any barriers to change?

Build on strengths as well as identify difficulties – but guard against over optimism – adopt a balanced approach – be clear in what the ‘danger/worries are and the ‘safety’ needed

Be aware of the uniqueness and diversity of each child and family and communicate according to individual need

The impact of neglect upon a child’s development is uniquely experienced by each child depending upon their individual circumstances, the nature of the neglect and the existence of resilience. Amongst the challenges that may be encountered by children who are exposed to neglect are:

Development delay and failure to thrive Hunger and thirst

Low weight

Being Overweight, Obesity

Lack of appropriate medical care, missed medical appointments and pain caused by untreated condition(s)

Inadequate protection from emotional, physical or sexual harm Pain/embarrassment caused by ill-fitting or inappropriate clothes Difficulties concentrating and making friends at school

Lack of opportunities for socialisation

Elevated likelihood of poor mental health and low self-esteem Feelings of isolation and rejection

Additional challenges faced by children living in neglectful circumstances where parental alcohol or substance misuse feature include (see Hidden Harm, 2003):

Addiction to substances at birth

Anxiety about the wellbeing of carers/parents

Exposure to dangerous adults and frightening or inconsistent adult behaviour Exposure to dangerous substances

Expectation to keep secrets

A feeling of isolation from within the family home and wider community Involvement in the supply of substances

Early involvement in use of substances

Neglect can have a significant impact on a child’s emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child’s health and development including their learning, self-esteem, ability to form attachments and social skills.

Children who have experienced childhood neglect are also at greater risk from a range of psychological difficulties, including depression, anxiety, dissociation and post-traumatic stress disorder (PTSD), which may make them more vulnerable to exploitation. PTSD may prompt increased use of drugs and alcohol, in turn raising the risk of victimisation, and dissociation and PTSD may make it harder for young people to recognise and disengage from social threat.

Childhood neglect can contribute to the development of negative representations of self and others, and render young people less able to disengage from abusive people – for example because they feel they do not deserve better or feel powerless to bring about positive change.

Young people who have been deprived of love, approval or a sense of belonging or identity (unmet needs) may be drawn into trying to meet those needs through exploitative relationships

Difficulties experienced by parents as a result of underlying features can link to the neglect of children for reasons such as:

Parents lack the capacity to provide care physically or emotionally, parenting capacity can be reduced by mental illness/disorder, domestic violence and abuse, problematic use of drugs and/or alcohol, learning difficulties, poor experiences of being parented themselves

Parents’ own problems are so overwhelming or intractable that they cannot prioritise their children’s needs above their own

Parents do not have the knowledge or skills to provide safety and supervision within the home environment

Parents have no childhood experiences of positive models of parenting to draw on Parents do not make use of available support networks

Typology of Neglect

As well as the statutory definition, Professor Jan Horwath (2007) identified additional categories to consider with regard to the specific needs of children that are often subsumed under the term ‘failure to meet basic needs’, These include:

Medical neglect

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

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

Nutritional neglect

This can be characterised by a lack of prepared food, resulting in children perhaps filling themselves with crisps, biscuits or sweets, or by the child not being provided with enough calories for normal growth, and failing to thrive. Alternatively, nutritional neglect can manifest itself in childhood obesity. Carers have a major role to play in influencing the eating habits of their children, particularly when they are young.

Emotional neglect or psychological neglect - can include:

ignoring a child's presence or needs

consistently failing to stimulate, encourage or protect a child

rejecting a child or actively refusing to respond to a child's needs, for example refusing to show affection

constantly belittling, name calling or threatening a child

isolating a child, preventing a child from having normal social contacts with other children and adults

terrorising a child, creating a climate of fear and intimidation where the child is frightened to disclose what is happening

corrupting a child by encouraging the child to engage in destructive, illegal or antisocial behaviour.

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

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

Cumulative Impact

More than any other form of abuse, 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 suffering from Significant Harm.

Acts of omission

Often Neglect is the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm as a result of acts of omission as opposed to acts of commission where we see definitions of intentional abuse upon children. Harm to a child as a result of neglect might not be the intended consequence and on occasion the parent may not understand or recognise the impact upon their child’s health, well-being and development from the neglect.

Rule of Optimism

Professionals have been found to struggle to maintain a focus on the child’s needs in neglect for a number of reasons. Dingwall, Eekelaar and Murray (1983) first identified the “rule of optimism” which too often has predominated thinking in assessments of neglect. This rule dictates that professionals tend to work from a premise of natural love and expect that parents love their children and do not normally seek to harm them. This can result in an undue and unquestioning over-reliance on what parents say. More recently, serious case review studies (Brandon et al.

