# SSCB Multi-Agency Neglect Strategy 2016-18

***'Sometimes no-one believes you. No-one comes to your house to see what's going on. So no-one might know or can tell from the outside.'***

(Chloe, young person) (Action for Children, 2014)

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## 1. Introduction

# Responding to concerns of child neglect

1.1 Neglect is the most common form of child maltreatment in England (Department for Education, 2013; Radford *et al,* 2011) and the USA (Sedlak *et al.,* 2010).
In England, almost half (43%) of child protection plans are made in response to neglect, and it features in 60% of serious case reviews (Brandon *et al.*, 2012).

1.2 Radford and colleagues' study for the NSPCC found that 9% of young adults had been severely neglected by parents or guardians during their childhood (Radford *et al*, 2011). Yet a number of high profile child deaths (Laming, 2003; Lock, 2013) have shown that it is extremely difficult for professionals with safeguarding responsibilities to identify indicators of neglect, to assess whether what they have observed is sufficiently serious for them to take action and to decide on the most appropriate course of action. (Childhood Wellbeing Research Centre, 2014)

1.3 In order to understand what neglect is, there needs to be an understanding of the basics of development. Child development refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence as the individual progresses from dependency to increasing autonomy. It is a continuous process with a predictable sequence, yet having a unique course for every child. It does not progress at the same rate for every child and each stage is affected by the preceding types of development.

1.4 Developmental change may occur as a result of genetically-controlled processes known as maturation, or as a result of environmental factors and learning, but most commonly involves an interaction between the two. Crittenden states that development happens in "the zone of proximal development", this is that the developmental stages are very small and they build on one another.

1.5 Erikson (1959): According to Erickson, successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Basic virtues are characteristic strengths which the ego can use to resolve subsequent crises. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a less healthy personality and an impaired sense of self. These stages, can be accomplished successfully at a later time.

1.6 Attachment theory describes the dynamics of long-term relationships between humans. Its most important principle is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Attachment theory explains how much the parents' relationship with the child influences development. Attachment theory is an interdisciplinary study encompassing the fields of psychological, evolutionary, and ethological theory. Immediately

after World War II, homeless and orphaned children presented many difficulties, and psychiatrist and psychoanalyst John Bowlby was asked by the UN to write a pamphlet on the issue which he entitled "maternal deprivation". Attachment theory grew out of his subsequent work on the issues raised.

*"Neglect slowly and persistently eats away at children's spirits until they have little will to connect with others or explore the world."*

(NSPCC)

## 2. Why have a Neglect Strategy?

### Statutory Framework

2.1 Local authorities have overarching responsibility for *safeguarding and promoting the welfare of all children and young people* in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and Working Together 2015 guidance sets these out in detail. This includes specific duties in relation to *children in need and children suffering, or likely to suffer, significant harm* under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

2.2 Whilst local authorities play a lead role, *safeguarding children and protecting them from harm is everyone's responsibility*. Everyone who comes into contact with children and families has a role to play.

2.3 Safeguarding and promoting the welfare of children is defined for the purposes of Working Together 2015 guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

2.4 in addition to the local authority other local agencies, including the *police and health services*, have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

2.5 Under section 10 of the same Act, a similar *range of agencies* are required to cooperate with local authorities to promote the well-being of children in each local authority area. This cooperation should exist and be effective at all levels of the organisations, from strategic level through to operational delivery.

2.6 *Professionals working in agencies* with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. (Government, 2015)

2.7 The United Nations Convention on The Rights of The Child (1989) upholds the following rights:

**Article 19:** Protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of the parent(s).

**Article 23:** A mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

**Article 24:** Enjoyment of the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health. No child should be deprived of his or her right of access to such health care services.

**Article 27:** The right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral or social development.

**Article 28:** The right to education.

2.8 This Strategy has been developed to enable all professionals working in the range of agencies across Shropshire to fulfil their responsibilities set out above, to promote the well-being of children and work together to identify, assess and respond to children in need and children suffering, or likely to suffer, significant harm where neglect is a feature.

## 3. Strategic Aim and Local response

3.1 Shropshire's Safeguarding Children Board, (SSCB), is committed to promoting working in partnership with children, families and partner agencies to identify neglect at the earliest opportunity. Where necessary ensure access to the right services at the right time for those children and families in need of support and or intervention through a robust safeguarding system in Shropshire.

3.2 In order to achieve this all partners agree to work collaboratively to:

1. Identify children at risk of neglect at the earliest opportunity;
2. Respond promptly and effectively to address the underlying factors;
3. Maintain our focus on the experiences of children;
4. Ensure that children are protected from harm and minimise the long term effects of childhood neglect.

