

# Neglect: Guidance for Practitioners

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June 2017

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## Contents

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|   |    |
|---|----|
| 1. Definition.....                        | 3  |
| Neglect and Emotional Abuse .....         | 3  |
| Acts of Omission and Commission.....      | 4  |
| Neglect and Disabled Children .....       | 4  |
| 2. Risks.....                             | 6  |
| 3. Indicators.....                        | 7  |
| 4. Protection and Action to be Taken..... | 9  |
| Messages for Good Practice .....          | 9  |
| 5. Issues .....                           | 10 |
| Intentional Neglect .....                 | 12 |
| One Child Singled Out .....               | 12 |
| Neglect by Secondary Carers.....          | 12 |

# 1. Definition

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Neglect is defined in Working Together to Safeguard Children 2015 as "the persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect the 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.

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years".

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

## Neglect and Emotional Abuse

Neglect is sometimes confused with Emotional Abuse. Although there are similar elements, Emotional Abuse is the ongoing emotional maltreatment or emotional neglect of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development.

Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are usually suffering another type of abuse or neglect at the same time – but this isn't always the case.

## Acts of Omission and Commission

Acts of commission are deliberate and intentional; however, harm to a child might not be the intended consequence. Intention only applies to caregiver acts—not the consequences of those acts. For example, a caregiver might intend to hit a child as punishment (i.e. hitting the child is not accidental or unintentional), but not intend to cause the child to have a concussion.

Acts of omission are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm. Like acts of commission, harm to a child might not be the intended consequence.

## Neglect and Disabled Children

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

- Developmental delay or behaviour which challenges should not automatically be attributed to the child's disability; it may be a result of neglect and poor parenting.
- Neglect for disabled children can be life threatening; for instance if they do not have access to the correct medical treatment.
- Disabled children have the right to the same standard of parenting and relationship of care that other children have. Parents "doing their best" may not be the same as providing an acceptable standard of parenting.
- Disabled children have the same emotional, social and cognitive needs as other children. These can often be subsumed by the high level of physical care and supervision that they require.
- Just because a child has a learning disability or doesn't communicate verbally this doesn't mean that the impact of neglect is somehow less significant. A child's behavioural distress or difficulties may be their way of communicating that they do not feel safe at home.
- Parents of disabled children often experience financial and practical difficulties, for example through reduced opportunities to work. Assessments of parenting capacity must differentiate between neglect due to systemic issues and neglect caused by a lack of parenting capacity.
- Views and experiences of the child must be central so that the needs of the family with a disabled child are not allowed to mask safeguarding and child

protection concerns. Safeguarding concerns should be standard agenda item in multi-agency meetings about disabled children.

- Disabled children often have their care needs met by numerous adults so neglect and abuse may have a variety of sources. Families can be overwhelmed by the number of professionals working with them. Different information is shared with different professionals, resulting in no one agency having a complete picture of the family situation. It is important that this is addressed in core group meetings.
- Disabled children can be neglected in specialist placements as well as at home. It is important that professionals work proactively with family carers when disabled children are placed away from home to ensure they know how to recognise and report on concerns.

In summary, in assessing neglect for disabled children practitioners should ask: would this situation be acceptable if the child was not disabled?

The Children's Disability Teams are always happy to provide advice and consultation for colleagues who are concerned about the neglect of disabled children.

| Area  | Manager     | Senior Practitioner             | Contact Number |
|-------|-------------|---------------------------------|----------------|
| North | Jacky Cooke | Claire Adkins<br>Angela Douglas | 01865 816668   |
| City  | Julie Fox   | Monika Winstone-Partridge       | 01865 323080   |
| South | Sheila Raw  | Mirella Phillips<br>Donna Rose  | 01865 897982   |

The Children's Disability Team City also holds monthly consultations for social care staff.

## 2. Risks

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The impact of Neglect during the first two years of a child's life can have profound and lasting effects on the development of the brain, leading to later problems with self-esteem, emotional regulation and relationships.

Neglect during the first five years of a child's life is likely to damage all aspects of the child's development. A neglected child is likely to have difficulties with:

- Basic trust;
- Self-esteem;
- Ability to control their behaviour;
- Social interaction;
- Educational attainment; and
- Problem-solving.

Neglect in childhood is also likely to lead to problems with aspects of adult life such as:

- Independent living in the community;
- Accepting adult responsibilities;
- Anti-social behaviour such as criminality, substance misuse;
- Increased vulnerability to being in abusive relationships (including the risk of sexual exploitation and being trafficked);
- Life chances and opportunities such as employment and education;
- Parenting - children who experience neglect lack a role model for good parenting, and so are vulnerable to becoming neglectful or abusive parents; and
- Self-care - for example nutrition, general health, risk-taking behaviour.

