



Leeds  
Safeguarding  
Children Board

## ***Recognising, Assessing and Responding to Neglect***

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## SCOPE OF THESE GUIDELINES

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The prime purpose of this document is to provide guidelines for the recognition, assessment of, and the response to neglect for all staff working with children and their families across Leeds.

Neglect is a form of **Significant Harm** which involves “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.” (Working Together 2013)

Throughout this document reference is made to child or children, as per the legal definition this includes anyone up to their 18<sup>th</sup> Birthday.

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## 1. Introduction

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Neglect, differs in its presentation from other forms of abuse. There is rarely a unique incident or critical event. More commonly a repetition of neglecting behaviour causes incremental damage to the child(ren).

In these circumstances, the need for child protection (Section 47) enquiries can be lost, and the relationship between Section 47 Enquiries and Assessment can become clouded. The point in a particular family at which child protection enquiries are initiated is a matter (matter?) of professional judgement. A series of minor incidents or mounting concerns regarding the physical, emotional or behavioural presentation of the child may alert professionals. It is essential to place the child or young person at the centre of the assessment.

## 2. Recognition of Neglect

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The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child's neglected appearance, other signs may include:

- Short stature
- Faltering Growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided
- Severe and persistent infestations (for example, scabies or head lice) in a child
- Parents or carers who have access but persistently fail to obtain NHS treatment for their child's tooth decay
- Parents or carers who repeatedly fail to attend essential follow up appointments that are necessary for the health and well-being of their child
- Medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain
- A child who is persistently smelly or dirty particularly if the dirtiness is ingrained.
- Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening
- Child or young person is not being cared for by a person who is able to provide adequate care
- If parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm
- Repeated observation or reports of any of the following home environments that are in the parent's or carer's control
  - Poor standard of hygiene that affects the child's health
  - Inadequate provision of food

- Living environment that is unsafe for the child's developmental stage
- Re/purple mottled skin, particularly on the hands and feet are seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite (at school or nursery)
- Dry sparse hair
- General physical apathy
- Dental Decay
- Childhood Obesity
- Unresponsiveness or indiscrimination in relationships with adults (may be attention-seeking or seek affection from any adult)

NICE, Quick Reference Guide: *When to suspect child maltreatment*, (2009)

### **3. Precursors to Neglect**

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It is not easy to say what causes a person or persons to neglect someone. An individual may purposefully choose to neglect another, or it may be the result of other contributing factors such as parental ill-health, parental learning disabilities, substance misuse, domestic abuse, unemployment and poverty. It is the presence of one or more of these factors which impacts on the ability to parent a child and which may result in neglect. In addition neglect may be contributed to by factors which relate to the child rather than the parent / carer, but which may still impact on parenting capacity, for example illness or disability.

The relationship between poverty and neglect is problematic. It is important to separate material impoverishment and emotional impoverishment. It may be difficult to distinguish between neglect and material poverty. However, care should be taken to balance recognition of the constraints of the parents' or carers' ability to meet their child's need for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs. Neglect can be viewed as a persistent failure to meet the essential needs of a child by omitting basic parenting task and responsibilities despite parents having the economic resources to meet the needs.

Situations of neglect can also be heightened as a result of the carers response to those who recognise it and offer support. For example a parent / carer who refuses to engage in support, or change neglectful actions will be adding to the situation. Practitioners should be aware of non-engaging behaviours (for example disguised compliance, non-engagement with services [adult or childrens]) and **how to respond to them**.

## 4. Impact of Neglect

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Living with neglect will have a significant impact on a child or young person, both physically and emotionally. These may differ for different children or young people, with some being more resilient than others, and some may be short term whilst others will have a longer term impact.