3.3 The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.

(Government, 2015)

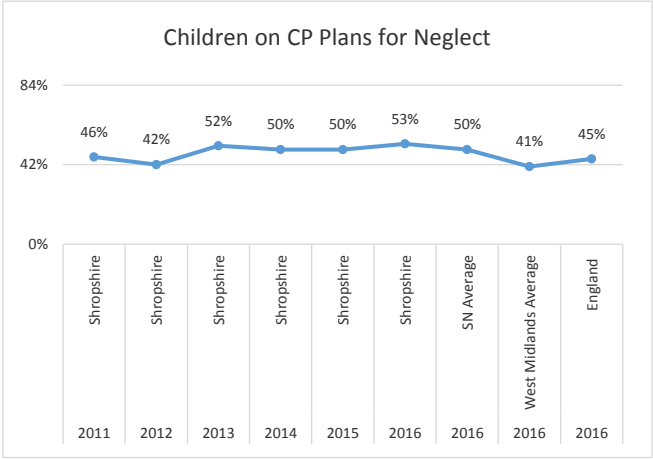
In trying to define neglect there is a need to understand two things:

i. Neglect is something that is persistent and cumulative and occurs over time with little change, despite intervention.

ii. That whilst neglect might occur within a family which is perceived to be living in poverty, the children at the greatest risk are those who live in families in which the parents' own emotional impoverishment is so great that they actually do not know how to parent, do not understand their children's needs and despite massive intervention, are unable to provide for the needs of their children.

3.4 Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient. (Government, 2015)

3.5 In November 2016, Shropshire had placed 282 children on a child protection plan, 53% (142) children were placed on a plan for Neglect. The data shows Shropshire numbers are higher than both England 44% and the statistical neighbours at 50%.




3.6 The strategy review group also found that the number of children on a child protection plan for neglect has increased from 2013 to 2016(see chart)

3.7 The increase in the number of children on plans may be for a number of reasons: better understanding and identification of neglect, raised public awareness following high profile media cases and or professional anxiety around managing cases of neglect.

3.8 Early Help is an integral part of the work to strengthen families. Shropshire are not able at the time of writing this strategy to provide data to tell us about neglect at an early help level. Strengthening Families Team is able to share information about the number of Family Plans and evidence effectiveness by Family Webstar scores improving, and by evidencing Family Plans within early help and meeting their outcomes effectively. There is to be a review of the Outcomes Framework in early 2017. The aspiration will be to include neglect in this framework, to enable data collection to better understand what neglect looks like in Shropshire.

3.9 ***The Graded Care Profile* 2 (GCP 2)** is the tool chosen by the SSCB and all partners have agreed to engage with using this tool to improve the assessment, monitoring and review of cases of neglect highlighting areas of concern which if severe, persistent and increasing can evidence neglect. This tool will assist professionals to identify parenting capacity and focus upon the lived experience of the child and/or young person.

3.10 Measuring the effectiveness of this strategy will inform SSCB that we are getting it right. The table below outlines how we will collate data to assure the effectiveness of the Neglect Strategy.

| How much? | How well? | So what? |
|---|---|---|

| | | |
|---|---|---|
| Numbers and rates of children and young people with a Family Webstar and GCP completed assessment | Rate of repeat CPPs and proportion which are for neglect cases | Number of Troubled Families cases where 'payment by results' outcomes were met |
| Number/rates of CIN, CP and LAC with numbers and *rates of those children without a history of early help Webstar* | Percentage of midwifery assessments that effectively identify and support the needs of the unborn child | Levels of school readiness |
| Percentage of relevant staff completed neglect training | Percentage of parents who report services are provided in an empathic way | Percentage of cases that saw agreed outcomes addressed and concerns about the child reduced |
| Percentage of cases audited on a multi-agency basis judged as 'good' or 'outstanding' | Percentage of staff who report high degree of confidence in (a) recognising and (b) intervening in cases of neglect | Percentage of cases were children report improved health and well being |
| Number of GCP 2 completed | Length of time on CP Plan and outcome | Evidence of impact of SSCB neglect training on practice |

3.11 Themed multi-agency audit's should take a closer look at the problem profile of Neglect in Shropshire, to identify themes and patterns across the system, including Early Help, Step Up and Step Down and Child Protection, to better understand the effectiveness of managing neglect at each level of help.

