

# Child Neglect

“The challenge for inter-agency working”

## Practice Guidance

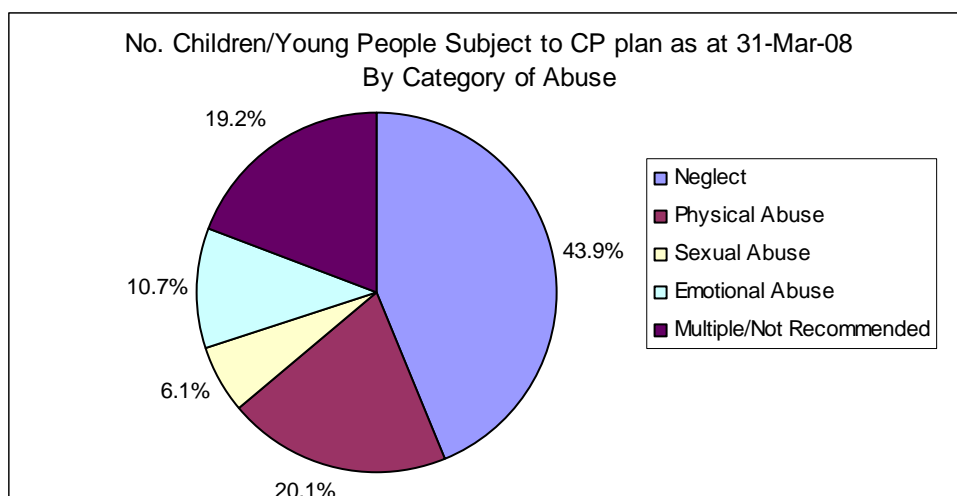
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## 1. Introduction

- 1.1 Within the UK it is difficult to know how many children are neglected at any one time. It is, however, recognised that neglect is the most prevalent form of child maltreatment, with the numbers of children identified as suffering or likely to suffer neglect rising substantially over the last decade.
- 1.2 Locally, issues of neglect have been magnified even further. In Durham 43.9% of children subject to child protection plans have needs arising from neglect (March 2008).
- 1.3 Undoubtedly, there will be a combination of different factors contributing to the high numbers of children assessed as being at risk of significant harm through neglect. Some of these factors will be known, others will not. What is clear, however, is that the figures for neglected children are extremely high in comparison to other forms of child abuse. This fact alone highlights why Durham Local Safeguarding Children Board is issuing this practice guidance, in order to establish a solid framework around which the concept of neglect can be more fully understood and effectively addressed during multi-agency intervention

### Durham Children Subject to Child Protection Plans by category March 2008

| Category of Abuse                              | No. Children/Young People | Percentage |
|--|---------------------------|------------|
| Neglect  | 94                        | 44         |
| Physical Abuse                                 | 43                        | 20         |
| Sexual Abuse                                   | 13                        | 6          |
| Emotional Abuse                                | 23                        | 11         |
| Multiple (Not Recommended in Working Together) | 41                        | 19         |
| Total  | 214                       | 100        |



## 2. Defining Child Neglect

**“Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision or the failure to 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 to Safeguard Children (2006)***

