Neglect: A Guide for Children Social Care Practitioners

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DEFINITION

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

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

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

Source: Working together to safeguard children 2018

RISKS

Neglect can affect children of all ages, it can dangerously compromise health and well-being and can be fatal. Even when not fatal, it is often corrosive and enduring.

The impact of Neglect during the first two years of a child’s life can have profound and lasting effects on the development of the brain, leading to later problems with self-esteem, emotional regulation and relationships. Neglect during the first five years of a child’s life is likely to damage all aspects of the child’s development. A neglected child is likely to have difficulties with basic trust, self-esteem, behaviour, social interaction, educational attainment and problem solving.

Neglect in childhood is also likely to lead to problems with aspects of adult life such as independent living, anti-social behaviour (including criminality and substance misuse), increased vulnerability to abuse, reduced employment and educational opportunities and self-care. Children who experience neglect may lack positive parental role models and so are vulnerable to becoming neglectful or abusive parents themselves.

Adolescents are no less likely to be neglected than younger children although the risks and nature of the resultant harm tend to be different as they are less immediately reliant on adults to meet their physical care needs and may also neglect their own hygiene and care which may need to be understood in the context of the neglect from their caregivers. They can also be harmed especially by emotional neglect including a lack of interest in their behaviour and a lack of supervision. The impact of these experiences make them more vulnerable to a new set of complex risks. These young people can be particularly vulnerable to grooming for child sexual exploitation (CSE) and child criminal exploitation (CCE) including gang involvement and trafficking. They may also be vulnerable to radicalisation.

Where these concerns exist the exploitation tool should be used with the young person and scored to better understand any risks.

The Executive summary of the 2018 Ofsted publication Growing Up Neglected: a multi-agency response to older children – highlighted:

- Neglect of older children sometimes goes unseen.
- Work with parents to address the neglect of older children does not always happen.
- Adult services in most areas are not effective in identifying potential neglect of older children.
- The behaviour of older children must be understood in the context of trauma.
- Tackling neglect of older children requires a coordinated strategic approach across all agencies.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722740/Older_children_neglect_FINAL_060718.pdf

Children can be impacted from the effects of their parents own self-neglect and hoarding.

Hoarding is not a common risk regularly faced by child and family practitioners, so any assessment where the child's home presents with hoarding features by their caregivers should include effective multi-agency working and in particular joint working with Adult services to gain a full understanding of the difficulties. There are readily available risk assessment models designed to measure the degree of hoarding.

https://www.london-fire.gov.uk/safety/carers-and-support-workers/hoarding-disorder/

To effectively safeguard children requires professionals to understand **child development as a key tool** in their practice and the impact of **poverty**. Neglect however is not restricted to any particular socio-economic group and affects and impacts affluent families too.

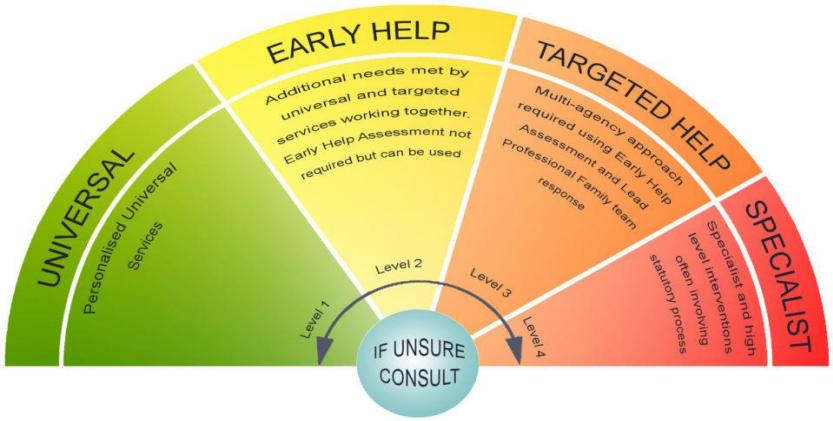
ENFIELD CONTEXT

In Enfield for the last 5 years children subject to child protection plans for neglect has remained constant at approx. 50% of all Child Protection Plans. (Although 2018 saw a significant 4% increase on the previous year. See table below). There is a growing body of evidence to demonstrate the long-term negative consequences of neglect and alongside this, there has been a growing interest in how we can help neglected children by supporting their families in order that the risk to the child can be managed and the likelihood of significant harm reduced.

