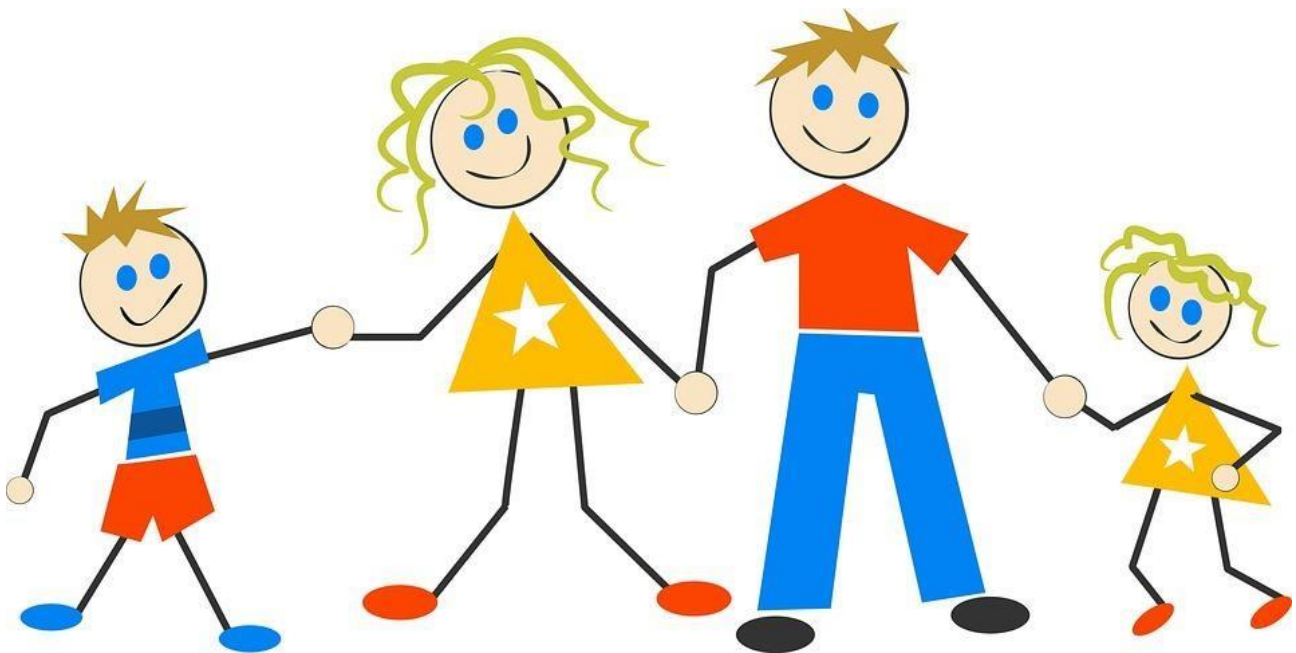


# Redcar and Cleveland Safeguarding Children Board

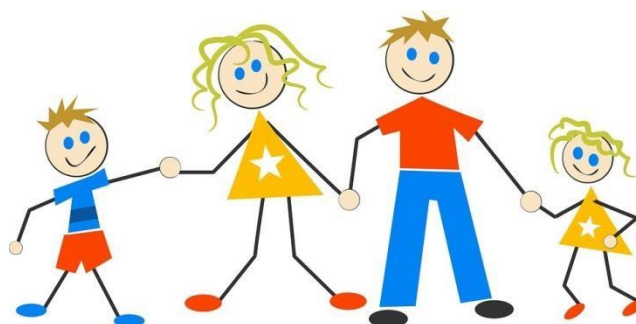
## NEGLECT STRATEGY 2018-2025



**Supporting the Prevention and Reduction  
of Child and Adolescent Neglect**

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## 1. INTRODUCTION

The neglect of children and young people is a serious issue and causes long term negative outcomes for children and young people across the developmental continuum. Neglect is the most common form of child abuse and the most common reason for a child to be a child in need and to be subject to a child protection plan nationally and locally. Addressing this serious issue for children and young people requires a robust evidence informed multi-agency response.