A particularly damaging combination for children is growing up in an environment of low warmth and high criticism – that is, parents/carers who switch unpredictably between helpless (neglectful) and hostile (abusive) care.

Neglect can affect children of all ages.

Where parents/carers have specific beliefs, which may involve how the child receives health care and treatment or general nutrition, the outcome can be that the child's health and well-being can be dangerously compromised.

**It is important to remember that neglect can be fatal to the child.**

“The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children’s safety ...these issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems” (Brandon et al, 2013).

### 3. Indicators

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Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. It is repeated, persistent neglectful behaviour that causes incremental damage over a period of time.

It is important to avoid ‘start again’ syndrome. Neglect should not only be measured by the most recent set of events but should be judged by the cumulative impact on the child of any previous incidents.

There is no set pattern of signs that indicate neglect other than that the child’s basic needs are not adequately met. In this context:

- The child’s basic needs are for food, shelter, clothing, warmth, safety, stimulation, protection, nurture, medical care, education, identity and play;
- Adequately means sufficient to avoid harm or the likelihood of Significant Harm;
- Failure to meet the child’s needs does not necessarily mean that the parents/carers are intentionally neglectful, but it points to the need for intervention;
- It is essential to monitor the outcome of intervention – are the child’s needs being adequately met after the intervention and is there a sustainable improvement?

The essential factors in demonstrating that a child is being neglected are:

- The child is suffering, or is likely to suffer, Significant Harm;
- The harm, or risk of harm, arises because of the failure of parents or carers to meet the child’s needs;

- Over time, the harm or risk of harm has become worse, or has not improved to the point at which the child is consistently receiving a “good enough” standard of care;
- Persistent, severe neglect indicates a breakdown or a failure in the relationship between parent and child.

The [Childcare and Development Checklist \(Neglect Toolkit\)](#) assists with the early identification of neglect, informs decision making, supports assessments and planning and helps co-ordinate support for families in need of additional help. It can also be used to track improvements, deterioration or drift. It should be used alongside, not instead of, whole family assessments such as the Early Help Assessment or Children’s Social Care Initial Assessment. For further information see the [Practitioners Guide to using the Checklist](#)

Where there are specific concerns about standards of care, the **Graded Care Profile** provides a tool for assessment, planning, intervention and review. This gives an objective measure of the care of the child across all areas of need, showing both strengths and weaknesses. Improvement and/or deterioration can be tracked across the period of intervention. It allows professionals to target work as it highlights areas in which the child’s needs are, and are not, being met. It may also help parents/carers who may themselves have experienced neglect to understand why such behaviours are harmful. Not all cases will require the Graded Care Profile and *only practitioners who have undertaken specialist training should use this tool.*

## 4. Protection and Action to be Taken

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In supporting a family in which neglect is an issue, the greatest of care must be taken to resist the pressure to focus on the needs of the parents/carers: intervention should concentrate on ensuring that the child's needs are being met. This may require action to ensure that the parents/carers have access to specialist (and if necessary independent) advice and assistance, including assistance in communicating with professionals.

Neglect may arise from lack of knowledge, competing priorities, stress or deprivation. It may also be linked to parents/carers who retain cultural behaviours which are inappropriate in the context in which the family is living.

When a child's needs are unmet because the parents/carers lack knowledge or skill the first choice for intervention should generally be the provision of Early Help services such as information, training and support services. If there is no progress and the assessment by professionals is that progress is unlikely without more proactive intervention, a referral to Children's Services in line with [Referrals Procedures](#) should be considered. If there are immediate safeguarding concerns contact the Multi-Agency Safeguarding Hub on 0345 0507666.

Neglect often occurs in a context in which parents/carers are dealing with a range of other problems such as substance misuse, mental ill-health, learning disability, domestic violence, and lack of suitable accommodation.

On many occasions the birth of an additional child may add to the pressure on the family. The parents/carers may provide an acceptable standard of care until a new pressure or an unexpected crisis arises: then they lose sight of their child's needs. In this situation the first choice for intervention should be the provision of support in dealing with the competing pressures. This may require referral to appropriate adult services or family support services. Professionals from across services should ensure they communicate effectively and develop joint plans.

### Messages for Good Practice

- Consult the **Neglect Pathway** for advice and guidance on how to deal with each step in identifying and addressing neglect
- Practical resources are often beneficial but their impact on meeting the child's needs must be kept under review; for a list of up to date resources and intervention tools, go to the **Practitioner Portal**.
- Relieving financial poverty does not necessarily relieve emotional poverty;
- Neglectful families are more likely to be isolated and to have weak informal networks. Providing volunteer support, and facilitating better relationship

with family and in the community, can be effective in raising standards of care;

- Dealing with neglect can be overwhelming for professionals: support and regular supervision are crucial;
- It is important to carry out regular reviews of the rate at which the required change is being achieved in terms of the child's improved health and development.