## 4. The role of Early Help in addressing neglect

4.1 The impact of neglect of 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, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek

to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

4.2 Working Together (2015) requires local agencies to have in place effective assessments of needs of children who may benefit from early help services. In Shropshire there is a range of tools available to assist practitioners in assessing unmet needs, identifying what outcomes need to be achieved and how this will be done. The tools we have ensure that children, young people and their families participate in the decisions that affect their lives, and that their voices are heard. In order to capture this Shropshire have developed a 'Family Webstar' assessment tool and a 'whole family action plan'. The Webstar can be used as a starting point for a discussion with family members where early help needs are emerging. The action plan is about working with the family to identify goals, solutions and tasks to aid the identification of the right service at the right time. The Family Webstar Assessment and Whole Family Action Plan replace the Early Help Assessment Form (EHAF). The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a 'Whole-Family' approach owned by all stakeholders working with children, young people and families.

4.3 Key principles to the whole family approach are:

- There is an identified Lead Professional for the family, who has a long term overview of the action plan and outcomes.
- Informed consent of the family is in place.
- A whole family assessment looks at the needs of individual family members, as well as the family as a whole.
- Partners and families work together to 'one' family plan.
- There is joint ownership of outcomes with the family and partners – using the Strengthening Families Outcomes Plan to measure success.

4.4 In order to address the relatively high levels of neglect in Shropshire, it is important that all agencies effectively use the Family Webstar and GCP 2 to assess and plan services for children and families. Likewise, it is important there is continued longer term coordinated support, post social care involvement, to enable parents to sustain the change in the care given to children.

4.5 The Ofsted thematic inspection on joint working between children's services and adult mental health services highlighted a lack of signposting to early help by adult services and particular delays in considering the impact of paternal mental ill health on children.

## 5. Definition

5.1 Defining neglect can rely on assumptions about parental intentions. This is problematic since one of the distinguishing features of neglect is the omission of specific behaviours by the caregivers without intending to harm the child, rather than the deliberate commission of abusive acts. (Connell-Carrick, 2003)

5.2 Defining neglect in terms of the *likelihood* of significant harm or impairment to the child's development rather than on whether the child has been harmed, may encourage practitioners to focus on whether a child's needs are being met, regardless of parental intent, and is the approach adopted in this country.

5.3 Serious case reviews have time and again highlighted a lack of co-ordinated communication between agencies as factors for when a child has experienced neglect. Therefore it is important for all professionals to work within a recognisable framework with agreed definitions.

(Childhood Wellbeing Research Centre, 2014)

5.4 Working Together 2015 states:-

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

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

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

## 6. Categories of Neglect:

6.1 Neglect is a broad category with varying degrees. The legal definition of neglect can be used as a guide but then it can be broken down further. Consider each of these categories, as defined by Jan Horwath (2007)

- Medical
- Nutritional
- Emotional
- Educational
- Physical
- Supervision and safety

6.2 **Medical neglect** is 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 includes dental neglect, where a child may have severe untreated dental decay. Is the family missing appointments, is medication not given? What is the impact on the child?

6.3 **Nutritional neglect** occurs when a parent or caretaker's failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day, and no food is available.

Malnourishing a child would constitute neglect but our thinking may change when it comes to obesity. Broadly speaking, parents and carers are responsible for what their children eat, until they go to secondary school at 11 years old. If a child under that age is obese with no medical reason this may also be neglect

6.5 **Emotional neglect** Research in this field often concludes that it is the emotional and/or psychological neglect that causes the most lasting damage. 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 anti- social behaviour.

6.6 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.

There is an overlap between emotional abuse and many forms of child maltreatment and this especially true of neglect. When practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important.

6.7 **Educational neglect**
Educational neglect involves the failure to ensure a child receives an adequate and suitable education. Life chances are significantly reduced if a child does not receive an education.

6.8 **Physical Neglect** Physical neglect is 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 is important to ask yourself what the impact will be on the child if they are dirty, smelly and lice-infested and do not have the clothing and belongings that other children have.

It can also include child abandonment, inadequate or inappropriate supervision, and 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.

6.9 **Lack of supervision and guidance**
In the most extreme cases children die as a result of accidents caused by a lack of supervision. Children need to grow up feeling that someone cares where they are and what they are doing.

## 7. Significant Harm

7.1 The threshold for child protection intervention is if a child is assessed as being at risk of significant harm.

7.2 Definitions for significant harm in all four nations of the UK are broadly similar. For England and Wales, harm is defined under section 31 of the Children Act 1989 as:

"*Ill treatment or the impairment of health or development". To decide whether harm is significant, the health and development of the child is "compared with that which could reasonably be expected of a similar child*"

7.3 The current legal and policy framework across the UK views neglect as a persistent behaviour with serious effects. This focus on long-term behaviour discourages early intervention, but taking action at an early stage will significantly improve outcomes for the child.