### Key facts from Redcar & Cleveland (2017-18):

- At the year-end 2017/18 65.4% (102) of Child Protection Plans in Redcar and Cleveland were made under the category of neglect.
- During 2017-18 abuse and neglect was the largest single cause of children entering care.
- At the year-end 2017/18 17.3% (27) of Child Protection Plans were under the category of emotional abuse. There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect.

The purpose of this document is to set out the strategic aims and key values of the Redcar & Cleveland Safeguarding Children Board (RCSCB) approach to preventing, reducing and responding to the impact of neglect upon children and young people.

### Strategic Aims

Partners have agreed that the strategic aims of this strategy are to:

- ❖ Promote the early recognition of neglect and the use of early help support.
- ❖ Ensure appropriate escalation of concerns around neglect.
- ❖ Ensure that children and young people identified as experiencing neglect are provided with an appropriate assessment according to level of need, a plan of action and review of progress.
- ❖ End the cycle of neglect in families by tackling the root causes through provision of targeted support as well as on-going universal community support to help families cope with difficulties and by empowering families to find their own solutions within their extended family and community.
- ❖ Recognise and respond to the particular vulnerability of some groups of children, for example adolescents and disabled children.

To support the achievement of these aims RCSCB partner agencies will work together to ensure that:

***Any practitioner who comes into contact with children and young people is able to recognise, assess, and provide a targeted plan of intervention appropriate to their role and support to families, appropriate to their role.***

## 2. OUR VISION AND VALUES

RCSCB's vision is that:

***Children and young people in Redcar & Cleveland are protected from harm and neglect and can grow up, able to look after themselves, and achieve their full potential.***

### Partnership Values

This strategy is grounded in the positive culture and ethos of the partnership, and as such we will adhere to the following values:

- **Child and young person-centred:** it is vital to ensure that the child's and young person's voice is heard when working to address and intervene with neglect, to focus on their lived experience and the impact neglect has had - and is having - on their lives. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work. Professionals will ensure that all children and young people, including disabled children and those who have English as a second language, are enabled to share their views and be listened to.



- **Think Family:** children and young people live in families and communities and these relationships must be recognised and valued. Professionals will work with families in a respectful and empowering way that focusses on supporting family relationships and helping build resilience. The neglect of children and young people's needs is often linked to the chaotic lives, needs and difficulties of their parents'/caregivers and extended family



members. The response to neglect must recognise and respond to these needs holistically, without losing sight of the circumstances of the child or young person. All partner agencies must "think family" when working with individuals and ensure that professionals feel confident to talk to family members about concerns regarding a child and young person and be open, clear and honest in a respectful way.

- **Including fathers and father figures:** Fathers, father figures and the wider family need to be engaged in work regarding neglect in order to understand the role they have in the child's life. The parenting of children and young people is often more effective where there is positive support from fathers and most children/young people want and benefit from this contact. Where fathers may pose a risk to a child/young person, it is imperative that they are engaged with the assessment and intervention processes so that risks are identified, understood and managed.



- **Culturally competent practice:** It is important that professionals are skilled and competent to explore the cultural context and practices of the diverse children, young people and the families they work with. Families should expect that their cultural context will be respected, and that there can be an open dialogue about the wellbeing and best interests of children. This should include understanding and addressing racism and other forms of discrimination. Cultural relativism, the process where approaches to parenting and family life that are harmful or oppressive are accepted because they are considered cultural, will be challenged.
- **Poverty aware:** professionals will need to recognise the harmful and stressful effect that poverty and social exclusion have on the lives of children, young people and their families. Professionals must acknowledge factors which are outside of a family's control and address these through appropriate interventions whilst challenging when support provided or suggested is not engaged with or not used for the best interests of children and where adult decisions about use of available resources undermines the wellbeing of children and young people.



- **Multi-agency in approach:** neglect is a complex issue which requires a multi-agency response characterised by good quality working relationships and collaborative approaches. Serious Case Reviews have noted difficulties in inter-agency information sharing and multi-agency working together in cases of neglect. Some reviews noted 'silo' working whereby professionals did not look at the needs of the child beyond their own specific brief. In other reviews there were concerns about poor co-operation, information sharing and recording and that professionals assumed – incorrectly – that someone else was taking action. This all undermined effective action to address neglect.