### 4.1 Short term effects

Living within a neglectful environment may result in short term effects for a child or young person, many of which may reduce or disappear with support and care. These can include:

- Illness or infections
- Nappy rash
- Under / over weight
- Difficulty in establishing friendships / few friends
- With drawn
- Lack of confidence
- Lack of trust
- Bullying

### 4.2 Long term effects

Children who have been neglected may experience long-term effects that last throughout their life. These can be similar to the short term effects and can include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self harm, suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others
- learning difficulties, lower educational attainment, difficulties in communicating
- behavioral problems including anti-social behaviour, criminal behaviour.

(NSPCC)

In addition children who don't get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children. They are more likely to experience mental health problems including depression and post-traumatic stress disorder, and may also engage in risk taking behaviour such as running away from home, breaking the law, abusing drugs or alcohol, or getting involved in dangerous relationships.

## 5. Lessons from Practice

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Serious Case Reviews in relation to cases of neglect have identified a number of lessons with regard to professional practice. These should be considered when recognising and responding to neglect, and explored within supervision where possible.

### 5.1 Professional Accommodation

It is often observed that professionals want to think the best of families with whom they work. In cases of neglect where professionals have worked hard to establish a precarious relationship which is contributing to the maintenance of a just good enough situation, there may be a reluctance to confront unacceptable standards for fear this would jeopardise future working. Workers can become desensitised and fail to differentiate the just good enough from the unacceptable. Practitioners should be challenging themselves (and others) when such accommodation is evident, and using reflective supervision to explore.

### 5.2 Drift

This is closely allied to professional accommodation. Drift can be identified as a loss of interest or a loss of purpose in a particular case, and it is a particular danger in long term cases of neglect, where much of the necessary work may be repetitious. Supervision, consultation and clear planning with specific objectives are essential to counter this. In addition to the consideration of the need for an "outside perspective" from another agency or professional, it may be beneficial to provide a fresh set of eyes from within the team, e.g. for another colleague, Team Manager, Advanced Practitioner or Safeguarding Lead to undertake joint visits with the long term worker.

### 5.3 Provision of Resources

It is dangerous to assume that the provision of material resources will alleviate neglect. This may on occasion be a necessary and appropriate part of a plan of work, but it may also be an inappropriate alternative to confronting more fundamental problems in patterns of care and family relationships. It is essential to analyse the impact of the provision of material resources. (E.g. if a fridge has been provided, has this in fact led to the children being better fed? If a washing machine has been provided, has this led to an appreciable improvement in the presentation of the children?). If a family is in receipt of regular Section 17 payments the Children's Social Work Service the chronology should include an analysis of the impact of this provision. For other services records should reflect some consideration of the impact on the child. Ideally views from the different agencies working with the families where neglect is thought to be an issue should share their opinions on the impact of resource provision.

## 5.4. Focus on the Child

In cases of physical or sexual abuse practitioners are used to talking to even young children about their experience of what has happened to them. Neglect cases, by contrast, virtually never start with an allegation from a child; invariably they are from an observation by a professional, or perhaps a member of the community.

The focus is not on what has been done to the child, but on the standard of care provided to him or her. However to understand the impact of that standard of care it is essential that the child is spoken to, and his/her experience explored. For children who cannot verbally communicate their experiences, feelings and wishes should still be gathered using alternative methods. Neglect needs to be understood from a child centred perspective, focusing on the child's unmet needs, and on the consequences for the child of parental behaviours e.g. is the child bullied or ostracised at school because of poor hygiene.

In situations whereby external factors such as domestic violence or substance misuse are creating or impacting upon a neglectful situation, although responses should be considered within a Think Family, Work Family approach, the needs and voice of the child should not be lost.

## 6. Working Together

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Exceptionally, a case of neglect will be recognised by a single agency working in isolation (e.g. children who are taken into police protection following a referral from a member of the community concerned about the conditions they are living in). More usually, due to the complex nature of neglect, it is recognised by the building of a picture over time as information is shared between practitioners and agencies. Therefore information will need to be shared between all involved agencies to allow the full picture to emerge, and any failures in information sharing will have a significant effect on recognition and response.

