



## PRACTICE GUIDANCE FOR EARLY HELP PRACTITIONERS – IDENTIFYING, ASSESSING AND ADDRESSING NEGLECT



*“To have authentic, close relationships with children of the kind where we see, hear and touch the truth of their experience and are able to act on it”*

*Harry Ferguson, (2011) Child Protection Practice*



## Introduction

***“Children have the right to be protected from being hurt and mistreated, physically or mentally”*** (Article 19 UN Convention on the Right of the Child)

**Children have the right “*not to be subject to inhuman or degrading treatment*”** (Article 3 European Convention on Human Rights)

Practitioners and academics are agreed that chronic and serious neglect can have far-reaching effects upon children’s development and their childhood. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm (Hildyard and Woolfe, 2002; Davies and Ward, 2011). It is vital therefore that we identify and work to address neglect at the earliest possible point in a child’s life.

This multi–agency practice guidance is aimed at practitioners across all agencies in Education, Health, Police and Partners whose work brings them into contact with children, young people and their parents/carers. The guidance accompanies the NSSCB neglect toolkit adapted from the Jane Wifin toolkit for assessing Neglect

The aim of the guidance is to

- establish a common understanding of neglect
- assist in the confident assessment of the level and impact of neglect upon children and young people and make decisions about risk
- highlight best practice approaches to assessing and addressing neglect

This practice guidance should be read before the Neglect Toolkit is used and should be used alongside the Threshold Guidance.

This guidance supports the implementation of the Neglect Strategy and Early Help Strategy. These documents can be found on the NSSCB website.

***The Overarching Principle in North Somerset is that we must strive to ensure the child is at the heart of all our interventions, we must have a clear focus on what their life is like for them.***

## 1. Definition and incidence of Neglect

### 1.1 Neglect is:

*‘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 or shelter (including exclusion from home or abandonment);*

- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate caregivers)*
- *ensure access to appropriate medical care or treatment.*

(Working Together to Safeguard Children 2015)

## **1.2 The 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. It describes some of the different presentations of neglect within one family and the impact on each of the children’s well-being and health. It details the complexities of interpreting the level of risk posed to each of the children within the shared family circumstances.

## **1.3 Children who may be more at risk of neglect**

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 one are also highlighted as particular at risk groups.

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 parenting 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

Local and national research has identified a number of factors that may feature in relation to the profile of those parents of children at risk of being neglected. These factors can include any or a combination of the following:

- domestic violence and abuse
- parental alcohol and substance misuse
- parental learning disability
- parental mental ill-health
- episodes in local authority care as children
- maternal low self-esteem and low confidence
- own childhood experiences of poor parenting
- health problems during pregnancy, pre-term and low birth weight baby
- experiences of significant loss or bereavement
- isolation and lack of support
- being a young/adolescent parent

#### **1.4 Types 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

- **Educational neglect**

Involves the failure to ensure a child receives an adequate and suitable education. Failure to promote the value of their child to receive education and or support their educational development.

- **Physical neglect**

- the failure to provide for a child's basic needs. It usually involves the parent or caregiver not providing adequate food, clothing or shelter. It can also include child abandonment, inadequate or inappropriate supervision.
- the failure to adequately provide for a child's safety or failure to adequately provide for a child's physical needs.
- physical neglect can severely impact a child's development resulting in failure to thrive; malnutrition; serious illness; physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision; and a lifetime of low self-esteem.

## **1.5 Adolescents and Neglect**

The current definition of neglect refers to children and young people up to the age of 18.

Neglect can have a significant impact on a child's emotional and physical development and we would expect to see signs of this where young people are living in environments which are neglectful. The developmental impacts can included, low self-esteem and negative

sense of self, compromised social skills, poor emotional regulation, psychological difficulties, inhibited cognitive and language development. Behaviours we may see include prioritising the needs of others and a desire to please, social isolation, thrill seeking, difficulty in detecting threats/discriminating danger and impaired problem solving ability.

