PRACTICE GUIDANCE FOR SOCIAL WORKERS - 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

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

This practice guidance is written for social workers across North Somerset and is part of the guidance compiled by the Principal Social Worker network in the South West. The guidance accompanies the NSSCB neglect toolkit adapted from the Jane Wifin toolkit for assessing childhood Neglect.

The aim of the guidance is to establish a common understanding around the assessment of the impact of neglect and a common threshold for intervention in cases where the neglect of children is questioned or identified.

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

The Overarching Principle 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 their lived experience.

Definition of Neglect

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

'Working Together to Safeguard Children' 2015 describes neglect as:

> '*The persistent 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:*
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> - *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.*

National Picture

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

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

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

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

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

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

Statutory Framework

What the criminal law says:

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

Children and Young Persons Act 1933

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

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

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

Serious Crime Act 2015, Section 66 amendments

Section 66 clarifies, updates and modernises some of the language of, section 1 of the 1933 Act. The effect of the changes made by section 66 are to:

a) Make it absolutely clear – by substituting for the current list of examples of relevant harm (which includes the outdated term "mental derangement") the words "whether the suffering or injury is of a physical or psychological nature" – that cruelty which causes psychological or physical suffering or injury is covered under section 1 of the 1933 Act;
b) Make it absolutely clear that the behaviour necessary to establish the ill-treatment limb of the offence can be non-physical (for example a sustained course of non-physical conduct, including, for instance, isolation, humiliation or bullying, if it is likely to cause unnecessary suffering or injury to health);
c) Replace the outdated reference to "misdemeanour" with "offence"; and
d) Amend section 1(2)(b) so that: i. A person is also deemed to have neglected a child in the relevant manner where the person concerned is under the influence of "prohibited drugs"; ii. It is clear that the provision applies where the person comes under the influence of the substance in question at any time before the suffocation occurs; and iii. It applies irrespective of where the adult and child were sleeping (for example if they were asleep on a sofa).

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

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

Universal and Early Help Services

We know the majority of parents are able to meet the needs of their children, often drawing on the support of their family and friends. However some parents will require extra support from services to ensure that their children's needs are met with support.
A small number of children will require comprehensive and statutory support services, as a result of complex and or serious circumstances, in order to ensure that their needs are met.

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

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

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

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

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

Defining Significant Harm

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

- Persistent; (continuing to exist or occur over a prolonged period)
- Cumulative; (increasing or increased in quantity, degree, or force by successive additions)
- Chronic or acute; (persisting for a long time or constantly recurring/of a very poor quality/severe or intense degree)
- Resistant to intervention. (Resistance to something or someone).
- Direct and substantial impact on the health and well-being of the child/young person (lack of food/shelter, preventing seeking heath treatment, lack of supervision leading to risk of injury inside or outside the home)

Working Sensitively with Diversity

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

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

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

Neglect – making sense of risk Factors

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

- Children born prematurely, or with very low birth weight,
- Children who are Missing from Home or Care.
- Children who are Looked After
- Asylum seeking and refugee children.
- Children with additional needs, disabilities and complex needs.

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

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

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

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

- they are child-centred and informed by the views of the child
- decisions are made in the best interests of the child
- they are rooted in child development and informed by evidence
- they build on strengths as well as identifying difficulties
- they ensure equality of opportunity and a respect for diversity including family Structures, culture, religion and ethnic origin

The Signs of Safety Methodology

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

Signs of Safety elicits and values the family's knowledge of their own situation.
A risk assessment and case planning tool sits at the core of the methodology. This allows us to maps the harm, danger, complicating factors, strengths, existing and required safety.