## 8. Signs and Impact of Neglect

Where any of the following are present the practitioner should discuss the child's needs with a senior member of staff in order to decide the most appropriate course of action:

8.1 **Physical signs** - e.g. growth not within the expected range, recurrent infections, skin conditions, unkempt dirty appearance, inadequate clothing, unmanaged/untreated health conditions, frequent accidents or injuries.

8.2 **Developmental signs** - e.g. developmental delays, poor attention/concentration, lack of self-confidence, poor self-esteem, educational underachievement (including poor school attendance).

8.3 **Behavioural signs** - e.g. over-active, aggressive, impulsive behaviours; indiscriminate friendliness, withdrawn with poor social relationships, enuresis, soiling or destructive behaviours, substance misuse or running away, poor school attendance, sexual risk taking, self-harm, involvement in pro-criminal behaviour.

8.4 **Signs in the home environment** - e.g. dirty, hazardous environment, personal or environmental odour, poor state of children's bedding, inadequate ventilation or heating, lack of play opportunities, isolation of parents and children from the local community.

8.5 It is possible for children across the age range to experience neglect, and therefore no child in a household should be excluded from professional assessment because it is assumed that they are too old to suffer neglect or too young to experience the impact of their parent's substance misuse. Neglect is insidious and it will have an impact on all children in the household. Some children will be more vulnerable to neglect than others.

8.6 Some practitioners may be reluctant to identify neglect in vulnerable children where families have traumatic stories of huge adversity, violence or loss, i.e. disabled children, asylum seeking or refugee children. Practitioners should ensure that the judgments made about parenting are objective and not based on assumptions about different cultures or communities.

8.7 Children particularly vulnerable to neglect are:

- Premature children, or with low birth weight
- Disabled children
- Adolescents
- Children who go missing
- Looked after children
- Asylum seeking and refugee children
- Children from black and ethnic minorities

## 9. What causes Neglect?

9.1 In order to be able to successfully intervene in neglect cases, there needs to be a full understanding of all of the factors to understand what prevents adequate parental capacity to respond to a child's needs. It is important that practitioners do not

confuse the symptoms of neglect with the causes of neglect, as any interventions must primarily tackle the cause. An example of this might be to focus only on ensuring that the family home is tidy and clean (a symptom) rather than ensuring that the parent or carer receives treatment and support with substance misuse or a mental illness.

9.2 Increased risk of neglect and emotional abuse may be more likely in homes where there is domestic abuse; substance misuse; unemployment; mental ill health; an absence or perceived absence of a helpful supportive network; lack of intimate emotional support or poverty. As with all assessments, factors like this should be specifically explored when assessing the impact on the child, although their absence does not mean neglect or emotional abuse will not be present.

**Parental factors**:
9.3 **The parent themselves:** Do they exhibit behaviours that can impact on their ability to care for a child e.g. Do they misuse alcohol or drugs, or experience domestic violence or abuse?

9.4 Was their **own experience** of being parented damaging enough to impact on the care they give their own child?

9.5 **Are there wider environmental issues:** are they isolated in their community? Do they suffer discrimination and/or poverty?

9.6 **How is the mental health of the parents?** Depression is the most common form of mental illness affecting mothers. This is especially concerning when it is post-natal depression as it can interfere with the mother's ability to respond to her children's needs (Howe 2005). There is much more research about depressed mothers than fathers. But we do know that the presence of a non-depressed parent significantly reduces the developmental risk to the child (Howe 2005).

9.7 **Parental Learning Difficulties**: For Stevenson (2007) the key issues to understand are: the parent's ability to anticipate risk to the child; manage diverse and complex situations; the possible rigidity of the parent's thought processes, thus making adaptation to change difficult, i.e. in the child's needs or behaviour. Horwath (2007) identifies some key issues in assessing the parenting capacity of learning disabled parents:

- cognitive functioning (an IQ below 60 is not a good indicator of adequate parenting capacity);
- co-morbidity, i.e. a diagnosis of mental illness or substance misuse; poor self- esteem;
- a lack of positive role models;
- a lack of support;

- adverse social conditions

9.8 **Parental Substance Misuse:** Howe (2005) asserts that the significant effect of taking 'mind-altering' substances is that they interfere with the reciprocal, trusting and responsive communication between the parent and the child, rendering the parent unable to read the signals and increasing the child's confusion and distress when this occurs. Parental drug use increases the likelihood of children being at risk of neglect and emotional abuse, but not other forms of abuse. Where the financial and emotional resources are committed to the pursuit of drugs, the degree of neglect will be higher. The issue of children taking on inappropriate caring roles beyond their years should be emphasised.