## 5. Issues

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Neglect is characterised by a cumulative pattern rather than discrete incidents or crises, and so drift is always a potential problem. Drift may result in a loss of focus on the needs of the child, and a change in professional expectations of what an acceptable level of care might be.

Accurate, detailed and contemporaneous recording by all professionals, and sharing of this information, are crucial to the protection of the child. In any service, professionals should work from a single set of records for each child. All entries in case notes should:

- Be factual and evidence based;
- Rigorously separate fact and opinion;
- Be dated and timed;
- Give names and agencies in full; and
- State agreed responses and outcomes.

Records should include a detailed **Chronology** of what has been tried, and to what effect.

There is a risk of confusion about the difference between style of care and standard of care. Styles of appropriate care vary widely, influenced by gender, class, culture, religion, age etc. It may be difficult to see why the care offered by a particular family does not lie within this range. The common factor in all styles of appropriate care is that they address the needs of the child. Neglectful care may have a host of common factors with various styles of appropriate care, but it fails to address the child's needs and falls below an acceptable standard.

Non-attendance at or repeated cancellations of appointments and lack of access to the child on visits are indicators that should increase concern about the child's welfare.

All agencies should be aware of the need for supervision of staff who are monitoring cases of chronic neglect:

- Professionals often want to think the best of the families with whom they work, and interpret events accordingly;
- Familiarity with the family's lifestyle may cause professionals to minimise concerns and accept that the observed standards are normal for this family;
- Changing the worker also carries risks as it takes time to see the pattern of events that identifies care as neglectful.

Supervision must provide an independent review, keeping the focus on the child's needs and the adequacy of parenting over time.

If the child appears resilient, professionals should not accept this at face value, but should check for evidence of unmet needs and impaired health and development.

When reviewing progress in cases of neglect it is important to look for evidence of sustained improvement in the child's health and development. Where there is a pattern of short-lived improvements, the overall situation remains unsatisfactory - if adequate standards of care cannot be sustained, the child remains at risk of significant harm.

Professionals must resist the temptation to "start again" at key points such as the birth of a new child or a change of worker. It is important to see current events in the light of the full history of child protection issues, including previous responses to support. The family histories of neglectful families are often complex and confusing, and professionals may be tempted to set them aside and concentrate on the present. This can result in an over-optimistic approach to a family with deeply entrenched problems.

As noted above, neglectful adults are often enmeshed in a complex network of problems. The clamour of the parents'/carers' needs tends to draw professional attention away from the unmet needs of the children. When addressing the needs of neglectful parents/carers, it is necessary to ask repeatedly:

- Do they understand what action is needed and within what timescales?
- Are they able and willing to meet the child's needs?
- Are they doing so?
- Are they able to access appropriate support services?
- Is anything changing for the child? Is the change enough to bring the standard of care up to an acceptable level?

If adult services are supporting the parents/carers, it is important to stress the need for them to notify children's practitioners if the parents/carers fail to engage with the services offered.

If there is a vulnerable adult living in the same household as a child whose needs are neglected, then their needs may also be neglected or unmet. Practitioners should report any concerns about the welfare of vulnerable adults to adult social care.

### Intentional Neglect

Where there is strong evidence that the parents/carers know and understand the likely effect of their actions or inaction on the child, but intend to cause harm or are reckless as to whether harm is caused to the child, this should be regarded as serious physical and/or emotional abuse. In these cases support is unlikely to reduce the risk to the child. Unintentional neglect should not be confused with deliberate or malicious failure to meet the child's needs in the full knowledge of the potential effects on the child.

### One Child Singled Out

Serious Case Reviews have demonstrated that in some instances a child in a family may be singled out and cared for in a manner which amounts to serious neglect. Where a school or other agency raises concerns about the child the parent's response and first assessments of the family may mask the particular treatment in the home of that child, particularly if the siblings appear well and cared for. Assessments where there are concerns of neglect should include speaking to the specific child on their own and viewing their sleeping arrangements for example.

### Neglect by Secondary Carers

This guidance relates only to the child's primary carers. Neglectful care may also be found in secondary carers such as childminders, foster carers, day care or residential settings. In this situation concerns should be reported to:

- The child's primary carers, so that they can take appropriate action to protect their child;
- The LADO team in Children's Social Care (Tel: 01865 810603 *or email:* [lado.safeguardingchildren@oxfordshire.gov.uk](mailto:lado.safeguardingchildren@oxfordshire.gov.uk)); and
- The registration authority for the secondary carer (for example Ofsted), who can consider the possible implications for other children;
- In the case of emergencies see [Referrals Procedure](#)