There are four simple questions to ask when thinking about a family:
1. What are we worried about? (Past harm, future danger and complicating factors)
2. What's working well? (Existing strengths and safety)
3. What needs to happen? (Future safety)
4. How worried are we on a scale of 0 to 10? (Judgment)

Undertaking Assessments

Plan the assessment and engage the family:

- The child and family are key to the process, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes
- Establish the family's views of the concerns in an open and transparent way.
- Children value being treated with respect, honesty and care, listen to their views in a way that compliments their needs, this maybe by direct work, communication tools or observation
- Assessments should actively consider equality issues such as the parent's ethnic origin and any cultural needs. The parent's capacity to engage in the assessment process must also be consider and supported. For example where a parents has any learning needs or disability, or mental health needs.
- Assessments are ongoing not a single event. It is essential that assessments are updated to evidence change and demonstrate consideration to the parent's capacity to sustain change.
- Be prepared to revisit your hypothesis with new information gained

Completing the assessment:

- Genogram
- Chronology: Keeping clear records of what you see as a practitioner will allow you to develop your understanding of the chronicity of the neglect and therefore draw analysis as to the persistence of it, parent's capacity to change and clarity as to the impact upon the child.
- Children should be seen within their family home, on their own when appropriate and observed amongst their sibling group and with their care givers.
- The child's views must be sought in relation to seeing them alone and what efforts you have made to make them as comfortable as possible.
- Consideration should be given to each child within the family, assessments should be made of each child and their particular needs. How they are different or similar, how are they more vulnerable or more resilient?
- Ask the parents to describe their children individually and talk about what they like about them. What are their individual personalities? What do they like doing? This can be enlightening in terms of finding out what parents know about their children, how they feel about them and how good their attachments are.
- Are any of the children in this family more resilient than others to the care they are receiving and if so, how? Why do you think this is?
- Describe each child in terms of appearance and personality
- List the strengths and positives of the relationships within the family
- List any injuries the child has had chronologically including injuries that have been explained by the parent or carer
- List your concerns about the child's development needs using the dimensions within the Assessment Framework

Making sense of the information gathered – your analysis

The Importance of Analysis

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

- Based on the understanding of the assessment information is the plan in the best interests of the child/children?
- Is there adequate justification in continuing with services either voluntarily or through statutory involvement?

Focus on the impact of the circumstances on the child:

- Every assessment must demonstrate that the social worker has a good understanding of the child's lived experience.
- Gather and analyse information gained from a number of different sources – child health, development wider family context and environmental context
- When analysing the information about the risks, think about the seriousness and consequences for the child of no change in parental capacity
- Don't allow the needs of the parents to cause you to lose sight of the child
- Don't underestimate the impact of a parent's mental health difficulties, drug and/or alcohol use or domestic abuse on the care they are giving to the child

- Are the parents showing motivation to change? Do you and the parents have an understanding of any barriers to change?
- Build on strengths as well as identify difficulties – but guard against over optimism – adopt a balanced approach – be clear in what the 'danger/worries are and the 'safety' needed
- Be aware of the uniqueness and diversity of each child and family and communicate according to individual need

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

- Development delay and failure to thrive
- Hunger and thirst
- Low weight
- Being Overweight, Obesity
- Lack of appropriate medical care, missed medical appointments and pain caused by untreated condition(s)
- Inadequate protection from emotional, physical or sexual harm
- Pain/embarrassment caused by ill-fitting or inappropriate clothes
- Difficulties concentrating and making friends at school
- Lack of opportunities for socialisation
- Elevated likelihood of poor mental health and low self-esteem
- Feelings of isolation and rejection

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

- Addiction to substances at birth
- Anxiety about the wellbeing of carers/parents
- Exposure to dangerous adults and frightening or inconsistent adult behaviour
- Exposure to dangerous substances
- Expectation to keep secrets
- A feeling of isolation from within the family home and wider community
- Involvement in the supply of substances
- Early involvement in use of substances