- **Culture of Challenge and Escalation:** working to prevent and address neglect appropriately requires professionals to discuss differences of opinion which often arise and to resolve these in the best interests of children and young people; this includes appropriate challenge and use of the existing escalation processes.

### 3. WHAT IS NEGLECT?

Neglect is referenced in Working Together (2018) as being:

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

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or* □ *ensure access to appropriate medical care or treatment.*

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

## Adolescent Neglect

Research and Serious Case Reviews have highlighted the significant impact of long term or recent neglect on the wellbeing of adolescents, and the extent to which this increases the risks of those adolescents to being targeted in exploitative ways, engaging in increasingly risky behaviours or developing significant mental health difficulties. There is no current specific definition of adolescent neglect, but it is clear that the needs of adolescents need to be understood differently.

*Adolescent neglect in this strategy is:*

*“the persistent and pervasive failure by a parent or parent figure to meet adolescents physical, emotional, educational, medical and safety needs; causing harm to their health and development and increasing their vulnerability to all forms of exploitation, increasing possible engagement with risky behaviours such as substance misuse, sexually harmful behaviours, anti-social behaviour, crime and increasing the likelihood of poor mental health and wellbeing”. (Jane Wiffin)*

These definitions help to highlight the core elements of understanding neglect including what is meant by persistence, when did the neglect start, what type of neglect is the child or young person experiencing, how is this impacting on their wellbeing, what is causing it, are the actions of the parent/caregiver deliberate and what are the links to other forms of abuse.

These questions are all picked up in the section on understanding neglect.

Additional information can be found at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/639471/Neglect\\_Matters.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/639471/Neglect_Matters.PDF)

## 4. UNDERSTANDING NEGLECT

Working to address neglect of children and young people is complex and requires the consideration of six key areas as identified by Jane Wiffin:

- Type of Neglect
- Impact of Neglect on the Child and Young Person
- Causal Factors
- Persistence and Change
- Commission and Omission
- Coexistence of Neglect with Other Forms of Abuse

### 4.1 Type of Neglect

Horwath (2007) identified six different classifications of neglect.

1. Medical neglect
2. Nutritional neglect
3. Emotional neglect
4. Educational neglect
5. Physical neglect
6. Lack of supervision and guidance

Further information regarding these classifications can be found in **Appendix 1**.

It is important to consider whether all six areas are experienced by the child or young person, and if they are this could be evidence of global neglect. For some children and young people some specific areas will be affected and this knowledge will help focus interventions where they are needed.

## 4.2 Impact of Neglect on the Child and Young Person

Neglect can be far-reaching in its consequences for a child/young person. Not only will the experience of it make a child's life everyday life miserable but it can affect all aspects of their development. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm, it is also likely to influence the relationships children and young people make with others in both early and later life and have an impact on how they parent their own children. Early recognition and prompt intervention to prevent these cumulative negative effects are therefore crucial.



The impact on a child or young person will depend upon the age at which neglect occurs, how long it has been going on and the extent of the areas of development impacted. Howarth noted that children and young people experience the impact of neglect differently at different ages, identifying different main impacts at different stages of a child or young person's life:

- Pre-birth
- Infancy (birth to two years)
- Pre-school (two to four years)
- Primary age (five to eleven)
- Adolescence (twelve to eighteen)

Further information in respect of these stages is included in **Appendix 2**.

**Appendix 3** highlights how children and young people experience neglect.

It is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has in fact been ongoing for several years.

## 4.3 Causal Factors

If the neglect of children and young people is to be prevented and risks reduced it is essential that professionals are equipped to understand the causal factors underpinning neglectful care. Research suggests that there are a number of factors such as:

- Domestic abuse,
- Mental ill health,
- Substance misuse,
- Learning disabilities.

Further information in respect of these causal factors is available in **Appendix 4**.

Many parents/parent figures who neglect their children and young people have experienced significantly adverse childhood experiences themselves. They may have been neglected, physically, emotionally and sexually abused and experienced loss and rejection. Social exclusion, poverty, living in stressful environments, poor ill health, lack of family support and refugee status can make the task of parenting complex and it is the coexistence of many of these factors that are likely to underpin neglectful care.