Professionals working with a long term case of neglect may form a closed core group and develop fixed ideas. It is essential that the need for outside perspective, and for the full range of professional opinion, is constantly addressed (e.g. the benefit of a paediatric assessment, the need for police support when other professionals are refused access to the home or parts of it, the need to consult mental health professionals re the response of adult family members) including seeking Child Protection supervision to discuss the case.

## 7. Assessing and Responding to Neglect

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Assessment is part of a practitioners day to day work, they assess a child (or a situation) every time they see them and make judgements as to how that child is presenting and if there are any concerns. The assessment of neglect is no different, however due to the complexity of neglect and the fact that it is often a cumulative effect assessment of, and responses to neglect need to be carefully considered and well structured.

Should the outcome of any assessment identify that a child or young person is at risk of significant harm then Duty and Advice at the Front Door should be contacted in line with the practitioner's agency procedures.



## 7.1 Recording

Accurate, detailed and up to date recording is particularly important in identifying issues of neglect. The nature of its presentation (mounting concerns and minor incidents) means that recording by all professionals, and sharing of information between professionals is crucial to the protection of the child. Apparently trivial events may assume a much greater importance when observed repeatedly through supervision and professional challenge, and an ability to analyse the picture that is building up, or put together with the observations of others.

## 7.2 Use of Chronology

Developing and updating a chronology in cases where neglect is a concern is a very useful way to see quickly the key concerns in these cases over a period of time. Neglect often comprises events which are in themselves insignificant but have a significant cumulative effect. It is an essential tool not only to allow the practitioner to analyse patterns of care, but to inform decision making by the practitioner, and others for example senior managers, who may otherwise be less able to identify patterns of abuse.

Your named Safeguarding Professional can support you in producing a chronology.

## 7.3 Assessment

Assessments must be consistent, ongoing and structured. Although a practitioner will undertake an assessment of a child or family they are in contact with, and may even complete a formal Single Agency Assessment, it should be remembered that a multi-disciplinary assessment is indispensable. This could be in the form of an Early Help Assessment or a Child and Family Assessment (co-ordinated by a Social Worker following a contact with Duty and Advice at the Front Door).

Assessments should take into account external and internal factors relating to the family and contributory information about and observations of parent/child behaviour and interaction. External pressures are often powerful influencing factors on families but individual and family dynamics and a wide range of emotional and psychological considerations need to be understood and evaluated.

Assessments should be based upon the **Framework for Assessment** and explore the three domains (Parenting Capacity, Family and Environmental Factors and Child's Developmental Needs).

The purpose of the assessment is to identify needs in relation to these areas, establishing where they are met and unmet; to establish the risk of significant harm to the child(ren) arising from unmet needs; to identify resources in the family; to build on existing family strengths and/or the professional network which can be mobilised to meet the unmet needs; to make recommendations and plans for future actions to secure future protection and ensure their needs can be met in the long term.

At the outset of an assessment parents need to know exactly what professionals are concerned about and have this explained to them clearly and concisely.

## 7.4 Early Help Approach

As with all presenting needs, the earlier neglect is identified and responded to, the better the outcome for the child. This involves practitioners being aware of and responding through an **Early Help Approach** whereby concerns are identified and addressed through conversations and action early in the life of the problem.

With neglect this may be about recognising some of the potential indicators and considering neglect as a cause when assessing what is seen.

## 7.5 Think Family, Work Family

Assessments may identify that some concerns arise from contributing factors related to the parent / carer such as parental ill-health, parental learning disabilities, substance misuse and domestic abuse.

Practitioners working with families where such factors are present should be alert to the evidence around increased likelihood of neglect and emotional abuse of the children and the potential for inappropriate care of the child.

In such circumstances it is important to respond in a **Think Family, Work Family** approach whereby the needs of all family members are considered, and responded to in an appropriate way. For practitioners whose primary role is to work with children and young people that may be signposting to services to support and help the adult. Similarly for those whose work is primarily with adults they should be aware of signs and indicators of abuse to children and young people and how to respond accordingly.