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

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

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

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

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

- Parents lack the capacity to provide care physically or emotionally, parenting capacity can be reduced by mental illness/disorder, domestic violence and abuse, problematic use of drugs and/or alcohol, learning difficulties, poor experiences of being parented themselves
- Parents' own problems are so overwhelming or intractable that they cannot prioritise their children's needs above their own
- Parents do not have the knowledge or skills to provide safety and supervision within the home environment
- Parents have no childhood experiences of positive models of parenting to draw on
- Parents do not make use of available support networks

Typology of Neglect

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

Medical neglect

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

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

Nutritional neglect

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

Emotional neglect or psychological neglect - can include:

- ignoring a child's presence or needs
- consistently failing to stimulate, encourage or protect a child
- rejecting a child or actively refusing to respond to a child's needs, for example refusing to show affection
- constantly belittling, name calling or threatening a child
- isolating a child, preventing a child from having normal social contacts with other children and adults

- terrorising a child, creating a climate of fear and intimidation where the child is frightened to disclose what is happening
- corrupting a child by encouraging the child to engage in destructive, illegal or antisocial behaviour.
- severe neglect of an infant's need for nurture and stimulation can result in the infant failing to thrive and even infant death.
- emotional neglect is often the most difficult situation to substantiate in a legal context and is often reported as a secondary concern after other forms of abuse or neglect

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.

Understanding the following characteristics of Neglect are essential to help individuals 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 acts of omission as opposed to acts of commission where we see definitions of intentional abuse upon children. Harm to a child as a result of neglect might not be the intended consequence and on occasion the parent may not understand or recognise the impact upon their child's health, well-being and development from the neglect.

Rule of Optimism

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

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

Drift

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

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

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

"There are many children about whom a range of people may be concerned and who are known to communities and professionals but who are not actually receiving adequate direct help. We often hear concerns about "slipping though the net" but in fact it happens rather than slipping through the net they are in effect "stuck in the net."
Being "stuck in the net" for long periods of time before receiving help can contribute to further developmental delay and long term problems for children. If these children eventually become looked after away from their birth parents they can be harder to help. This appears to be what happened to Holly. Serious CASE Review "Holly" NSSCB