2008 and OFSTED 2010) have identified that practitioners still place an undue level of acceptance on what parents (particularly mothers) tell them, often taking their word at face value in preference to the views expressed by the children in the family.

Drift

Marion Brandon in her work on findings from Serious Case Reviews says:

“*The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm,* *should be part of a practitioner’s mind-set. This is not to be alarmist, nor to suggest predicting or presuming that where neglect is found the child is at risk of death. Rather, practitioners, managers, policy makers and decision makers should be discouraged from minimizing or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift”.*

This can happen when a case becomes seemingly stuck. Hope for change for families must be balanced with the absolute need to avoid case drift. Effective and reflective supervision should enable practitioners to assess children’s development and behaviours in families with high levels of need. (NSPCC Sept 2015)

*“There are many children about whom a range of people may be concerned and who are known to communities and professionals but who are not actually receiving adequate direct help. We often hear concerns about “slipping though the net” but in fact it happens rather than slipping through the net they are in effect “stuck in the net.”*

Being “stuck in the net” for long periods of time before receiving help can contribute to further developmental delay and long term problems for children. If these children eventually become looked after away from their birth parents they can be harder to help. This appears to be what happened to Holly. Serious CASE Review “Holly” NSSCB

Adolescents and Neglect

Neglect can have a significant impact on a child’s emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child’s health and development including their learning, self-esteem, ability to form attachments and social skills.

Children who have experienced childhood neglect are also at greater risk from a range of psychological difficulties, including depression, anxiety, dissociation and post-traumatic stress disorder (PTSD), which may make them more vulnerable to both Criminal and sexual exploitation.

Young people who have been deprived of love, approval or a sense of belonging or identity (unmet needs) may not recognise exploitation and or abuse from others who seek to groom them to develop the ability for exploitation and abuse

Defining Adolescent Neglect

The current definition of neglect refers to children and young people up to the age of 18, but the ‘neglect of adolescent neglect’ contributed to the following as part of a neglect guide aimed at those working with teenagers (Hicks and Stein, 2010). These are points for consideration, but highlight some of the issues around defining and working with adolescent neglect.

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| Themes from ResearchReview | Issues for Practitioners |
| Neglect is usually seen asan act of omission | For adolescents in particular, some acts of commission should beseen as neglect, or contribute to young people being neglectede.g. being abandoned by parents, being forced to leave home orrun away from home, being vulnerable to abuse and exploitation |
| Neglect from differentviewpoints | There may be different viewpoints, for example between theviews of Social Workers, other professionals, parents and youngpeople themselves. Awareness of these different viewpoints andwhat may contribute to them (e.g. culture, own experiences ofbeing parented, beliefs, values and so on) is a starting point forestablishing a working consensus |
| Young people mayunder-estimate neglect | This may be related to young people’s acceptance of theirparents’ behaviour, young people’s sense of privacy, or theirloyalty to their families |
| Neglect is often seen as apersistent state | It is necessary to look at patterns of neglect over time andrecognise the impact of both acute and chronic neglect |
| There is a difficulty inmaking a distinctionbetween emotional abuseand neglect | These are associated, inevitably, especially when neglect is seenas an omission of care. What matters is not the labelbut the consequences for the young person’s health anddevelopment |
| Neglectful behaviour andexperience of neglect | Defining neglect should include both maltreating behaviouras well as how the young person experiences neglect i.e. theconsequences for them |
| Continuing undulation ofthe neglect, so short termimprovement overrideslong term history | Use a chronology and be clear about changes, ensuring you assess ability to sustain the changes. |

Child neglect and its relationship to other forms of harm - responding effectively to children’s needs



What can we do?

Social Workers must keep their knowledge up to date:

Accessing research for example using Research in Practice to show how CSE can be a consequence of neglectful parenting

Emotional abuse and neglect: Identifying and responding in practice with families:



ripfrontlineemotional

abusebriefingwebonly

Engage Fathers

Serious Case Reviews have repeatedly highlighted failures by Social Workers to effectively engage fathers. Father are sometimes overlooked. Most children’s Social Workers are female and may have emotional responses to men that are influenced by their childhood and experiences.

Daryl Dugdale, a teaching fellow at Bristol University, says his research suggests Social Workers are often unaware of how ‘masculinity’ influences reactions, meaning fathers are often manifested as unpredictable and violent. “Instead we should be looking at how they justify their behaviour, helping them unpick their own narrative and understand the harm they are causing.”

Social Workers tend to see men in a family as either a risk or a resource, fathers who displays risk factors, such as violence, may display some protective factors. The challenge is to identify interventions that bring forward those protective factors while keeping the risk under control.

Use strength based approaches to build on parental engagement and motivation, set SMART goals that support this approach.