## ***Adverse Childhood Experiences (ACEs)***

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on an individual's life chances. ACEs such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. As the number of ACEs increases, so does the risk for these outcomes.

ACEs cast a long shadow and parents/parent figures may be unable or not well equipped to cope with the complex psychological needs of baby's, children and young people or form appropriate attachment relationships. Parents/parent figures may struggle to keep children and young people in mind, feel empathy and recognise their children and young people's needs for care and protection.

Further information in respect of ACEs can be found at: <http://www.aces.me.uk/in-england/>

### **4.4 Persistence and Change**

Neglect is usually (but not always) something that is persistent or pervasive, cumulative and occurs over time. Pervasiveness needs to be understood in the context of a child and young person's age and stage of development and the amount and quality of parenting/caregiving needed to ensure appropriate care and safety. For example, babies require a significant amount of care, attention and supervision, disabled children and young people may require particular care and support and adolescents may still have high parenting and care needs.

Neglect can be occurring without a critical event, or incidents may be widely spaced; it is this cumulative effect which is so corrosive to children and young people's development because it becomes part of everyday life. Thus, neglect requires the collation and analysis of sometimes small and seemingly insignificant events that only provide evidence that neglect is an issue of concern when viewed together.

Neglect can also be of recent onset or occur as a result of a one off serious incident and still needs to be taken seriously and the impact on the child or young person evaluated.

### **4.5 Commission and Omission**

Neglect is often (but not always) a passive form of abuse and the definition from Working Together, 2018, refers to failures to meet a child's basic needs, which are often referred to as acts of omission. There are dangers where neglect is seen as passive and resulting from the personal difficulties of adults; this can cause practitioners to be overly focused on the needs of those adults and to lose sight of the needs and lived experience of children and young people.

There are also times when neglect is deliberate and targeted, often characterised by cruel, harsh and abusive parenting. This is linked to the blame of children and young people who are presented to practitioners as essentially problematic and the cause of the poor care they receive. This requires practitioners to robustly challenge the negative views that parents/caregivers hold about their children and young people.

It is essential that omission and commission are understood; they are both important in understanding the nature of the neglect and actions necessary to address this.



#### **4.6 Coexistence of Neglect with Other Forms of Abuse**

Emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse and child sexual exploitation can and do co-exist with neglect. The existence of neglect should alert practitioners to exploring whether children are being exposed to other forms of abuse and to incorporate these findings into any assessment or plan.

### **5 OUR RESPONSE TO NEGLECT**

Effective and timely action is needed to address the neglect of children and young people. This requires **all** practitioners to recognise when there is a risk of actual or likely neglect and to do something about it at an early stage. Serious Case Reviews have highlighted how in cases of neglect professionals often believed that it was someone else's responsibility to take action.

Responding early is essential in stopping the harmful and cumulative impact of neglect. This response can be before an early help plan is agreed and developed. Universal services will be routinely addressing concerns regarding early signs of the neglect of children and young people with parents and caregivers.

There are clear processes in place within Redcar & Cleveland for seeking an early help response and making a referral of concern regarding children in need of support or protection and these can be accessed through Tees Procedures <http://www.teescpp.org.uk/>.

In Redcar and Cleveland the following elements are crucial to effective recognition and response to neglect:

- **Assessments**
- **Interventions**
- **Plans**
- **Reviews**

Further information/guidance for practitioners in respect of these elements are included in **Appendix 5**.

### **6. GOVERNANCE AND ACCOUNTABILITY**

This strategy is owned and overseen by Redcar & Cleveland Safeguarding Children Board (RCSCB).

The RCSCB will monitor progress against the outcome indicators on a quarterly basis. The effective delivery of the strategy will be reported to the Board through highlight reports.

An implementation plan will be developed to support the delivery of this strategy, which will be monitored by RCSCB

## 7. MEASURING IMPACT

The following outcome indicators will demonstrate the effectiveness of the strategy and its implementations:

- ❖ Reduction in the number of Children subject to a Child Protection Plan under the category of Neglect for a second time or more.
- ❖ Reduction in the number of children needing to become looked after as a result of Neglect.
- ❖ Evidence of improved outcomes for families where neglect had been the identifying feature.
- ❖ Reduction in school exclusions and absenteeism.