Category of CP Plan (%)	2015	2016	2017	2018	2019
Neglect	45%	46%	48%	48%	48%
All Other	55%	54%	52%	52%	52%

Intervening Early

By intervening earlier and purposefully we can address at an earlier stage the emerging signs of neglect. By undertaking strength-based conversations with children and families we can ensure our response is targeted and has impact. It is important therefore that all agencies who work with children and families understand the importance of early identification and engagement of families, including effective early help assessment and the development and delivery of a clear action plan – sole or multi-agency. Agencies need to feel confident in recognising and naming neglect.



It is important that we continue the development of a shared language to understand and identify neglect via the strength based Signs of Safety model being used within Children's Social Care, Health (including Public Health) and extended throughout the workforce via the Partnership Board training.

Because neglect is often chronic there is usually lots of evidence within the multi-agency partnership of the child and family history and previous functioning. Parental non-compliance and disguised compliance can give the appearance of co-operation which delay and avoid intervention. Unfortunately, in some circumstances this situation can continue for years. What is important, is to gather evidence and facts about what is actually happening and focusing on the impact and outcome of this for the child. Pulling together a multi-agency chronology is an important tool to evidence the concerns held over time.

Practitioners must be aware of the impact of cultural and religious beliefs and attitudes of parents where these impact on children and young people's safety and development. At the same time however, there is a need to be sensitive to cultural and religious practices but this should not detract from the focus on the impact of parental care on the child's basic needs and development. Practitioners must be able to give enough understanding and weight to cultural and religious needs and their impact on the child's lived experience.

Asylum seeking and refugee children and children from black and ethnic minority communities are likely to have additional vulnerability to neglect due to poverty, poor housing, social isolation, parent and child history of trauma and associated fear of authorities, experience of racism, disconnect from services other families may more readily connect with, culture and religion, language and the **assumptions** of professionals.

It is important that the effects and impact of neglect is recognised early on, so that early help and support can be offered in the community by universal services/level 1 support as set out in the 2018-21 Children's Services threshold Guidance.
https://new.enfield.gov.uk/enfieldlscb/wp-content/uploads/2018/08/ECSL3080-Childrens-Services-Threshold-Guidance-2018-21.pdf

CHILDRENS SOCIAL CARE

Early Help Family Hub

The Early Help Offer provides intervention as soon as possible to tackle problems emerging for children, young people and their families most at risk of developing problems. Targeted services from the Parent Support Service, Change and Challenge Service and Children Centre Services provide short term support which is in addition to what is normally provided by universal services. To access these services professionals must be able to evidence explicit consent from the carers.

The Early Help Offer includes: Surgery/Drop-in, Signposting, Group work, Parenting Programme and 121 group work.

The Team Around the Family (TAF) programme plays a key supporting role providing coordinated support for the child and the family, by allocating them one agency who will be named as the lead professional and will be responsible for coordinating and reviewing action plans designed to improve outcomes.

Childrens' Multi-Agency Safeguarding Hub (MASH)

The MASH is the first point of contact for receiving all safeguarding referrals and enquiries. If someone has a safeguarding concern about a child who they feel is suffering from the impact of being neglected, they must make an enquiry or referral to the MASH team. Full MASH checks will be undertaken on all referrals of neglect.

If there are concerns that the child is at immediate risk of harm or has suffered harm (eg an injury, usually from the omission of a parent/carer's behaviour) the MASH manager will make a decision whether a strategy discussion should take place to determine the most appropriate action needed to ensure the child's immediate safety. Otherwise a decision will be taken by the MASH, based on the information gathered whether a statutory response is needed from CSC or an Early Help response from the Early Help Family Hub.

The risk of death for children aged 2 and under is increased and has been referred to earlier. Referrals often come from anonymous sources however these must be fully understood before deciding the outcome.

Any referral of concerns around neglect of a child 2yrs old and younger must be referred for a C&F assessment, following full MASH checks.

Where there has been an assessment and a plan for neglect on 2 separate occasions over an 18 month period; the third referral will be notified to the Head of Service, Early Help and Protection; and subject to an independent review by a manager (off-line) to identify any organisational gaps.