The NSSCB Neglect toolkit will enable you to assess systematically by providing a shared evidence base for your assessments. It avoids discussions about relative values around presentation and tidiness by focussing instead on the evidence for child focussed care giving or caregiving where the child’s needs are secondary.

The toolkit will;

Enable an evidence based process to identify neglect and consider the impact upon the child.

Inform assessments to direct plan of work/intervention. The use of the toolkit will focus the intervention on specific issues and allow you to prioritise the most significant issues.

Identify and highlight areas of strength and good enough parenting to enable the conclusion of support/intervention.

Support your conversations and enable you to be specific with families when identifying areas for change within the parenting.

Help you explain and demonstrate to parents what your worries are. The framework can support your conversations and demonstrate the research and analysis within your professional judgement from an evidence based tool.

Support to assess the next steps and formulate a plan including the specific areas of focus.

Reduce your professionals anxiety by enabling you to focus on specific focus

Neglect checklist tool

The checklist below may also assist you in your identification, analysis and reporting about neglect.

Does the evidence presented demonstrate the: extent, type, impact, capacity, risk and protective factors?

Use the tool for each child in the family, so that the issues for each individual child can be articulated clearly.

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| **Area** | **Guidance** |
| **Extent and Type of****neglect**  | This allows the LA SW to articulate the areas where care is lackingand to what level. Should cover some of the areas below. |
| Physical care1. Nutrition | Quality as well as quantity |
| 2. Housing | Cleanliness and appropriateness of home environment |
| 3. Clothing | Are the clothes adequate for the weather, do they fit? |
| 4. Hygiene | Is the child hygiene needs taken care of |
| 5. Health | Is the child up to date with vaccinations, are they taken to thedoctor appropriately, is medical advice followed |
| Safety6. How safe is the child’s environment | Are there suitable safety measures in place? Is the house unsafefor the age and development of the child |
| 7. What are the arrangements when the child is left | When the child is left with an adult – is that adult a safe familymember or known to be unsafe |
| Emotional Care8. Responsiveness | Does the parent/s show adequate warmth, response and support?Has the relationship been observed and commented onHow does the child respond to the parent/s? Who initiates therelationship? |
| 9. Mutual engagement | Does the child have to demand attention or is the child passive |
| Developmental Care10. Stimulation | Are the child’s education/ stimulation needs taken into account?Are there age appropriate toys / support for school? |
| 11. Approval | Does the parent/s demonstrate adequate support for the child |
| 12. Disapproval | Are adequate and age appropriate discipline measures in place. Isthe child supervised adequately? |
| **Level of neglect** | Has the scale of the neglect been described? The definitions beloware a good guide. |
| 14. Does the reportmake it clear aboutthe scale of neglect?Does it identify anysingle issue whichmay cause potentialimmediate harm? | Mild neglectFailure to provide care in one or two areas of basic needs, but mostof the time a good quality of care is provided across the majority ofthe domains.Moderate neglectFailure to provide good quality care across quite a number of less areas of the child’s needs some of the time. Can occur when less intrusive measures such as community or single agency interventions have failed, or some moderate harm to the chid has or likely to occur (for example, the child is consistently inappropriately dressed for the weather- wearing shorts and sandals in the middle of winter).Severe neglectFailure to provide good quality care across most of the child’s needs most of the time. Occurs when serve or long-term harm has been or is likely to be done to the child or the parents/carers are unwilling or unable to engage in work. |
| 15. Chronic nature ofthe neglect  | Does the statement state at what age the neglect started and theduration. Was this during a particularly vulnerable time for thechild’s development? I.e. prior to 3. Are there any elements ofacute neglectful behaviour which increase the immediate risk i.e.supervisory? |
| **Impact on the child** | The LA SW needs to be able to articulate the impact of the neglecton the child’s physical, social or emotional development |
| 16. Physical | Has the child’s physical development been measured – if under5yrs (in England) an Ages and Stages assessment should havebeen undertaken by the HV? Is this included? Is it recent? |
| 17. Emotional | Has the emotional impact on the child been described? A Strengthand Difficulties Questionnaire is one way of showing this. Has thisbeen undertaken have the impact been articulated. |
| 18. Lived Experience | Has the child’s day been described? Has the parent been asked fortheir view of their child’s day – are there discrepancies |
| **Parental issues****Risk factors** | Neglect is often the outcome of parental issues. The impact ofthese on the parents’ ability to look after their child should bedescribed. It’s not enough to say there is an issue, the impact ontheir ability to parent needs to be described. It should explain ‘theso what’ question. Have standardised measures been included tomeasure the level of the issue. It’s important to articulate any acuterisk factors which could at any point increase the immediate risk tothe child, alongside the enduring risk factors which may be longerterm. |
| 19.Situational RiskFactors | Acute life stressAny underlying neglectful behaviour which may lead toimmediate harm i.e. supervisory, co sleepingAcute mental health & physicalhealth crisesAcute school problemsAcute family relationship conflictThere are a number of standardised tools which may help articulatethe scale of the above issue. Depression/ Anxiety and StressScale measures mental health issues (DoH Scales and Measurestoolkit) |
| 20. Enduring RiskFactors | Child behaviour, mental health or physicalhealth problemsCaregiver mental health & physical healthproblems, or substance abuseImpaired caregiver-child relationshipFamily conflictSocial isolationEveryday stressThe Alcohol or drug audit can be used to scale the alcohol issues.Daily Hassles Scale (DoH) can help describe the daily challengesthis family could be facing. The GCP2 will help with describing theparent child relationship. |
| 21. Underlying RiskFactors | PovertyCaregiver childhood adversityExperiencing racismViolence in the communityIs there some evidence of a short biography for the parent(s)? |
| 22. Areas particularlyrelevant in neglect | PovertyDomestic abuseSocial isolation/stressRelocate frequently, distancing themselves both geographicallyand emotionallySubstance misuseMental illnessLearning difficultiesPoor attachment histories of parentsPoor psychological attitudes to children behaviour and quality orrelationshipEvidence of apathetic and believe that their efforts are futilePoor coping skillsLittle social and emotional supportInteract with children infrequentlyContext – own history, patterns of engagement |
| **Capacity / Capability** |
| 23. Current Capacity | Has the current capacity to keep the child safe or free from neglectbeen described and refers to the question of ‘whether or notparents are capable of meeting their children’s needs. ‘ (DoH 1989) |
| 24. Has the parent’sreadiness for change been described? | Has the parent’s readiness for change been described?(viProchaska and DiClemente’s 1984)