- 2.1 In contrast to other forms of abuse, where specific and critical incidents can highlight significant harm, the less tangible indicators of neglect combined with its diversity in presentation, often make neglect cases more difficult to identify as those requiring a child protection response. Furthermore, differences in opinion about what constitutes “*persistent failure*”, “*serious impairment of health or development*” and “*adequate*” make this definition, as with others, more open to interpretation, resulting in confusion and lack of consensus amongst childcare professionals about what neglect actually involves.
- 2.2 **A simple and helpful way to view neglect is to consider the needs of children and whether or not their parents or carers are consistently meeting such needs. If not, then neglect may very well be an issue.**
- 2.3 Neglect is often more than a child being persistently hungry or dirty and practitioners must focus upon the range of needs that children have when considering this question. The *Framework for the Assessment of Children in Need and their Families (2000, Chapter 2)*, identifies several dimensions of a “Child’s Developmental Needs”, “Parenting Capacity” and “Family and Environmental Factors” that are all intrinsically linked to the overall wellbeing and needs of children. Reference should always be made to these areas when considering the possibility of child neglect. If concerns are identified that a child’s needs are being unmet, neglect can be considered as a hypothesis and tested in terms of significant harm and whether or not there exists a deficit in parenting capacity to cause the shortfall. It is important to remember that the recognition of unmet needs may not in itself indicate neglectful parenting; rather it may point towards the need for intervention. A wide view of the child’s circumstances and an effective assessment identifying why such needs remain unmet will always be required.
- 2.4 Although any definition of neglect will always be open to a degree of judgement, there are a number of key factors that, as a rule, are consistent.
  1. **Neglect is a *passive* form of abuse. The importance of contextual information rather than incidental factors is crucial to the identification of neglect.**

2. **Its presentation as a “chronic condition” requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern.**
  3. **The intent to harm the child by the parent or carer is not always present.**
  4. **Neglectful families often face multiple problems.**
  5. **Child neglect can cause serious harm and death.**
- 2.5 The “*Working Together 2006*” definition of neglect (above) is important and should be considered as an overall guide for assisting with both the assessment of risk and the decision making process in relation to whether a child requires a child protection plan.
- 2.6 However, as a definition, this and others can only be useful if there is a firm understanding of neglect in its wider context and an understanding of neglect in relation to significant harm. This practice guidance is aimed at developing such an understanding through emphasis upon neglect as a “*MULTI FACTORIAL*” issue, in that there is usually more than one precipitating factor leading to the neglect. This reinforces the need for practitioners to take a holistic approach to identification, assessment and intervention.

### **3. Impact on the Child/Young Person**

- 3.1 As this document highlights, neglect can have damaging long-term effects on all aspects of a child's health and development. However, the degree of impact will differ in relation to individual children and the nature of the carer's neglectful parenting. The range of potential impact may lie on a continuum which starts with developmental delay and ends with significant long-term harm and in some cases death (Horwarth 2007).

#### **Neglect and brain development**

- 3.2 In attempting to assess the impact of neglect on children's developing brains, recent research has concluded that neglect in early life can have severe and irreversible consequences (Hildyard & Wolfe 2002). There has also been an increasing amount of research into the importance of social interaction upon the promotion of brain growth. Schore (2001, 2002) suggests that the early relationship between an infant and their primary carer is fundamental. He explains that an infant who receives the attention of a carer who is sensitive to their needs and responsive to their distress, will be helped to cope with different levels of arousal and emotions. Social interchanges are linked to raised levels of the proteins within the brain which promote growth. Similarly, a carer who is able to help a child to cope with distress is helping the development of the brain structures which regulate emotions.
- 3.3 Gerhardt (2004), describes babies as human organisms with 'different body rhythms and functions, which co-ordinate themselves through chemical and electrical messages' (p. 18). She explains that each baby adapts itself to its own environment so they establish their normal level of arousal. This level will be dependent upon the type of care the infant receives so that a baby who receives a sensitive level of care will learn to expect a world which is responsive to their feelings. By being helped to bring back intense states to a comfortable level, they gradually learn how to do it themselves. By comparison, inconsistent and neglectful care may result in escalating arousal levels or a lack of arousal due to low levels of stimulation. The infant may respond to this by 'switching off' and disengaging which will have a negative impact upon their neurological development. This can lead to the child having difficulties in later life in both recognising and regulating their emotions.
- 3.4 Other research (Horwath 2007) suggests that the impact of very early life experiences and stresses have a much more profound impact upon the developing brain than similar stresses and experiences at a later stage in childhood. There are sensitive periods of development when the brain is ready to develop a certain function. To promote this growth, appropriate stimulation is needed. If this is not provided, as with some forms of neglect, then development may either be delayed or in some instances, not occur at all. By the age of 2 years the brain begins to eliminate those neural pathways and synapses that have not developed and while the brain retains the ability to remake some connections, this capacity is not limitless. It is at its greatest pre-natally and in early infancy.