Child in Need

The social workers responsibility is to meet with the child and family and the professionals in their network to understand what it is like for the child living in their family home and community and the impact that the parental behaviour is having upon the child. There is a responsibility to understand, from the parent's perspective, why they are not able to meet all of their child's basic needs and work with the child and parent/carer to a shared understanding of what needs to happen next to achieve the desired improvements and outcomes.

It is a requirement that a multi-agency chronology is completed to gain an understanding the child's lived experience over a period of days and weeks. This should be put together by the involved agencies and used to inform the assessment and any subsequent plan.

Where relevant and appropriate, the taking of photographs are a good way to evidence concerns and demonstrate change and what is good enough.

Child Protection

Where the concerns are such that a child has been made subject to a child protection plan under the category of neglect; the recommendation of the chair for the conference must stipulate the completion of the Graded Care Profile(2) as one element of the plan.

Outcomes from the use of the GCP(2) will be used to inform the subsequent SoS review child protection conference(s).

NEGLECT AND DISABLED CHILDREN

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

- Developmental delay or behaviour which challenges should not automatically be attributed to the child's disability; it may be a result of neglect and poor parenting.
- Neglect for disabled children can be life threatening; if, for instance, they do not have access to the correct medical treatment.
- Disabled children have the right to the same standard of parenting and relationship of care that other children have. Parents "doing their best" may not be the same as providing an acceptable standard of parenting.

- Disabled children have the same emotional, social and cognitive needs as other children. These can often be subsumed by the high level of physical care and supervision that they require.
- Just because a child has a learning disability or doesn't communicate verbally this doesn't mean that the impact of neglect is somehow less significant. A child's behavioural distress or difficulties may be their way of communicating that they do not feel safe at home.
- Parents of disabled children often experience financial and practical difficulties, for example through reduced opportunities to work. Assessments of parenting capacity must differentiate between neglect due to systemic issues and neglect caused by a lack of parenting capacity.
- Views and experiences of the child must be central so that the needs of the family with a disabled child are not allowed to mask safeguarding and child protection concerns. Safeguarding concerns should be standard agenda item in multi-agency meetings about disabled children.
- Disabled children often have their care needs met by numerous adults so neglect and abuse may have a variety of sources. Families can be overwhelmed by the number of professionals working with them. Different information is shared with different professionals, resulting in no one agency having a complete picture of the family situation. It is important that this is addressed in core group meetings.
- Disabled children can be neglected in specialist placements as well as at home. It is important that professionals work proactively with family carers when disabled children are placed away from home to ensure they know how to recognise and report on concerns.

In summary, in assessing neglect for disabled children practitioners should ask:

Would this situation be acceptable if the child was not disabled?

Cheviots/Joint Disabled Childrens Service can provide advice and consultation for colleagues who are concerned about the neglect of a disabled child.

UNDERTAKING HOME VISITS

1. Whether a child is CiN or CP a range of announced and unannounced home visits must take place.
2. Have a clear purpose for each visit and record outcome – use the visit template as an aide memoire and score the safety/wellbeing of the child to build up a picture over time. (Record what is seen, smelt and the impact on child).
3. See the bathroom and toilet - does the child have a toothbrush, flannel, soap… are they it in a good state of repair/mouldy/unused.
4. See the child's bedroom – does the room feel like a child's space? Toys/posters - is there bedding on the beds? does the room smell? Touch it - Is the mattress clean and dry? Do the lights work?
5. See the kitchen - ask what's for dinner? Accept offers of drinks – as this gives a window into home life – demonstrates cleanliness of cups, milk and builds rapport.

6. Is the home warm? Have electricity? Broken windows? Consider if you have seen all the rooms in the home? If not, why not?
7. Consider where the children play (is there a safe garden?) Is there a safe space to play – (stair gates? - plug socket covers? Where is medication kept?)
8. What are children playing on internet? Do tablets/phones have parental controls on their devices? Check – get parents to show you.
9. What kind of animals live in the house? Where are faeces – whose job is it to clean and care for animals?
10. What is the child's behaviour like at home? Is it different to how they present elsewhere? Are they undertaking age appropriate tasks? Are they overly guarded or unable to regulate their emotions in the home? How do the parents respond to their behaviour?
11. What are infants doing on visits? Is he/she strapped in a buggy, do they have safe space on the floor, do they have toys? Is there evidence that their development is delayed i.e. Are they able to hold their head up unaided, does the child have a flat head, how does the child react to his/her parent? If the parent is shouting, how are they reacting to this?
12. Who is in the home when you visit? It is important to get their details. How do the children respond to these individuals? Do the professional network know these individuals?