## 7.6 SMART Planning

Following on from the identification of concerns and assessment of their impact, the next step is to establish what needs to be done to bring about the required changes, what help and support will be available, and a timescale for achieving goals and outcomes with regular review dates.

Plans should be developed multi-agency and include the family (parents/carers and child/young person). These should be **SMART** (Specific, Measurable, Agreed, Realistic and Timely) and clearly identify steps for individuals which will work to achieving the overall goals. Written agreements are essential.

Plans should be regularly reviewed and altered to reflect changes and any newly identified concerns.

## 7.7 Effective Intervention

In order to reduce (and ultimately eradicate) neglect effective intervention is essential alongside thorough assessment and SMART Planning.

Effective intervention (either single or multi-agency) will ensure that SMART plans are put in place, and actions adhered to, producing positive outcomes for the child or young person and the family. Intervention should be restorative in nature, working with the family to identify progress, but to also challenge where progress hasn't taken place, and address this. This will also minimise the risk for drift.

## 7.8 Reviewing

Throughout any work with a family whereby neglect has been identified as an issue, reviewing is essential to recognise progress and identify further actions or work required. Where appropriate this should take place within the formal structures of any statutory plans in place, but can and should also occur in between formal reviews in order to maintain a current overview of progress.

For situations whereby there is no statutory plan in place reviews should take place regularly to ensure oversight of progress and continuing assessment of concerns.

## 7.9 Professional Challenge and the Concerns Resolution Process

Due to the complex nature of neglect, and differing professionals' response to what they see, often practitioners will disagree with another practitioner with regards to what concerns them, and the severity and impact of that.

Throughout the assessment, response or planning processes should a practitioner be unhappy, or disagree with the response of another agency or practitioner they should respectfully challenge the agency or practitioner.

This should be done in line with the **LSCB Concerns Resolution Process** and with the knowledge and support of their line manager.

## 7.10 Supervision

Supervision should be accessed by all staff holding child protection / safeguarding cases. Cases where neglect is suspected or being considered will benefit from the opportunity to discuss and reflect with someone not directly involved in the case.

## 8. Legal Intervention

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The absence of one acute incident may militate against the consideration of legal intervention. Legal advice is that neglect is not more difficult to prove in the Civil Court than physical or sexual abuse. Legal advice needs to be informed by a full appreciation of the history of the case. A chronology is vital in this.

It may be particularly difficult to contemplate legal intervention with a family with a large number of children, where workers are acutely aware of the resource implications and the disruption to the family of removal of the children. It is essential that such considerations are separated out from an objective assessment of the need to protect the child(ren).

## 9. Investigation of Neglect

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In all child protection cases the processes of assessment and investigation will overlap. With cases of neglect, where the focus is on a persisting pattern of care rather than a critical incident, there is likely to be a potential greater blurring of boundaries. It is essential therefore that the process of investigation is clearly planned and recorded.

A strategy meeting to plan the necessary enquiries should be multi-agency, and reflect the range of workers involved with the family, and those who may be able to contribute to enquiries.

Particularly where the family has been very mobile, parts of the professional network may take time to identify, and an eco-map, mapping all the professionals who are or have been involved with the family, may be beneficial, and should be updated as necessary.

The lack of a specific incident does not negate the need to talk to children named in an allegation of neglect. Interviews should explore with the child(ren) their experience of their family and household. Any child too young to be interviewed should also be seen. Detailed observations of the presentation of the child(ren) must be recorded.

The lack of any alleged physical injury or harm does not negate the need to consider a paediatric assessment. A full developmental assessment may identify concerns not apparent to other professionals.

The lack of a specific incident does not negate the need to consider police involvement. Consideration should always be given with regards to whether or not the circumstances causing the concern would amount to a criminal offence. In such situations where they might, there should always be a referral to the police. In addition to the provision of a different perspective, the police may be able to assist when their concerns about neglect of children in the household is allied to a refusal to allow access to some parts of the house.