- 3.5 Thus “the knowledge that we now have of brain development makes one thing clear – young babies require not only food, shelter and a physically safe environment - they also require to have their cognitive, emotional and social needs met from birth and indeed considered during pregnancy” (Perry 2004). Perry goes on to comment that the earlier the neglect occurs and the more extensive it is, the more likely the child will continue to suffer from its effects into adulthood.

### **Neglect and socio-emotional development**

- 3.6 A child who is able to feel confident in their carer’s availability and who is able to predict their response with relative certainty, will feel safe enough to explore the world and to gradually become more autonomous. These children will also be supported to manage difficult feelings and emotions and this will help them to gradually develop their own coping mechanisms. Thus a secure pattern of attachment is formed which will give the child the foundations for future resilience and the ability to manage other relationships. By comparison, a child who is neglected will not be able to rely upon their carers’ availability or to feel the same level of confidence in the response they may receive from the carer. To cope with this, the child will develop strategies which will depend upon the way their carer relates to them. These fall into different patterns.

#### *Insecure ambivalent attachments*

- 3.7 If a carer is inconsistent in their response and fails to provide the child with firm but fair boundaries, an ‘ambivalent’, resistant pattern of relating is likely to develop. Children who adopt this pattern of attachment appear to be in constant battle with their carer since in their efforts to maintain the carer’s attention, they will tend to exaggerate and amplify their emotions which may be displayed in angry, and at times, aggressive behaviour. They also tend to alternate this with a more coy, disarming behaviour in order to diffuse the situation. Alternatively, they may appear ‘helpless’ in their presentation and demand that adults help or ‘rescue’ them. While the vast majority of children will display this type of behaviour to some extent, difficulties arise in more extreme case when the carer not only fails to provide consistency, but is also repeatedly unavailable to meet their child’s needs. With the increasing need the child’s difficult behaviour may escalate - children who are largely neglected or ignored may find to ensure their basic needs are met they have to be highly disruptive. In simple terms, the strategy ensures the child is not forgotten. Such children may see themselves as ineffective and of little value.

#### *Insecure avoidant attachment*

- 3.8 The ‘avoidant’ style of attachment is associated with a more controlling style of parenting where boundaries may be too rigid. At a more extreme level, a carer may be hostile and aggressive and the child may be afraid of them. The child learns that in order to keep themselves safe they must inhibit their feelings. While these children are ‘compliant’ this differs markedly from the more relaxed cooperation that is seen in secure children. Alternatively, the parent may be depressed or emotionally withdrawn, so they are preoccupied with their own needs at the expense of the child’s needs. In such cases the child may present as over-bright and willing to please. However, there is a fragility to this happy display and

while these children may exhibit 'caring' behaviour, it is at the expense of their own needs. Such children are able to make sense of what they know but are unable to make sense of how they feel.

## **Neglect and cognitive development**

### *Pre-school*

- 3.9 Egeland et al (1983) makes a distinction between the impact of physical neglect and emotional neglect on the cognitive development of children. From their study of 267 high risk families they conclude that physically neglected children have problems in verbalising emotions and are confused by the emotions shown by others, they are likely to have speech problems and developmental delay. At age 24 and 42 months such children were also more likely to display anger, non-compliance and little self esteem.
- 3.10 Alternatively emotionally neglected children were described as listless and blank not loudly demanding of attention rather more prone to whine and whinge. These children tended to be isolated found it difficult to form relationships and engage in activities. Perhaps of more serious concern in respect of the impact of this form of neglect was the finding that for this group of children at age 9 months and 2 years they displayed the greatest decline on standardised assessment of cognitive and motor development and by 54 months had a range of serious behaviour problems.

