



Neglect

A guide for practitioners – September 2019

Neglect is the ongoing failure to meet a child's basic needs, is the most common form of abuse and the hardest to identify (NSPCC 2017). 48% of children are on Child Protection Plans due to neglect (Department of Education 2017). 69% of Oxfordshire's Child Protection Plans relate to Neglect.

Assessment is vital to gain evidence, put in a plan of interventions, and support the children to help prevent neglect.

Top tips

1. When you first get allocated a neglect case, read case fully (**beware of “start again” syndrome**) – complete a full genogram with family (with roles and responsibilities within family represented) – neglect is often intergenerational. Ensure that male care givers are represented and a FGC is considered to address concerns and make a plan.
2. Check and refresh the chronology, what has happened in the past? what interventions have been used? have any changes been made and were those changes sustained. This will enable you to get a plan of action in place and look at what hasn't been offered/tried. Consider – other factors in family functioning – low mood, Post Natal Depression, Domestic Abuse, substance (drug and alcohol) and parents experiences impacting on their ability to parent – gain their experiencing of being parented – were they neglected?
3. Create plans with the family that have set timescale for actions - are clear on the who, when and the how – consider what is realistic? what small difference can be made as well as the larger changes? how is this going to be maintained? who will notice improvement and deterioration?
4. Ensure that visits are not only one to one with the child at school, but also include home visits and child's bedroom. This enables you to see the interactions between parents and children, as well as looking at the home environment. **Gain the child's lived experience.**
5. View all children as individuals and consider how neglect is impacting on the children in terms of their ages and stages (infants to adolescents).
6. Be mindful of disability and/or diagnosis of child to does not camouflage Neglect – seek consultation with Disability and SEN teams.

7. Work closely and form positive relationships with other professionals such as school and health services to enable you to get a full assessment of the child's lived experience.
8. Use a range of tools and interventions throughout the assessment process. This will aid your assessment and may save time if the case goes into pre/care proceedings.
9. Use the **childcare and development checklist** – commonly referred to as the Neglect toolkit. Consider the use of the Graded Care Profile to gain a deeper understanding on the impact of neglect – **benchmark each child – establish areas to tackle – teeth, hair care, immunisation, developmental issues, attendance to nursery-school, diet and routines.**
10. Ensure tools are reviewed regularly in order to see if the situation is improving or deteriorating. Always ensure that these are completed prior to every ICPC and RCPC. Ensure that your Chronology is regularly up to date as this will aid your assessment and will assist if you need to write an initial statement for court. This is also essential to EDT if things escalate at evenings and weekends.
11. Use your supervision, reflective forums and core groups to look at the case from a different perspective, take on board ideas, discuss risks and strengths with the family and if it needs escalating. **Know yourself and group – are we being overly optimistic, is tunnel vision emerging – what evidence is informing judgements?**
12. At each core group concentrate on **all** points of the plan and put timescales on what needs to be actioned. During visits ask how that parent is getting on with the task and ask if they need support. At the following core group, you can see what has/has not been done in that period and see if a pattern emerges.
13. **Undertake the MAC (Multi Agency Chronology)** to gain understanding of a child's week – are appointments kept? (DNA or was not brought). The use of the multi-agency chronology is essential to aid your assessment and should be completed by each agency 6 weekly. Go through the Multi Agency assessment at the first core group so that agencies are aware what is expected of them and take examples. Consider - are the key elements of the plan (TAF, CIN, CP) being undertaken? Ensure that each professional in the core group undertake this and share at each core group. Use a colour system, Red for negative and green for positive. Ensure you raise the strengths with parents and look for patterns. What are parents struggling to achieve? What are they finding easier?
14. Use written expectations (both family and professionals) to cover issues that are ongoing/escalating and put a time scale on them to be completed. Explain that legal advice may be sought if these actions are not completed/adhered to.
15. Speak to the parent about neglect. What do they understand is its meaning? If they are unsure, break it down into easy language to enable them to understand what that means.

16. Consider a referral to the Family Assessment and Safeguarding Service (FASS). This is a resource that works with families where there is a substantial risk of severe parenting problems (including maltreatment and neglect) or a substantial risk of major parent/child relationship difficulties and/or attachment disorder. After referral they offer a professional only meeting to ascertain if they can provide services to the family. They can also offer assessments for court.
17. Start parenting assessments early as this may help your assessment. This will also save valuable time if the case goes into pre/care proceedings. Undertake a PAM assessment if an emerging issue of learning disability for parent to enhance plan.
18. Increase visits and reduce time between core groups if you have concerns. This will enable you to get a good understanding of what is happening for the child and if parents are taking on board the Local Authorities concerns.
19. Could the child be vulnerable to exploitation online or in the community, due to the lack of emotional warmth or protection at home. Are CSE/CDE an issue of risk? What understanding do the parents have or grooming and exploitation?
20. Use photographs – to show change and what is good enough – (what has been achieved and agreed, check standard with other professionals).