Adolescents and Neglect

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

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

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

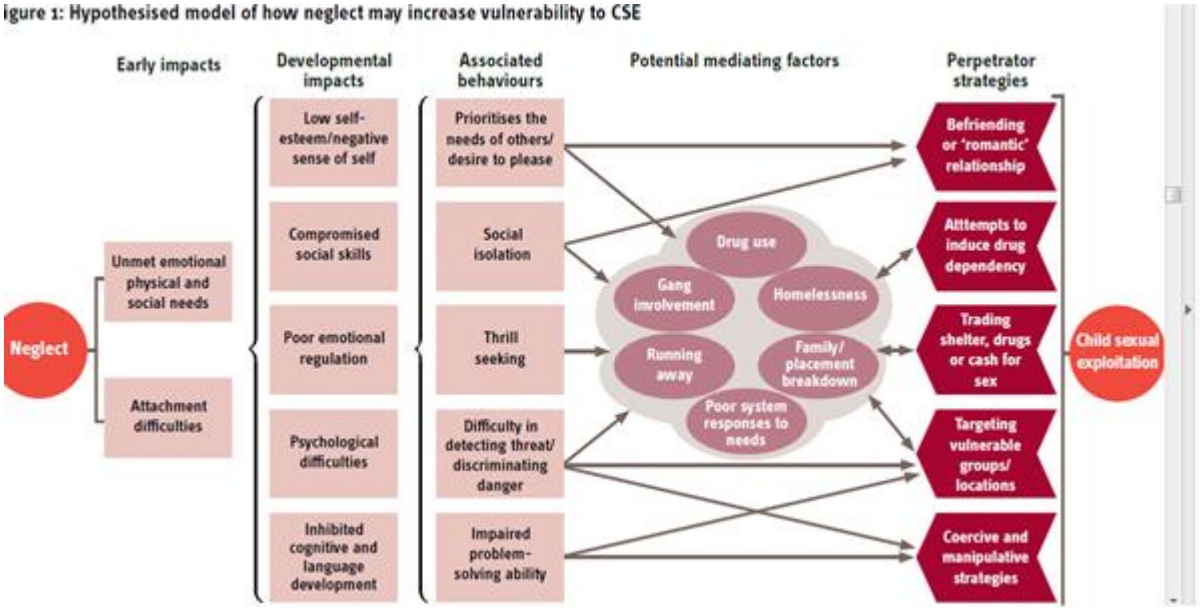
Defining Adolescent Neglect

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

Themes from Research Review	Issues for Practitioners
Neglect is usually seen as an act of omission	For adolescents in particular, some acts of commission should be seen as neglect, or contribute to young people being neglected e.g. being abandoned by parents, being forced to leave home or run away from home, being vulnerable to abuse and exploitation
Neglect from different viewpoints	There may be different viewpoints, for example between the views of social workers, other professionals, parents and young people themselves. Awareness of these different viewpoints and what may contribute to them (e.g. culture, own experiences of being parented, beliefs, values and so on) is a starting point for establishing a working consensus
Young people may under-estimate neglect	This may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to their families
Neglect is often seen as a persistent state	It is necessary to look at patterns of neglect over time and recognise the impact of both acute and chronic neglect
There is a difficulty in making a distinction between emotional abuse and neglect	These are associated, inevitably, especially when neglect is seen as an omission of care. What matters is not the label but the consequences for the young person's health and development
Neglectful behaviour and experience of neglect	Defining neglect should include both maltreating behaviour as well as how the young person experiences neglect i.e. the consequences for them
Continuing undulation of the neglect, so short term improvement overrides long term history	Use a chronology and be clear about changes, ensuring you assess ability to sustain the changes.

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

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



What can we do?

Social workers must keep their knowledge up to date:

- Accessing research for example using Research in Practice to show how CSE can be a consequence of neglectful parenting
- Emotional abuse and neglect: Identifying and responding in practice with families:

ripfrontlineemotional abusebriefingwebonly

Engage Fathers

Serious case reviews have repeatedly highlighted failures by social workers to effectively engage fathers. Father are sometimes overlooked. Most children's social workers are female and may have emotional responses to men that are influenced by their childhood and experiences.

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

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

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

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

The toolkit will;

- Enable an evidence based process to identify neglect and consider the impact upon the child.
- Inform assessments to direct plan of work/intervention. The use of the toolkit will focus the intervention on specific issues and allow you to prioritise the most significant issues.
- Identify and highlight areas of strength and good enough parenting to enable the conclusion of support/intervention.
- Support your conversations and enable you to be specific with families when identifying areas for change within the parenting.

- Help you explain and demonstrate to parents what your worries are. The framework can support your conversations and demonstrate the research and analysis within your professional judgement from an evidence based tool.
- Support to assess the next steps and formulate a plan including the specific areas of focus.
- Reduce your professionals anxiety by enabling you to focus on specific focus

Neglect checklist tool

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

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

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

Area	Guidance
Extent and Type of neglect [i]	This allows the LA SW to articulate the areas where care is lacking and to what level. Should cover some of the areas below.
Physical care 1. Nutrition	Quality as well as quantity
2. Housing	Cleanliness and appropriateness of home environment
3. Clothing	Are the clothes adequate for the weather, do they fit?
4. Hygiene	Is the child hygiene needs taken care of
5. Health	Is the child up to date with vaccinations, are they taken to the doctor appropriately, is medical advice followed
Safety 6. How safe is the child's environment	Are there suitable safety measures in place? Is the house unsafe for the age and development of the child
7. What are the arrangements when the child is left	When the child is left with an adult – is that adult a safe family member or known to be unsafe
Emotional Care 8. Responsiveness	Does the parent/s show adequate warmth, response and support? Has the relationship been observed and commented on How does the child respond to the parent/s? Who initiates the relationship?
9. Mutual engagement	Does the child have to demand attention or is the child passive
Developmental Care 10. Stimulation	Are the child's education/ stimulation needs taken into account? Are there age appropriate toys / support for school?
11. Approval	Does the parent/s demonstrate adequate support for the child
12. Disapproval	Are adequate and age appropriate discipline measures in place. Is the child supervised adequately?