**It should be acknowledged that in the short to medium term, through improved recognition of neglect there may be an increase in some of the above indicators where a reduction would demonstrate effectiveness.**

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On:	9 November 2018
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- 1. Medical Neglect** – the child’s health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.

The definition of neglect given in Working Together to Safeguarding Children specifically includes the **neglect of a child’s medical needs**. This neglect can be wide ranging and be

- acute or chronic
- continuous or episodic
- Seemingly minor or more obviously serious.
- In relation to routine care such as dentists or following a significant illness or injury or in relation to lifelong conditions

**Preventative health care** – failure to access preventative care such as developmental reviews or immunisations is rarely seen as neglect in itself and there is no legal requirements placed on parents to access these services. However, failure to protect a child from preventable diseases and to identify developmental delay early should be considered as part of a wider assessment and may be one indicator of neglect, particularly where a parent has indicated they will attend but then do not do so. Where a parent has made an informed decision not to access immunisations for example this should be respected except in exceptional circumstances.

**Serious impairment** – seemingly minor failures in addressing a child’s health needs can have significant impact on the children health or development. For example failure to address a squint by the age of 7-8 years will result in permanent sight problems which cannot be corrected with glasses. As in this example harm may be potential but once it occurs irreversible. Practitioners should ask themselves:

- What is the impact on the child now and in the future including the child suffering pain?
- Would any harm be permanent?
- Could the harm be fatal (remembering some common ailments such as asthma can kill)?
- How will the harm affect other aspects of the child’s health and development, e.g. the child who may have an undiagnosed, unmanaged hearing loss will be disadvantaged in accessing education?
- How significant is the impact to the child, the more significant the impact the lower the threshold for concern should be?

**Health professionals** must be mindful that colleagues from other agencies will require clear explanations of conditions, what usual treatment would be and the impact or potential impact on the child of not accessing care. The impact should be described in terms of the outcomes for the child. **Social care professionals** should be mindful that health professionals can not compel parents to address their child’s health needs and this is potentially a form of abuse that requires a multiagency response.

2. **Nutritional neglect** – the child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with ‘failure to thrive’, though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
3. **Emotional neglect** - this involves a carer being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
4. **Educational neglect** – The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
5. **Physical neglect** – The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
6. **Lack of supervision and guidance** – The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

The following summarises the main impacts of neglect at each stage;

- **Unborn Baby (Antenatal Neglect)**

- Drug use during pregnancy has been linked to low birth weight. Premature birth, increased risk of sudden infant death syndrome (SIDS), physical abnormalities and complications in pregnancy and labour. Women who inject drugs who share injecting equipment risk infection with blood borne viruses, which may be passed to the baby.
- Alcohol consumption during pregnancy can lead to Foetal Alcohol Spectrum Disorder (FASD). FASD is a series of preventable birth defects caused entirely by a woman drinking alcohol at any time during her pregnancy. Common problems include: speech and language delays, impulsivity, memory problems, hyperactivity and inappropriate social behaviours. Physical problems include: below average height and weight, vision problems and heart defects. These problems are lifelong and 100% preventable.
- Antenatal support and monitoring sessions offer opportunities for problems to be identified early, and the health of mother and baby to be monitored. Parents can also be supported to make appropriate arrangements for the birth, learn about how to care for new-borns. Drug use and alcohol use have been linked with failure to keep ante-natal appointments and failure to seek medical attention should any concerns arise during the pregnancy,
- Smoking within pregnancy falls within Horwath’s working definition of antenatal neglect, as it restricts the baby’s supply of oxygen and is linked to increased risks of premature birth, low birth weight and stillbirth. Babies of women who smoke during pregnancy are four times more likely than non-smokers to die due to Sudden Infant Death Syndrome (SIDS).
- The effects of domestic violence on babies before birth are not limited to the consequences of physical injuries sustained through assault. Exposure to antenatal maternal stress or anxiety can affect the baby’s development, as heightened maternal cortisol levels are shared through the placenta which can influence foetal brain development and have implications for the emotional, behavioural, cognitive and social functioning of children.