9.9 **Domestic Abuse Violence and Coercive Control:** It is now acknowledged in legislation that where children witness domestic violence it should be regarded as 'harm' (Adoption and Children Act 2002 s120). Horwath (2007) proposes the concept that the parents' pre-occupation with safety can become all-consuming, and lead to other aspects of parenting being in deficit e.g. the mother is exhausted, has low self-esteem, or is depressed. There is the possibility of emotional unavailability and social isolation (Howe 2005), with the violent parent unable to deal with the distressed and fearful behaviour that they themselves have induced in the child.

9.10 **Involvement of fathers and wider family:** Consideration should be given to engaging fathers/partners/wider family in the assessment in order to understand the role they may be able to place in the child's life.

9.11 The NSPCC pose some specific questions on neglect:

**a. What you might notice in the main carer-child interaction in infants (less than 12 months old)?** The main caregiver may not seem to be tuned in to their child's needs, or sensitive to their child's feelings. They speak little to them, and when they do it is often in the form of orders, with very little positive feedback. They describe their babies as irritating and demanding. Even within the first few days of life, you may observe that the main caregiver fails to engage with their child emotionally during feeds.

**b. What you might notice in the main carer-child interaction among toddlers (1-3 years)?** As the child becomes older, it may be obvious that the parent remains unresponsive and uninvolved with their child, or fails to respond to them appropriately (known as 'lacking attunement'). They are often critical of the child, and ignore their child's signals for help. In some instances they even seem comfortable when their child is struggling to complete a task. When the parents are critical or verbally aggressive, the child shows more anxiety.

**c. What you might notice in the main carer-child interaction among older children (age 3-6)?** In this age group, it may be evident that the parents are not engaged in playing with the child, they show little affection and are unlikely to reach out to the child to relieve their distress. The mothers may offer less praise, and show less positive contact. They speak little to the child, which may contribute to language delay that is evident in emotionally neglected or abused children of this age. Neglectful mothers are more likely to resort to physical punishment than other mothers.

**d. What you might notice in a child aged 5-14?**

**Behaviour:** The impact on behaviour is often greatest when neglect starts early in a child's life, or if the child is both neglected and emotionally abused. They may present as aggressive and hostile, for example, the child may be prone to angry outbursts or lashing out towards others. They may be more impulsive than other children, and may show features seen in Attention Deficit Hyperactivity Disorder (ADHD), for example, poor concentration or impulsive behaviour. Neglected children specifically, may be particularly quiet or withdrawn.

**Relationships with other children:** Neglected children may have difficulty with friendships and have more problems socialising, than other children do. They may describe another child as their 'best friend' but the other child does not reciprocate this. The child may have few friends, and be perceived by other children as more likely to be aggressive or disruptive.

**Emotional or self-perception issues:** Neglected children may have little self-confidence, and the more severe neglect they experience, the lower their self- esteem. They are more likely than their classmates to experience symptoms of depression. They have difficulty interpreting emotions, such as anger or sadness. They may also experience more mood swings than would be expected for their age, or show levels of affection towards others, which are inappropriate for the situation. Neglected children may see themselves as being worthless to others. They often believe that what happens is beyond their control, which leads to anxiety and helplessness to do anything to improve their situation. Many of these children give up on tasks before they have even started, because they simply do not see the point in trying. They have fewer effective coping skills than other children. When they become upset they are less likely to distract themselves through play, or talk it over with someone else. They may become angry, or restrict their emotional displays. Some children may think about, plan or attempt suicide.

**School performance**: Neglected children often have more difficulty than their classmates carrying out complex tasks, particularly when they are required to understand and follow instructions that involve visual and motor integration; this was tested by asking the children to trace geometric shapes of increasing difficulty against the clock. They are likely to have a lower IQ than their

classmates, although results or numeracy assessments varied across studies. Despite poor performance in some areas, neglected children may be better at problem solving, planning and abstract thinking than other children.

**Relationships with parents**: One study of neglected children showed that: *Living in the family can be lonely for both parent and child because there is little exchange of information, and there may be a lack of emotional warmth between them. Some parents are more negative in comparison to non-neglecting parents. The parents may make more demands of their children, and are unlikely to respond to requests from their children for support. Neglected children come to expect less support from their mothers, in comparison to non-neglected children.* Full details of the studies from which these points are drawn are detailed at www.core-info.cardiff.ac.uk

10. **Adolescent Neglect:** Neglect in the teenage years is no less harmful, yet is often overlooked or misinterpreted by professionals. Some behaviours that have been reported to characterise neglected adolescents are:

- Difficulty solving problems
- Lack of creativity and language skills
- Relatively easy onset of frustration or anger
- Poor and/or inconsistent school achievement
- School absences leading to School dropouts
- Arriving early to and leaving late from school, avoiding going home
- Withdrawn or passive OR Hyper alert and watchful
- Low self-esteem, anxiety, depression, prone to suicide
- Inability to trust or overly-compliant
- Lack of recognition with regard to Nutrition
- Drug and Alcohol abuse and early sexual activity
- Anti-social behaviour, young people getting into trouble; and violent conduct
- Lack of attention to medical needs

10.1 Adolescents may also find their home situation too difficult to bear and end up running away, further putting themselves at risk for even more dangerous situations, for example exploitation and domestic abuse. The interaction of agencies who work with the adolescents needs to be joined up and often creative, working to include the parents/carers and the young person. The work needs to focus upon facilitative parenting, supporting the development of life skills leading to safe independent living.

*Neglect Matters: Stein et al 2010 DCFS*

## 11. Disabled Children

11.1 The NSPCC suggests that the neglect of disabled children has been invisible. The heightened vulnerability to neglect of disabled children was measured and found to be 3.8 times more likely to be neglected (Sullivan & Knutson 2000), for many reasons including stretching the family's capacity to be able to care; not being able to communicate their needs (Bovarnick: NSPCC 2007); and in part due to traits the child brings to the relationship with the parent (Howe 2005).

11.2 Kennedy and Wonnacott (2005) emphasise the importance of addressing 'disabling barriers' including discrimination; lack of service provision; pity for carers affecting judgment; and the perception that a disabled child is somehow worth less.

## 12. Assessments supported by an evidenced based

12.1 Agencies will have a range of models to assess cases of neglect. The Framework for the Assessment of Children and their Families provides a universal model for assessment. However, this in itself is not specific enough to support practice on the front line to assess, monitor and review cases where neglect is a feature.

12.2 Stevenson (2007) says "there are six pre-requisites for a good enough assessment of parenting:

- Knowledge of evidence on specific effects of parental issues on care-giving e.g. substance misuse, learning disability
- Ongoing regular re-appraisal of the situation
- A realistic picture about the parents' will to change
- Realistic expectations of what is 'good enough' parenting
- Identification of individual needs
- Impact of poverty as an integral part of the assessment, not just a 'context' but as a daily stressor."

12.3 A Research in Practice briefing on Understanding and Working with Neglect (2005) highlights the following principles for best practice in assessing neglect:

- pro-active assessment – don't wait for the accident / incident
- addressing the causes, not the symptoms

- using an ecological framework
- multi-disciplinary assessment – and access to research
- understanding families' histories and patterns of interaction
- matching interventions to identified needs
- appropriate timescales for intervention and change
- work with parents; and
- work with children within a resilience framework.

*NSPCC research, March 2013*

12.4 Shropshire have commissioned and are committed to the use of the ***NSPCC's Graded Care Profile 2*** **(GCP2)** which focuses specifically on the lived experience of the child and the impact of this for each individual child. GCP 2 training licenced by the NSPCC is delivered regularly by SSCB to accredit practitioners to use the tool effectively and consistently with families. This training can be accessed by following this link: www.safeguardingshropshireschildren.org.uk/

12.5 The **GCP 2** is an assessment tool that allows practitioners to produce an objective measure of the quality of care given to a child by looking at four key areas: physical care, safety, emotional care and developmental care, these areas have been adapted from Maslow's hierarchy of human needs (Maslow 1954). The assessment is conducted during home visits and identifies the care-givers' strengths and weaknesses, gives an objective picture of the quality of the care that the child is actually receiving from parents and highlights the child's lived experience. Completed GCP2 assessment highlights areas for change, where parenting support and interventions can be targeted to improve the quality of care the child receives.

12.6 Brandon et al (2008), in their review of Serious Cases warn of the 'start again syndrome', where practitioners, overwhelmed by the complexity of the family, put aside knowledge of the past and focus on the present, supporting parents to make a fresh start. Any new or re-assessment of a family must take into account the family's history in order to make sense of the present.

**13. Regularly reviewing progress:**

13.1 It is important for agencies, individually and jointly with the parents/carers, to regularly review progress in the work with a family. If there has been no change in parenting over a period of time consideration should be given to what action to take. There is the potential for 'drift' and lack of focus when dealing with child neglect, due to the fact that there are rarely major incidences

and agencies need to be involved over a period of time to build up a full picture of concerns. This can lead to a loss of purpose. It is therefore essential that targets and timescales are set and reviewed. Regular reviewing should identify accumulative concerns.

## 14. The importance of a good quality chronology:

14.1 A chronology is a series of significant events and changes that occur in a family and child's life. Each event should be considered for the impact it has in a child or young person's life.

