

Neglect: A Guide for Practitioners

# Definition

Neglect is defined 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:

* 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)
* ensure access to appropriate medical care or treatment

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

*Source: Working together to safeguard children 2018*

# Risks

Neglect can affect children of all ages, it can dangerously compromise health and well-being and can be fatal. Even when not fatal, it is often corrosive and enduring.

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, 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, anti-social behaviour (including criminality and substance misuse), increased vulnerability to abuse, reduced employment and educational opportunities and self-care. Children who experience neglect may lack positive parental role models and so are vulnerable to becoming neglectful or abusive parents themselves.

# oxfordshire context

**69% of Oxfordshire’s Child Protection Plans relate to Neglect**. This is a sobering fact. There is, however, much that practitioners can do to address neglect –both to improve children’s wellbeing and to work with families in a strength based and progressive manner:

# Top tips

1. Read files/information on the family fully and beware of “start again” syndrome. Complete a full genogram (family tree) with the family, including the roles and responsibilities within the family for routines such getting to school, dentist appointments and cooking meals. Neglect is often intergenerational and male care givers are often unrepresented.

**For Children’s Social Care:** Consider a Family Group Conference/ Family Meeting to address concerns and make a plan.

1. Refresh the chronology - ask yourself:
* What has happened in the past? – the impact on children
* What interventions have been used/tried?
* Has change been made and sustained?
* Are particular children more neglected than their siblings?

This will enable you to get a plan of action in place and look at what hasn’t been offered/tried.

1. Consider other factors in family functioning such low mood, Post Natal Depression, Domestic Abuse, substance misuse (drugs and alcohol) and parental trauma/experiences which are impacting on their ability to parent. Gain their experiencing of being parented – were they neglected?

**For CSC**: 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. Add a case summery. Keep this updated with the concerns and strengths.

1. Create plans with the family that have set timescale for actions;
* The who, when and the how – consider what is realistic?
* What small difference can start- as well as the bigger change needed? – milestone
* How is this going to be maintained?
* Who will notice improvement and deterioration?

1. Ensure that visits to the child occur in different venues: The home (see the child’s bedroom, the kitchen and the bathroom) as well as school and other involved carers homes. 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.

1. View all children as individuals and consider how neglect is impacting on the children in terms of their ages and stages (infants to adolescents). Plan direct work with children – be child led.
2. Work closely and form positive relationships with other professionals to enable you to get a full assessment of the child’s lived experience.

1. **Use the childcare and development checklist (2019) –** commonly referred to as the ***Neglect toolkit***.

**For CSC**: Use the Graded Care Profile to gain a deeper understanding on the impact of neglect.

Review these at least every 3 months to see if there are any changes, positive or negative and what area needs prioritising.

1. Benchmark each child and establish areas to tackle: e.g. teeth, hair care, immunisation, developmental issues, attendance to nursery-school, diet and routines. Ensure you are up to date with current health advice such as parents need to brush infants first teeth and involve colleagues in delivering united messages to parents on treatment plans such as head lice treatments. Review appointments attended and liaise with professionals involved to see if child ‘was not brought to appointments
2. Ensure tools are reviewed regularly in order to see if the situation is improving or deteriorating. Ensure that these are completed prior to every event such as initial TAF, CIN meetings - ICPC and RCPC
3. Use your supervision, colleagues and reflective forums to look at the situation from a different perspective – consolidate risks and strengths with the family and consider if situation needs escalating. Know yourself and professionals supporting children. Consider if you/ others are being overly optimistic – what evidence is informing judgements that situation is improving or declining?
4. Undertake the MAC (Multi Agency Chronology) to gain an understanding of the child’s week – are appointments kept? Remember the difference in message between saying that ‘Child did not attend’ and ‘Child was not brought’

**For CSC**: The use of the MAC is essential to aid assessment process and should be completed by involved agencies over a 6-week period.

Raise the MAC at the first core group so that all 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? What are the patterns?

1. Undertake a PAMs assessment (Parenting Assessment) if an emerging issue of learning disability for parent to enhance plan and ensure that expectations are clear. Use the named adults’ practitioner for advice and guidance.

1. Increase visits to home 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 making progress with actions – what part of the change cycle are parents occupying?
2. What is the family’s financial situation? Is addiction causing financial issues? Do the family work? Have the parents got basic skills or do they need support? Can they shop, manage a house, budget, pay bills?

1. 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 issues of risk? What understanding do the parents have of grooming and exploitation? Use the exploitation tool to ascertain evidence for concerns.

1. Take photographs to show change and what is good enough. What has been achieved and agreed? Check your standards with other professionals so you are agreed on what ‘good enough’ looks like.
2. Evidence is key, use checklists, chronologies and have regular conversations with professionals to see if the situation is improving. Are parents showing a capacity to change? What is preventing change?

# A guide to undertaking 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 visits when family are not expecting a professional – let the family know that you may call in from time to time.
* See the bathroom and toilet - does the child have a toothbrush, flannel, soap… are they it in a good state of repair/mouldy/unused.
* See the child’s bedroom – does the room feel like a child’s space? Toys/posters -is there bedding on the beds? does the room smell? is the mattress clean and dry.
* See the kitchen -ask what’s for dinner? Accept offers of drinks – as this gives a window into home life – demonstrates cleanliness of cups, milk and builds rapport.
* Is the home warm? Have electricity? Broken windows? Consider if you have seen all the rooms in the home? If not why not?
* Consider where 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 are infants doing on visits? Is he/she strapped in a buggy, do they have safe space on the floor, do they have 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?
* Who is in the home when you visit? How do the children respond to these individuals?

# 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; if, for instance, 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.

# Tools and resources

The Oxfordshire Safeguarding Children Board (OSCB) has a Neglect portal which features a range of guidance, templates, tools (including the Childcare Development Checklist\_) and videos. <https://www.oscb.org.uk/safeguarding-themes/neglect/>

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

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

See also the children’s Participation Toolkit for Social Workers (activities & worksheets) [https://www.scrc-tp.org/wp-content/uploads/2018/01/Participation-toolkit-Jan18update-web.pdf](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](http://www.oxfordshire.gov.uk/practitionertoolkit)