13. Acceptance	Does the parent accept and show appropriate support for the child regardless of the child's needs or challenges
Level of neglect	Has the scale of the neglect been described? The definitions below are a good guide.
14. Does the report make it clear about the scale of neglect? Does it identify any single issue which may cause potential immediate harm?	**Mild neglect** Failure to provide care in one or two areas of basic needs, but most of the time a good quality of care is provided across the majority of the domains. **Moderate neglect** Failure to provide good quality care across quite a number of the areas of the child's needs some of the time. Can occur when less intrusive measures such as community or single agency interventions have failed, or some moderate harm to the child has or is likely to occur (for example, the child is consistently inappropriately dressed for the weather — wearing shorts and sandals in the middle of winter). **Severe neglect** Failure to provide good quality care across most of the child's needs most of the time. Occurs when severe or long-term harm has been or is likely to be done to the child or the parents/ carers are unwilling or unable to engage in work.[ii]
15. Chronic nature of the neglect	Does the statement state at what age the neglect started and the duration. Was this during a particularly vulnerable time for the child's development? I.e. prior to 3. Are there any elements of acute neglectful behaviour which increase the immediate risk i.e. supervisory?
Impact on the child	The LA SW needs to be able to articulate the impact of the neglect on the child's physical, social or emotional development
16. Physical	Has the child's physical development been measured – if under 5yrs (in England) an Ages and Stages assessment should have been undertaken by the HV? Is this included? Is it recent?
17. Emotional	Has the emotional impact on the child been described? A Strength and Difficulties Questionnaire is one way of showing this. Has this been undertaken have the impact been articulated.
18. Lived Experience	Has the child's day been described? Has the parent been asked for their view of their child's day – are there discrepancies
Parental issues[iiiiv] **Risk factors**	Neglect is often the outcome of parental issues. The impact of these on the parents' ability to look after their child should be described. It's not enough to say there is an issue, the impact on their ability to parent needs to be described. It should explain 'the so what' question. Have standardised measures been included to measure the level of the issue. It's important to articulate any acute risk factors which could at any point increase the immediate risk to the child, alongside the enduring risk factors which may be longer term.

19. Situational Risk Factors[v]	• Acute life stress • Any underlying neglectful behaviour which may lead to immediate harm i.e. supervisory, co sleeping • Acute mental health & physical • health crises • Acute school problems • Acute family relationship conflict *There are a number of standardised tools which may help articulate the scale of the above issue. Depression/ Anxiety and Stress Scale measures mental health issues (DoH Scales and Measures toolkit)*
20. Enduring Risk Factors	• Child behaviour, mental health or physical • health problems • Caregiver mental health & physical health • problems, or substance abuse • Impaired caregiver-child relationship • Family conflict • Social isolation • Everyday stress *The Alcohol or drug audit can be used to scale the alcohol issues. Daily Hassles Scale (DoH) can help describe the daily challenges this family could be facing. The GCP2 will help with describing the parent child relationship.*
21. Underlying Risk Factors	• Poverty • Caregiver childhood adversity • Experiencing racism • Violence in the community *Is there some evidence of a short biography for the parent(s)?*
22. Areas particularly relevant in neglect	• Poverty • Domestic abuse • Social isolation/stress • Relocate frequently, distancing themselves both geographically and emotionally • Substance misuse • Mental illness • Learning difficulties • Poor attachment histories of parents • Poor psychological attitudes to children behaviour and quality or relationship • Evidence of apathetic and believe that their efforts are futile • Poor coping skills • Little social and emotional support • Interact with children infrequently Context – own history, patterns of engagement
Capacity / Capability	
23. Current Capacity	Has the current capacity to keep the child safe or free from neglect been described and refers to the question of 'whether or not parents are capable of meeting their children's needs. ' (DoH 1989)