IMPORTANT TO REMEMBER

1. Read files/information on the family fully and beware of "start again" syndrome. Complete a full genogram with the family, including the roles and responsibilities within the family for routines such getting to school, dentist appointments and cooking meals. Neglect is often intergenerational. Male partners are often unrepresented so every effort must be made to include their voice.

   Consider a Family Group Conference/ Family Meeting to address concerns and make a plan.

2. Update the chronology - consider:

   - What has happened in the past? – importantly the impact on the children
   - What interventions have been used/tried?
   - Has change been made and sustained?
   - Are particular children more neglected than their siblings?

   This will enable you to get a plan of action in place and look at what hasn't been offered/tried.

   NB: The case summary and chronology must be kept updated as it is essential to EDT if things escalate at evenings and weekends.

3. Consider other factors in family functioning such low mood, Post Natal Depression, Domestic Abuse, substance misuse (drugs and alcohol) and parental trauma/experiences which are impacting on their ability to parent. Gain their experiencing of being parented – have they been historically involved with CSC? .

4. Plans made with the family must have set timescale for actions and be realistic;
    - Consider the 'quick wins' as well as the bigger change needed? – milestones
    - How is this going to be maintained?
    - How will improvement and deterioration be noticed and understood?

5. Ensure that visits to the child occur in different venues: The home (see the child's bedroom, the kitchen and the bathroom) as well as school and other involved carers home. Observe interactions between parents and children, as well as looking at the home environment. Gain the child's daily lived experience.

6. View all children as individuals and consider how neglect is impacting on the children in terms of their ages and stages of development (infants to adolescents). Plan direct work with children to understand how their parents respond to them on a daily basis in different situations – be child led.

7. Work closely, communicate regularly and form positive relationships with other professionals to enable a full assessment of the child's lived experience.

   Review the plan at least every 3 months to see if there are any changes, positive or negative and what area needs prioritising.

   Use the Graded Care Profile to gain a deeper understanding on the impact of neglect. (This is mandatory for children subject to CP Plans).

8. Benchmark each child and establish areas to tackle: e.g. teeth, hair care, immunisation, developmental issues, attendance to nursery-school, diet and routines. Ensure you are up to date with current health and involve colleagues in delivering united messages to parents on treatment plans such as head lice treatments. Review appointments attended and liaise with professionals involved to see if child was not brought to appointments

9. Ensure tools are reviewed regularly in order to see if the situation is improving or deteriorating. Ensure that these are completed prior to every event such as CIN meetings and reviews, ICPC and RCPC.

10. Use your supervision, group supervision and colleagues to look at the situation from a different perspective – consolidate risks and strengths with the family and consider if the situation needs escalating. What evidence is informing judgements that the situation is improving or declining? Consider the rule of optimism.

11. The use of the multi-agency chronology is essential to aid the assessment process and understand direction and distance travelled in a plan. During the assessment it should be completed daily by involved agencies over a 6-week period to understand compliance and any gaps in knowledge.

    Ensure that each professional involved in the plan undertake this and share at each meeting. Use a colour coding system, e.g. red for negative and green for positive. This should be shared with the parents. What are parents struggling to achieve? What are they finding easier? What are the patterns?

12. Consider whether the family require a specialist parenting assessment if there is an emerging issue of learning disability for the parent; to enhance the plan and ensure that expectations are clear.

13. Increase visits to home and reduce time between core groups/CiN meetings if concerns have increased.

14. What is the family's financial situation? Is addiction causing financial issues? Do the family work? Have the parents got basic skills or do they need support? Can they shop, manage a house, budget, pay bills?

15. Could the child be vulnerable to exploitation online or in the community, due to the lack of emotional warmth or protection at home? Are CSE/CCE issues of risk? What understanding do the parents have of grooming and exploitation? Use the exploitation tool to ascertain evidence for concerns.