- **Infancy (birth to two years)**

When exposed to drug use in utero babies may experience neonatal abstinence syndrome (NSA) at birth, which can cause irritability, poor feeding, gastrointestinal and respiratory problems. Babies’ growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like ‘peek-a-boo’ where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are ‘fixed’ through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child’s development and growth, and damage infant attachments.

- **Pre-school (two to four years)**

Most children of this age are mobile and curious, but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience.

Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.

- **Primary age (five to eleven)**

For some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.

- **Adolescence (twelve to eighteen)**

Neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

## Appendix 3 – How Children Experience Neglect (*Community Care Inform Research Resource*)

Experiences of neglect by age group; please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present.

Age group	Experiences of neglect by Horwath's classifications					
	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
<b>Infancy; 0-2 years</b>	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
<b>Pre-school; 2-4 years</b>	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
<b>Primary; 5-11 years</b>	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
<b>Adolescent; 12+ years</b>	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risktaking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative selfimage.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risktaking behaviours that can result in serious injury.

## Appendix 4 – Causal Factors

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### 1. Substance Misuse

If parents or carers misuse either drugs or alcohol and this use is chaotic, there is a strong likelihood that the needs of the child/young person will be compromised. Any concerns of substance misuse need to be assessed thoroughly and the household carefully checked for dangers and risk of immediate harm.

Parental addiction to substances including alcohol can alter capacity to prioritise the child's needs over their own and in some cases alters parenting behaviour so that child experiences inconsistent care, hostility or has their needs ignored.

It is essential that there is a collaborative and joined up approach between those working with adults involved in substance misuse and the Safeguarding Children Professionals so that there is a clear understanding regarding:

- The level and type of substance misuse, prognosis for change, commitment to reduce or control substance use.
- Whether the findings of any assessments are based on self-reporting or have been verified. It is essential that self-reports of reduction or cessation of substance misuse are verified before safeguarding activities are reduced. It is not effective safeguarding practice to take self-reports about substance addiction at face value.
- The impact that parental substance misuse is likely to have on parenting capacity, and the likelihood of the child receiving consistently good care under these circumstances.

### 2. Mental Health Difficulties

It is known that mental health problems in parents and carers can impact upon parenting capacity. Type of mental illness and individual circumstances are factors that need to be taken into account in any assessments. The following may be possible contributory factors when assessing neglect:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistent parenting.
- Delusional beliefs about a child, or being shared with the child, to the extent that the child's development and/or health are compromised.

Specialist advice about the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner in these cases. It is essential that there is a collaborative and joined up approach between those working with adults who have mental health difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff about the degree and manifestation of the mental health difficulty, treatment plan and prognosis and the implications for parenting capacity and good care being offered to the child consistently in relation to the mental health difficulty.



### 3. Parental Learning Disability

Some parents/parent figures with a learning disability have difficulty in acquiring the skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as their commitment and capacity to undertake the parenting task are key areas to assess.

Specialist advice about the nature and severity of the learning disability is required as well as the impact of the difficulties on parenting capacity. It is essential that there is a collaborative and joined up approach between those working with adults who have learning difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff regarding the degree and manifestation of the learning difficulty, support and services available and prognosis and the implications for parenting capacity and good care being offered to the child consistently in relation to the learning disability.

It is a priority that a child/young person's health and development needs are met both now and as those needs change in the future; and that the child or young person is not exposed to harm as a result of parenting which deprives them of having their physical and emotional needs met. Thus, any interventions will also need to consider the level and length of time that support for parents/parent figures will be required to assist them to parent adequately, and to ensure that plans made in this regard are viable and robust.

### 4. Domestic Abuse

Growing up in a violent and threatening environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical and emotional harm. Professionals need to remain alert to the indicators of neglect whenever domestic abuse is raised as an issue and equally consider whether the child is exposed to domestic abuse when working with cases of neglect. This approach needs to consider the impact on the victim of domestic abuse and to avoid an approach where those victims are either blamed or held responsible for the abuse they have experienced. Victims must be supported and helped to keep their children and themselves safe. Perpetrators of domestic abuse must be held responsible for their behaviours and actions and a clear link made to neglect.