14.2 In Shropshire the expectation is that a chronology will be completed by each agency for every child. The chronology should start from the most appropriate time that gives a view of relevant significant events prior to an agencies intervention and as such can start with the birth of parents, but should always as a minimum start at the beginning of an intervention in the life of the parent and or child, and should then continue through intervention ending only when a decision is made to close the case.

14.3 Where a case comes back for further intervention the chronology should pick up where the previous one ended and cover significant events that have occurred in-between the two periods. These should be added as they happen to maintain the chronology and make it useful in the future e.g. in court or at review.

14.4 Concerns about neglect are likely to have developed over a period of time and a chronology is essential in highlighting and analysing concerns and patterns of significant events.

14.5 A good quality chronology will identify patterns and themes, invaluable in assessing risk and when analysing the likely impact of events especially where there may be no single 'incident' – e.g. in neglect. It is therefore an essential tool in analysis and planning at all stages of the child's journey.

14.6 A current chronology must be available at all Early Help/CIN/CP/LAC planning and review meetings.

## 15. Supervision

"The risks of recurring maltreatment are higher with neglect than other types of abuse. Practitioners need support to prevent them becoming overwhelmed and to help them to think and act systematically in cases of neglect and to avoid the "start again" syndrome."

Analysing child deaths and serious injury through abuse and neglect (2008)

15.1 Staff supervision is a key element of a robust and effective system, which ensures that children and young people are safeguarded. All agencies should have a mechanism for ensuring that cases of neglect are regularly reviewed in supervision. The complexity of a family's situation can overwhelm practitioners and they can become desensitised to the effects of neglect or focus on specific issues and ignore others.

15.2 It is important to bear in mind the following:

- Worker's feelings can mirror the chaos and helplessness within a family. They can be anxious to challenge parents/carers through a lack of confidence or fear of the response.

- The depression and despair which many of the families experience can affect workers. Supervision needs to acknowledge these feelings and look at ways of minimising the effects.

- The threat of verbal and/or physical violence and intimidation can lead to avoidance by the worker.

- Regular appraisal of the nature of the family/practitioner engagement should take place to ensure this has not become collusive and lost focus on the needs of the child.

15.3 Lack of direction and drift has been characteristic of a number of cases where neglect has resulted in tragic deaths. Effective supervision should give focus and purpose to the work.

1 Be clear about intended outcomes for the child
2 Keep the focus on the needs of the child and developmental progress
3 Ensure assessment of parenting capacity
4 Ensure identification of clear targets and timescales

15.4 Regular review of the plan should take place in supervision. It should provide the opportunity to explore cases in depth – to promote objectivity, evidence based analysis and sound professional judgement.

15.5 Case discussions involving workers and managers from other agencies can be helpful. Co-working should be considered in complex cases, in order to fully address the needs of the children and parents

15.6 It is important to consider the role of the manager in cases where little or no progress has been made, e.g. joint visit with social worker. The opportunity for staff and supervisors to step back from cases where neglect is a feature and review their judgements and interventions is vital for the implementation of change in the lives of children for the better.

## 16. Catastrophic, seriously harmful or fatal circumstances

16.1 The NSPCC asked the University of East Anglia to explore the circumstances in which neglect can be catastrophic and have a fatal or seriously harmful outcome for a child. The report provides a systematic analysis of neglect in serious case reviews in England, between 2003 and 2011. It looks at how risks of harm accumulate and combine and the points at which intervention might successfully have helped to contain these risks.

16.2 The research found that:

- Neglect is much more prevalent in serious case reviews than had previously been understood (neglect was present in 60% of the 139 reviews from 2009-2011).
- Neglect can be life threatening and needs to be treated with as much urgency as other categories of maltreatment.
- Neglect with the most serious outcomes is not confined to the youngest children, and occurs across all ages.
- 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.
- Practitioners, managers, policy makers and decision makers should be discouraged from minimising or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift.
- The key aim for the practitioner working with neglect is to ensure a healthy living environment and healthy relationships for children.

16.3 Practitioners need to be supported by a system that allows them to make good relationships with children and parents and supports them in managing the risks of harm that stem from maltreatment. This includes the harm from neglect and the way that neglect can conceal other risks and dangers.

16.4 The study does not provide easy answers about the difficult judgments and decisions that may need to be made where neglect is present but shows how important it is to be open-minded and vigilant about where and how these risks manifest themselves.