A guide to visits

Home visits:

- Ensure that you do a range of announced and unannounced home visits. Have a clear **purpose** for each visit and record outcome - ensure you record what is seen, smelt and the impact on child(ren).
- Unannounced visits give you an idea of what is the routine for the family in the home.
- Observe what is going on around you, interactions of family members, the home conditions, what they have/are/will be eating.
- Check the bathroom, does the child have a toothbrush, is it in a good state of repair/mouldy/unused.
- Check the bedroom, is there bedding on the beds, does the room smell of urine and is the mattress clean and dry.
- Is there food in the cupboards? Who else is in the home, are they normally there? Who supervises the children?
- Can caregivers describe routines – limits/boundaries?

- Where do the children play (is there a safe garden?) Is there space to play – have tummy time – is it safe (stair gates? - plug socket covers? Where is medication kept?)
- What are children playing on internet? Do tablets/phones have parental controls on their devices?
- What kind of animals live in house? Where are faeces – whose job is it to clean and care for animals?
- What is the child's behaviour like at home? Is it different to how they present elsewhere? Are they overly guarded or unable to regulate their emotions in the home?
- What is the baby doing on visits? Is he/she strapped in a buggy, do they have safe space on the floor, do they have age appropriate toys. Is their development delayed i.e. Are they able to hold their head up unaided, does the child have a flat head, is the child getting tummy time, how does the child react to his/her parent? If the parent is shouting, how are they reacting to this?

Direct work with child(ren):

Visit the child more regularly.

Build a positive relationship with the child by doing things that they want to do on your visits, such as playing board games. Jenga is a useful tool that you can use by numbering the blocks and using a series of questions for that child. Ask questions such as what is your favourite animal? what do you have for dinner at home or describe your typical day at the weekend. Can the child tie their shoe laces?

Direct work with children is vital to ascertain that child's thoughts and feelings – their **lived experience**.

- The Safety House
- Three Houses
- The island
- The Wizard
- The Fairy
- The Worry Monster
- Bag of worries
- Who Am I? work book
- It's About Me work book

One to One visits parents:

- Ascertain parents understanding of professionals' concerns - what is needed to reduce concerns? Do they recognise concerns? Involve wider family.
- **How would they describe current lived experience of their children?**
- What work can be done with parents to help elevate our concerns?
- Does the parent want to engage in programmes and support?
- What support have they had in the past, have they engaged and has it helped?
- What is the family's financial situation? Other complicating factors?
- Do they need support with budgeting? Is addiction causing financial issues?
- Have the parents got basic skills or do they need support? Can they shop, manage a house, budget, pay bills, tie their shoe laces?
- Are there concerns around learning disability, mental health needs and/or complex needs? You can discuss concerns and support available through a no-names consultation with the Named Professionals in Adult Services
<https://www.oscb.org.uk/safeguarding-themes/neglect/named-professionals-in-adult-services/>

Tools and interventions

Oxfordshire Safeguarding Children Board (OSCB) has a Neglect portal which features a range of guidance, templates and tools.

<https://www.oscb.org.uk/safeguarding-themes/neglect/>

Social workers toolkit has a range of free tools and resources.

<http://www.socialworkerstoolbox.com/>

See also Children's Participation Toolkit for Social Workers (activities & worksheets)

<https://www.scrc-tp.org/wp-content/uploads/2018/01/Participation-toolkit-Jan18-update-web.pdf>

Practitioner Toolkit – multiagency, ready-to-use tools to support direct work

www.oxfordshire.gov.uk/practitionertoolkit

Targeted work and interventions

- Family Links - parenting course for children aged 0 – 11
- Take 3 – Parenting course for parents of teenagers
- Freedom Programme –course for victims of Domestic Abuse
- DAY Programme – course for victims and those vulnerable to Domestic Abuse, Sexting and sexual exploitation age 14-25
- Bounce Back for children (BBK)
- Positive Relationship Programme course for perpetrators of Domestic Abuse Turning Point support service for people who have substance and alcohol misuse issues
- Troubled Families Employment Advice - benefits advice service.
- Targeted play and learn sessions – practical advice and support on parenting for families.
- Aquarius – Support for children whose parents have substance misuse issues.
- Consider referral to REOC
- Family Assessment and Safeguarding Service (FASS) - a specialist multidisciplinary service: they are psychotherapists, nurses and psychologists, all with training in adult and child mental health, and experience working with families with complex problems.

This guide was developed by Lisa Wiggins (social worker in FSS) and Delia Mann (ASCM) in May 2018 as part of Oxfordshire's Neglect strategy and reviewed in August 2019 to include practice improvements.