<table>
<tr>
<td>24. Has the parent's readiness for change been described?</td>
<td>Has the parent's readiness for change been described? ([vi]Prochaska and DiClemente's 1984)
<table>
<tr><td>Precontemplation (not ready</td><td>parents don't perceive that there is a problem</td></tr>
<tr><td>Contemplation (getting ready)-</td><td>parents are beginning to recognise that is an issue, which is affecting their child that they can / should do something about</td></tr>
<tr><td>Preparation (Ready)</td><td>starting to make small steps</td></tr>
<tr><td>Action</td><td>start to modify behaviour, engage in assessment or the work</td></tr>
<tr><td>Maintenance</td><td>Understood the assessment, made changes and sustaining them.</td></tr>
<tr><td>Relapse</td><td>sliding back to previous state, this can happen at any time and for varying periods</td></tr>
</table>
Is there comment about how much insight the parent has to his/her behaviour and the impact it has on their child? Has the situation been clearly explained to the parents, is this evidenced– has the quality and relevance of support been described.</td>
</tr>
<tr>
<td>25. Motivation to engage</td>
<td>Has the parent demonstrated any motivation to engage in assessments, interventions or change services?</td>
</tr>
<tr>
<td>26. Capacity</td>
<td>Refers to the question of whether or not parents are capable of meeting their children's needs. (DoH 1989)</td>
</tr>
<tr>
<td>27. Capacity (capability) to change</td>
<td>Defined as 'the parents willingness and ability to overcome risk factors' [vii] (Ward et al 2014) Bentovim [viii]argues that parents' failure to take responsibility for their children's maltreatment, their dismissal of the need for treatment, their failure to recognise their children's needs and the maintenance of insecure or ambivalent parent–child attachments are all key indicators of a poor prognosis.

Ward et all 2014 states that areas of concern are when:
• When parents do not acknowledge that a problem exists
• In DA where there is a pervasive pattern of abuse
• Where parents consciously systematically cover up maltreatment

Harnett[ix] in 2007 described a way to measure capacity to change – which was
• Complete a standardised tool
• Agree SMART goals
• Implement package of intervention
• Repeat standardised tool</td>
</tr>
<tr>
<td>28. Patterns</td>
<td>Does this section review</td>
</tr>
</table>

	• Past history of involvement and engagement with services, what has been tried and what the outcome was? • Past history of relationships and putting the needs of the child first.
Protective Factors	
29 Resilience[xxi]	Resilience has been described by [xii]Fonagy et al 1994 as normal development under difficult conditions but also as known as strength and adaptability in the face of adversity and is supported by: • Good attachment between parent/carer and child • Good Self-esteem in the child • Positive parenting • If the child has a high IQ • If there is flexible parenting • If the child has good problems solving skills • Positive school experience • Supportive adult (apart from parent) • Emotional or behavioural support • Good community or social networks including leisure activities
30 Other Positive Options	What other positive influences are evident in the life of this child that could be seen to balance out the risks/concerns and how influential are they.
Summary	
31. Reflection	• Has the evidence demonstrated that the threshold been met? If not: • What more needs to be known and how do you get it? • What extra information is required? • Why Now – is it evident in the report why a decision has been made to make an application now? This could be issues such as: ○ Despite suitable support there is no evidence of sustained parental change ○ The child's development is being or will be harmed – it would be best to reference this against the child's age and developmental trajectory. ○ The current behaviour puts the child at high risk of other forms of abuse or immediate risk of harm. • Does the structure help the reader?

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[1] Maslow,A.H. (1954) Motivation and Personality. Harper and Row; New York

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End notes

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