Download the executive summary:
https://www.nspcc.org.uk/globalassets/documents/research-reports/neglect-serious-case-reviews-summary.pdf

Download the full report:
https://www.nspcc.org.uk/globalassets/documents/research-reports/neglect-serious-case-reviews-report.pdf

*Brandon, M., Bailey, S., Belderson, P., Larsson, B. (2013) Neglect and serious case reviews. London: NSPCC.*

## 17. References and Research

**17.1 Core-Info: emotional neglect and emotional abuse in pre-school children.** Cardiff University, Department of Child Health and NSPCC [London]: NSPCC, 2012 Leaflet summarising what is known about emotionally neglected or emotionally abused children aged under 6 years. Based on a systematic review of research, the leaflet outlines the signs to look out for in mother-child interactions and in the child's behaviour. Also sets out practice issues professionals should consider. www.core-info.cardiff.ac.uk

**17.2 Neglect matters: a guide for young people about neglect.** [London]: NSPCC, [2010]. A guide for young people aged 11-17 years explaining what neglect is, how to recognise it, who can help and what you can do about it. A summary of how research and advisory groups of young people were used to develop this guide is also available: Neglect matters: the story of the guide (2010).

**17.3 Ten top tips for identifying neglect.** Beesley, Pat; British Association for Adoption and Fostering (BAAF); London: British Association for Adoption and Fostering (BAAF), 2011. Provides guidance on identifying, evidencing and responding to neglect. Chapters cover understanding why parents neglect their children; lessons to be learned from serious case reviews; the impact of neglect on children; and how best to intervene. Aimed at social care practitioners and others working with children and families needing a quick reference guide.

**17.4 Adolescent neglect: research, policy and practice.** Rees, Gwyther, and Stein, Mike, and Hicks, Leslie, and Gorin, Sarah London: Jessica Kingsley, 2011. Discusses the neglect of young people (11-17 year olds). Outlines how adolescent neglect differs from child neglect, the context of why it is overlooked, how it is defined, the causes and consequences of neglect, young people's views, and what professionals can do. Based on original research, this book establishes an evidence base and considers

implications for policy and practice. Reflection points included throughout. Suitable for practitioners working with young people, particularly those in social work, health services and education, policymakers and students.

**17.5 Recognising and helping the neglected child: evidence-based practice for assessment and intervention.** Daniel, Brigid, and Taylor, Julie, and Scott, Jane, and Derbyshire, David, and Neilson, Deanna London: Jessica Kingsley, 2011. Explores key issues around child neglect including: how neglect can be recognised, signs that parents need help, and signs that a child's needs are not being met. Covers how practitioners should respond, including assessment, planning and appropriate interventions. Also considers the prevention of child neglect, proposing a public health approach. Based on evidence gathered from a Department of Health and Department of Children, Schools and Families (now DfE) funded literature review. Includes practical case studies throughout and makes recommendations for policy and practice. Foreword by Enid Hendry of the NSPCC.

**17.6 Neglect matters: a multi-agency guide for professionals working together on behalf of teenagers.** Hicks, Leslie, and Stein, Mike Nottingham: Department for Children, Schools and Families (DCSF), 2010. Guide for professionals to improve understanding of what adolescent neglect is and to offer suggestions for ways of improving multi-agency practice. Covers assessment, prevention and intervention and provides signposts to good practice. Answers the questions: What is adolescent neglect? What are the causes and consequences? Whose business is adolescent neglect? What can I do about it? What practitioners need to know and do? Based on material gathered during research. Based on a review of research (Stein et al., 2009).

**17.7 Child neglect: identification and assessment.** Horwath, Jan Basingstoke: Palgrave Macmillan, 2007. Aimed at practitioners and managers working to safeguard and promote the welfare of neglected children, this book is designed to help with the identification and assessment of child neglect. It highlights the relevant personal, professional and organisational factors and explores how current practice can be improved. Divided into the following four sections:
1) Defining child neglect: what it is and what it does to children.
2) Assessing the care-giver and the care-giving context.
3) Referral and assessment: practice reality.
4) Moving practice forward - which includes the assessment challenges and best practice, and developing practitioner and organisational capacity.

**17.8 Neglected children and their families. 2nd ed.** Stevenson, Olive Oxford: Blackwell Publishing, 2007. Provides guidance for assessment and intervention in child neglect for all those studying in childcare, including social workers, health visitors and

child nurses. Begins by defining and understanding the problem and considers the family context such as poverty, social exclusion, community support, and ethnic and cultural factors. Chapter three focuses on parents and issues such as substance abuse, depression and learning disability. Chapter four considers the effects of serious and chronic neglect, including the implications for the development of delinquent behaviour, the concept of resilience, and attachment. Also contains chapters on working together and modes of intervention.

# Responding to concerns of child neglect