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| Precontemplation (not ready) | Parents don’t perceive that there is a problem |
| Contemplation (getting ready)- | Parents are beginning to recognise that an issue, which is affecting their child that they can/ should do something about |
| Preparation (Ready) | Starting to make small steps |
| Action | Start to modify behaviour, engage in assessment or the work |
| Maintenance | Understood the assessment, made changes and sustaining them |
| Relapse | Sliding back to previous state, this can happen at any time and for varying periods |

 |
|  | Is there comment about how much insight the parent has to his/herbehaviour and the impact it has on their child? Has the situationbeen clearly explained to the parents, is this evidenced– has thequality and relevance of support been described. |
| 25. Motivation toengage | Has the parent demonstrated any motivation to engage inassessments, interventions or change services? |
| 26. Capacity | Refers to the question of whether or not parents are capable ofmeeting their children’s needs. (DoH 1989) |
| 27. Capacity (capability)to change | Defined as ‘the parents willingness and ability to overcome riskfactors’ vii (Ward et al 2014) Bentovim viiiargues that parents’ failureto take responsibility for their children’s maltreatment, theirdismissal of the need for treatment, their failure to recognise theirchildren’s needs and the maintenance of insecure or ambivalentparent–child attachments are all key indicators of a poor prognosis.Ward et all 2014 states that areas of concern are when:• When parents do not acknowledge that a problem exists• In DA where there is a pervasive pattern of abuse• Where parents consciously systematically cover up maltreatment Harnettix in 2007 described a way to measure capacity to change –which was Complete a standardised tool Agree SMART goals Implement package of intervention Repeat standardised tool |
| 28. Patterns | Does this section reviewPast history of involvement and engagement with services, whathas been tried and what the outcome was?Past history of relationships and putting the needs of the childfirst. |
| **Protective Factors** |
| 29 Resilience | Resilience has been described by xiiFonagy et al 1994 as normaldevelopment under difficult conditions but also as known asstrength and adaptability in the face of adversity and is supportedby: Good attachment between parent/carer and childGood Self-esteem in the childPositive parentingIf the child has a high IQIf there is flexible parentingIf the child has good problems solving skillsPositive school experienceSupportive adult (apart from parent)Emotional or behavioural supportGood community or social networks including leisure activities |
| 30 Other PositiveOptions | What other positive influences are evident in the life of this childthat could be seen to balance out the risks/concerns and howinfluential are they. |
| **Summary** |
| 31. Reflection | Has the evidence demonstrated that the threshold been met? If not:What more needs to be known and how do you get it? What extra information is required?Why Now – is it evident in the report why a decision has been made to make an application now? This could be issues such as:Despite suitable support there is no evidence of sustained parental changeThe child’s development is being or will be harmed – it would be best to reference this against the child’s age and developmental trajectory.The current behaviour puts the child at high risk of other forms of abuse or immediate risk of harm.Does the structure help the reader? |

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