16. Take photographs to show change and what is good enough. What has been achieved and agreed? Confirm standards with other professionals so all are agreed on what 'good enough' looks like and the parents receive a consistent message.

17. Evidence is key, use checklists, chronologies and have regular conversations with professionals to see if the situation is improving. Are parents showing a capacity to change? What is preventing change?

TOOLS AND RESOURCES

The Signs of Safety assessment model and tools is used throughout the partnership; and within Children's Social Care, as the initial assessment tool to identify the harm caused to children from parental neglect.

Signs of Safety Harm Analysis Matrix

Sets out a matrix to support the clear identification of the harmful behaviour, it's severity and frequency and the impact on the child. The matrix is designed to assist professionals develop questions to gather detailed information from referrers.

https://www.norfolklscb.org/wp-content/uploads/2019/07/SofS-Harm-Analysis-Matrix-v1.1.pdf#:~:text=The%20Signs%20of%20Safety%20Harm%20Analysis%20Matrix%20%28v1.1%29,impact%20of%20the%20adult%20behaviours%20on%20the%20child

Use of Photographs

Where there are concerns about the state of the home conditions photographs can be taken and can be used to evidence concerns. (Permission should be sought from the carer). Photographs also evidence change and what is good enough, having been agreed with the parents and professionals.

Impact Review Meeting

The CiN service holds a regular meeting chaired by a senior manager from within the service and other senior management representation from the SQAS and the CoE. Complex neglect cases can be presented at this panel to support thinking on these cases with the manager and the social worker. Specialist Exploitation panels are a feature of the IRM.

The Graded Care Profile 2 (GCP(2)

Findings from the NSPCC national evaluation of the GCP 2015 indicated that the tool encourages practitioners to focus on the child's experience rather than focusing on the adult's needs. It is a descriptive scale (of 1-5) and can be used with families by individual workers or by groups of professionals including those from other agencies (e.g. in core group meetings).

It has been developed as a practice tool for social workers assessing the quality of care given to children where neglect is identified as a concern. The tool can be found in the C&F assessment.

The scoring sheet can be accessed from the link below.

https://proceduresonline.com/trixcms/media/3293/gcp2-t6-assessment-tool.pdf

The 24 hour clock

The 24 hour clock face is a useful tool which can be used alongside the GCP as it helps open up what actually happens in daily life. You can use images which represent food/washing/homework/beds/laptop and tv/etc. It engages families/children in a non-

threatening way and helps them tell us what is happening. At the Weekend perhaps a new clock face can be used to explore the differences in routine. A useful way to explore gaps is to do this exercise with children and YP too. Then it is easier to challenge with families as they can be presented with the different interpretations of the clock (if there are) and opens this up for discussion

A Day in the Life of…

Either a worker can do this by themselves; within supervision; with the YP or ask the parents to do it on behalf of their child. With parents, it gives an insight of how they think about their children, how well they know them, understand their needs, and understand the emotional impact on their daily life.

The Home Conditions Assessment

Home Conditions Assessment is an 11-item tool which was recommended by the Department of Health in the Framework for the Assessment of Children in Need and their Families document. It addresses various aspects of the home environment (for example, smell, state of surfaces in house, floors). The total score has been found to correlate highly with indices of the development of children. In addition, the individual items can point to specific targets to work on if there is a concern that the lack of cleanliness is a danger to the child.

The embedded document has been amended by Cheshire LSCB to include additional indicators and improve on the scoring with some guidance about how to use the template.

Home-Conditions-Form-Word.doc

Free Social Work Tools and Resources

http://www.socialworkerstoolbox.com/

DH – Parenting Hassles Scale

https://www.cafcass.gov.uk/?s=parenting+daily+hassles+scale

Understanding adolescent neglect: Troubled Teens. A study of the links between parenting and adolescent neglect.
https://www.basw.co.uk/resources/understanding-adolescent-neglect-troubled-teens

How to identify Hoarding Disorder – clutter scale rating leaflet
https://www.london-fire.gov.uk/media/1608/clutter-image-ratings.pdf

CHILDREN SOCIAL CARE PATHWAY