## Appendix 5 – Responding to Neglect (Jane Wiffin)

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### ASSESSMENT

Good assessment of neglect is essential. When completing assessments, professionals should always follow the assessment process or framework appropriate to their service area, and the level of presenting need. This will in most cases include a consideration of the domains outlined in the Assessment Framework (2000):

- The Child and Young Person’s Developmental needs;
- The parent’s capacity to meet those needs; and □
- The wider family and environmental factors.

The key principles for assessing neglect that have generic application are as follows:

- 1. Child and young person centred:** research suggest when assessing neglect professionals can lose sight of the child/young person and their needs can either be over-shadowed by the needs of the parents/parent figures or professionals can be prevented from seeing or talking to the child/young person. This must always be addressed through engagement strategies and challenged appropriately. The significance of seeing and observing the child cannot be overstated. Children should be seen in their family unit and in other settings, i.e. school, nursery, short-break care to observe any differences in their demeanour and behaviour.
- 2. Voice of the Child:** children and young people should be seen on their own and the child’s views should be sought in relation to where they would be comfortable to meet. It is important to use age and interest appropriate tools, games and other methods to communicate with children and young people. These are relevant to begin to engage with the child/young person and to get to know them as a person so that there is an understanding about what everyday life is like. This is important because neglect is less about an event or an incident but about the daily lived experience of a child. Professionals should seek to understand what the child or young person’s experience of being parented feels like, and the impact this may have on them.
- 3. Recognise Trauma related behaviour and address it:** children and young people who have been neglected may exhibit trauma related behaviour. It is important that this is recognised through the assessment process and attempts by parents/parent figures or other professionals to pathologise or individualise these trauma related behaviours should be challenged and addressed.
- 4. Observe the parent-child interactions:** Observations can inform assessments of attachment and offer insight into the relationships between parents and child/young person, and child and other siblings. Unrealistic expectations or skewed interpretations of a child or young person’s behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described by the parents as nasty – as though the child’s crying is a deliberate action designed to irritate the parent. Ask the parent/parent figures about their feelings regarding the child/young person and what they mean to them.

**5. Assess each child within the family unit as a unique individual:** Not all children in a family will be treated the same or have the same roles or significance within a family. For example, there may be a child or young person who is perceived to be different, perhaps due to an association by the parent/s with a difficult birth, the loss of a partner, the child or young person's age or needs, an unplanned child or a stepchild or a change in life circumstance. Negative feelings may be projected onto one child but not others in the family.

**6. Build relationships with parents/carers and wider family members:** building positive relationships in the assessment process is important. Professionals need to be clear about the reason for the assessment and to establish the parents/parent figure and wider family perspective on what is causing any difficulties and to establish family strengths.

**7. Multi-agency framework:** Like all good quality assessments; assessments of neglect must be conducted in a multi-agency way. This requires the professionals leading the assessment process to ask all professionals in contact with children and young people to provide an analysis of their knowledge of the child, young person and their family. This is more than just information sharing but asking professionals to use their particular expertise and knowledge to make sense of the child and young person's circumstances. This should consider needs, risks, and strengths, and the relationship between them.

**8. Building a chronology of events:** Any new or re-assessment of a family must take into account the family's history in order to make sense of the present; a chronology is a key part of any assessment and assists the process of care planning and reviewing. It is used to record significant events to help professionals from a range of disciplines understand what is happening in the life of a child or young person providing a better understanding of the immediate and cumulative impact of events.

Developing and analysing chronologies is essential to help identify patterns of behaviour/ risk or concerns that may be preventing a child from achieving positive outcomes. Patterns in social history and behaviour can be detected and something which might appear insignificant in isolation can be identified as a key warning sign in context.

**9. Assessing motivation to change:** An essential part of any assessment process is evaluating the parent/parent figures ability and motivation to change. For change to occur parents/parent figures need to accept that change is necessary and agree what that change should be as well as engaging with support and interventions aimed at facilitation change and then maintaining it with a demonstrable effect on the child or young person's outcomes and needs. If parents/parent figures do not accept there is a need for them to change, it will not happen, even if they attend appointments and interventions. Sometimes parents/parent figures say they accept the need for change and agree what change should occur, but do not engage with support or interventions consistently. Professionals should note evidence of changes and improvements made as a result of previous interventions and the impact of this for the child. Capacity to change should be considered at an early point.