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. See appendix one for more explicit information on the links between neglect and child sexual exploitation

## **1.6 The characteristics of Neglect.**

Understanding the following characteristics of Neglect are essential for helping practitioners understand, identify and respond when children and young people are at risk of 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 a parent not doing something, rather than because a parent has actively done something to harm their child. 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.

## **2. Identifying Neglect**

Neglect is complex and hard to define clearly. It differs by type, severity, frequency and impact. Neglect often co-exists with other forms of abuse and indeed is often a pre-condition to allowing other abuse to take place. Increasingly, the psychological impact of neglect is being recognised. There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. So when practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important.

### **2.1 Barriers to Identifying Neglect**

Even when professionals have concerns about neglect, research indicates that they may be unlikely to have confidence in considering how they can help or intervene, apart from referring to Children's Social Care.

Research also indicates that practitioner knowledge of child development is not always well developed and that as a result they are less likely to understand the impact of neglect and the importance of timely decision making to avoid significant harm.

The impact of neglect on children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies (Health, Schools/Education, Police, Probation, Housing, Third sector) identify emerging problems and potential unmet needs and seek to address them as early as possible. Determining what constitutes a 'persistent failure', or 'adequate clothing' or 'adequate supervision' remains a matter of professional judgement.

Being clear about what the child experiences and the possible harm that may arise will allow for preventative safeguarding, rather than waiting for the impact on the child to become irreversible.

## 2.2 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.

## 2.3 Approaches to support the identification of neglect

- **Listening to children / young people**

Having a picture of a typical twenty four hours in a child's life will provide an invaluable insight into what life feels like and looks like for them.

- **The use of a Chronology as a tool for identification of Neglect and tracking progress**

Keeping clear records of what you see as a practitioners will allow you to develop and 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.

- **Supervision**

Drift 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). Using the toolkit in supervision will help practitioners and designated safeguarding leads to form a whole picture of the care a child is receiving.

- **Neglect tool kit**

The toolkit will:

- enable an evidence based process to identify neglect and consider the impact upon the child.
- Inform early help 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

It is important to agree the frequency of when to complete the neglect tool again so that outcomes can be tracked

- **Having the bigger picture – information sharing**

Using an assessment such as the Early Help assessment that pulls together information and professional expertise from all professionals who know the family is vital for analysing the impact neglectful parenting is having on the development of the children we are concerned about.

### **3. How we work to identify and address Neglect in North Somerset**

All services and practitioners have a critical role in identifying, assessing and addressing the needs of children and families who are experiencing periods of difficulty.

“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

Providing Early Help is more effective in promoting the welfare of children than reacting later. 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. We need to identify and differentiate between families who are experiencing a period of difficulty that with support they will get through and those that present concerns that are ongoing and are having a significant impact on their children or are forming a pattern of neglect.

Effective Early Help requires practitioners to work together to:

- identify children and families who would benefit from Early Help;
- undertake an assessment of the child / children's needs
- devise a plan to address the needs and provide services to support the family to achieve the outcomes of the plan and then to regularly review that plan.

We have a responsibility to promote inter-agency cooperation to improve the welfare of children (Section 10 Children Act 2004). In North Somerset we recommend holding regular team around the family meetings

Neglect of children is often cumulative and therefore early signs and symptoms of neglect will be noted and identified by Universal and Early Help practitioners across a range of agencies. During the past decade there has been an increasing awareness of the impact on children of parenting which is neglectful or abusive. The Monroe report into Child Protection (2011) acknowledges the need to intervene early in the development of problems or issues, as well as early in a child's life, both of which have a key role in tackling the long term impact of child neglect. Early Help interventions need to address the causes as well as the consequences of neglect and prevent potential escalation of concerns and subsequently the need for statutory child protection services and severe long term consequences to children.