## **INTERVENTIONS TO ADDRESS CHILD AND ADOLESCENT NEGLECT**

- The significant research and evidence base has not highlighted any one intervention that is effective in intervening with neglect. It is important to have a good understanding of the cause

and impact of neglect in each situation and target interventions at these factors. Given the long list of factors potentially contributing to neglect, approaches are required that intervene at multiple levels, influencing individual, family, relationship and social systems. Interventions are therefore more likely to succeed if they are multi-faceted, tackling multiple risk factors. Packages of care may include a combination of interventions addressing a range of needs, such as mental health issues, domestic abuse and substance misuse. Domestic abuse as well as parenting skills, addressing attachment and relationship difficulties and increasing social support and addressing practical concerns such as debt and housing needs.

- Neglect is often chronic in nature, involving a complex interplay of entrenched family difficulties. There is not likely to be a 'quick fix' remedy available. Therefore, services working with neglectful families must recognise the need to work with some families on a long-term basis. Long-term professional commitment may also contribute to the building of more secure family attachments.
- When parents and carers experience attachment difficulties in relationships, it is likely that they may also experience difficulties in their relationships with agencies that are attempting to intervene. Parents' feelings of mistrust and of being blamed can reduce the success of an intervention, and such feelings are often present in neglectful families' dealings with services. Professionals need to be skilled in working empathically, respectfully, and in partnership with families, rather than being seen as doing things to families.
- Children and young people who are neglected are often isolated within the community, by their peers and sometimes within their own families. Plans for children should consider ways in which children could become involved in activities to reduce the experience of isolation. In order to reduce risks, plans for children who have been neglected need to address the process of building resilience. Building resilience might include linking a child with leisure or community services, school based activities or connecting the child or young person with a safe adult or friend who might be willing to spend time doing activities with the child.

## PLANS TO ADDRESS NEGLECT

- Multi-agency plans should be in place for children who are considered to be in need or vulnerable as a result of neglect. A plan should be in place whatever level of service or intervention is being offered, and whether it is a single or a multi-agency intervention. The plan should be drawn up with the family, including the child wherever possible, together with any other agencies involved.
- Disagreements about the level of concern or interventions to be offered must always be addressed and resolved with the child or young person's needs as the central factor. Professional's disagreements can derail intervention designed to improve children and young people's circumstances.
- The plan should detail the outcomes sought, the services that will be offered to the family and the clear timescales for effective changes to be demonstrated. Whenever possible try to express outcomes in terms of behaviours and include how the anticipated changes will help the children thrive, develop and reach their potential within the plan.

- Think about the learning needs/styles of the parents and ensure that what is being offered to them is suitable. Consider whether the service you are proposing/providing is empowering a family, or whether it is contributing to feelings of dependency.
- Think specifically about how each child is included in the plan – does the child need help and support to improve their self-esteem, build resilience or cope with some aspect of their lives? Consider any parental needs that remain un-met and whether this will undermine their capacity for change. There may be a need to involve adult orientated services if this is the case.
- Try to ensure that the plans are co-ordinated and agreed across services so that the family experiences clarity and consistency about the required changes.

## REVIEW

- The plan should be reviewed on a regular basis. A review can be held if there is a change of circumstances or an event that suggests the plan needs to be changed in any way. Parents/parent figures and the child/young person (where appropriate), should always be encouraged to attend and take part in the review.
- Progress should be closely monitored and lack of engagement in services by family members challenged. Progress will be change for the child and young person and an observable improvement in their outcomes, not just attendance at services by family members.
- Where children are subject to a Child Protection Plan as a result of concerns about neglect, the plan will be reviewed in accordance with the timeframe set out in the SCB Child Protection Procedures.
- In complex cases where practitioners have been involved for 6 months and no progress appears to have been made, it might be helpful for the review to be chaired by someone independent of the line management of the case.
- It may be that further assessments will be needed if there are new or ongoing concerns about a child.