We know that the majority of parents are able to meet the needs of their children, often drawing on the support of their family and friends. Once concerns about neglect are identified practitioners need to use their professional judgement about the level of intervention required and what should happen next. The practitioner or agency identifying these concerns must evaluate the information and decide what the appropriate response should be.

### **3.1 Providing Early Interventions**

If a decision is to offer Early help services or where a child or young person is already receiving targeted or universal services as a result of Neglect, it is essential that the support service/s are planned, targeted, reviewed and where there is more than one agency supporting there must be a good system for communication and multi-agency review. In North Somerset we recommend holding regular Team Around the Family (TAF) meetings.

Parents should have an active role in TAF meetings, the agenda should consider;

- What are the children telling us
- What have we observed
- Clear and specific information about the difficulties each child is experiencing
- Planning and agreeing and allocating actions with timescales
- Is the support that's being offered working? Is it making a difference to the child/young person?
- Do the parents understand what is being expected of them? Do they understand the impact on their child, why we are worried?
- Prioritising what needs to change, improve. Ensure that the plan is SMART and sets clear goals for the parents to achieve.
- Is it the right type of support given the level of need identified? Regularly review the threshold.

- What is helping the family to make change, how can we motivate and draw on their strengths
- Who else can help, both family and professional support?
- Do we need to update the assessment /Chronology, what evidence is there of an impact on the health and safety of the child/young person.
- The TAF model operates as a supportive team, rather than just a group of professionals.
- An ideal TAF is one which is motivating and positive and encouraging.

### **3.2 When should we refer to Children's Social Care?**

Making judgements about referrals can cause some anxiety for practitioners. It is important that we build good working relationships between agencies, develop an understanding of the respective agency roles and responsibilities as well as a shared understanding of thresholds. Practitioners can utilise a "no names consultation" if they are unclear or unsure about their worries however it is essential that practitioners from all agencies working with children and young people, can articulate their worries clearly by drawing on their observations, knowledge, professional expertise and risk factors in the case.

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. Early Help practitioners and Universal support services will follow their referral process to ensure that a referral is made to children's services. If parents do not give their consent for a referral then this denial needs to be evaluated to determine whether it increases the risk to the children.

Neglect which constitutes significant harm is neglect which 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 health treatment, lack of supervision leading to risk of injury inside or outside the home)

Your referral will provide you with the opportunity to provide a clear sense of how the neglectful parenting fails to meet the needs of the child/ren and how this links to the harm that is being caused. Once a referral is made to children's social care, a decision will be made by a manager within 24 hrs as to the action required.

### **3.3 Working Sensitively with Cultural 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 Climbié (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:

## **4. Working to address Neglect**

### **Basic good practice with neglect includes**

- timely response to all expressions of concern about neglect
- an understanding of the child's day to day experiences
- adequacy of the care provided to the child must be addressed as a priority
- engagement with mothers, fathers, male partners and extended family
- clarity on parental responsibility and expectations
- full assessment of the child's health and development
- monitoring patterns of neglect and change over time
- avoiding assumptions and stereotypes
- tracking families whose details change
- triangulation of information provided by parents

### **Good practice with families**

- Strengths based approaches: collaborative goal setting and building on what is working well in families to keep their children safe
- Signs of Safety : clear communication about worries, respectful partnership working, focus on child safety and goals that are child focussed
- Parenting and play skills training- either in groups or one to one sessions in homes
- Services provided to the whole family including one to one work with older neglected children
- Regular follow up and checking out that the plans are working
- Good communication and coordination between everyone

### **Sources of support**

The Family Information Service provides a wealth of information about services that can provide support for families

## A final thought:

Seen and now heard report- Action for Children 2010 surveyed 8-12 year olds

- Two-thirds has seen suspected signs of neglect
- On average children has seen at least three children with some signs of neglect that year
- More than one in 10 said they had seen suspected neglect nine times that year
- Children as young as eight are seeing signs of neglect in their peers

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

Figure 1: Hypothesised model of how neglect may increase vulnerability to CSE