### *Primary school*

- 3.11 Physically neglected children often have poorer school attendance than children suffering other forms of abuse. This in turn may mean that academic performance is poor, social relationships are interrupted and they have a limited concentration span compounding poor academic attainment. The development of friendships may also be affected due to a poor understanding and lack of regulation of emotions and anger control which may mean they react to other children inappropriately.
- 3.12 Emotionally neglected children may also have problems forming friendships but may tend to internalise such difficulties remaining withdrawn and isolated. They lack social skills to form relationships and as a consequence self esteem remains low. In addition problems with hygiene may exacerbate isolation and comments from classmates reinforce poor self esteem. These children may be noted to constantly try to gain the teachers attention or that of any adult and as such makes them vulnerable to other forms of abuse.

### *Adolescence*

- 3.13 Neglect can continue to affect children's cognitive development throughout their school careers not just in the early years. Physically neglected adolescents were more likely to have poor academic achievement, to be involved in alcohol/substance misuse and to drop out of school which in turn affects future life chances as an adult in terms of employment.

- 3.14 Emotionally neglected children may remain isolated throughout their school life and on occasion become the target of bullying. “It is not surprising therefore that these children are significantly more likely to attempt suicide compared with other maltreated children” (Horwath 2007 page 59).
- 3.15 In addition there is an increasing association between neglect and the development of anti-social behaviour due to lack of parental support and supervision. Such children are also more likely to receive more suspensions from school which in turn increases the opportunity for anti-social behaviour possibly leading to contact with criminal justice agencies. Again this may lead to a limitation on future employability.

### **Neglect and physical development**

- 3.16 Physical neglect may mean for some children lack of food which results in poor weight gain and less than optimal growth. More recently however obesity in some children has also been associated with neglect due to parental failure to provide an adequate diet.
- 3.17 Severe malnutrition can affect brain development and bone development whilst obesity can lead to the development of long-term problems such as heart disease. Malnutrition has also been associated with effects on cognitive functioning, academic performance and levels of activity.
- 3.18 As stated earlier children require not only stimulation but the opportunity to develop skills. Thus children who are denied opportunity may become frustrated displaying such frustration either by giving up attempting to develop skills or displaying such behaviours as head banging/rocking, etc.

## 4. Child Neglect and Significant Harm

- 4.1 In order to evidence that concerns relating to child neglect require a safeguarding response, it is necessary for professionals to always think of neglect in the context of actual or likelihood of significant harm. *Working Together to Safeguard Children 2006* is clear that there are no absolute criteria upon which professionals can rely when judging what constitutes significant harm. Therefore, there are no specific criteria that will explain exactly where the threshold for child protection intervention will begin or end. The point at which this threshold is crossed depends upon a number of factors and will be largely reliant upon professional judgement and the completion of an accurate and effective assessment.

**Neglect that constitutes significant harm will usually be characterised by a compilation of events (persistent failure by the parents or carers to meet needs) that can be evidenced as being likely to gradually corrode and impair the child's health and development.**

- 4.2 As such, a "snapshot" view of the child will never be sufficient, with an in-depth exploration of both past and present circumstances always being required when neglect is raised as a concern. A multi-agency chronology of significant past events in the child's life can demonstrate whether his or her needs have been persistently met and if the threshold of significant harm has been crossed. Some of the issues that can help determine if concerns of neglect represent significant harm are listed below. Professionals should always be alert to these factors, including them within any accompanying risk assessment. The various risk factors and indicators contained in this guidance should be considered together with these headings.

- 4.3 **Factors which help to determine whether concerns around neglect represent significant harm** (*list not exhaustive*)

1. The severity of the neglect
2. The duration & frequency of neglect
3. The age of the child
4. The family context and previous history
5. Child's development within the context of family, wider social and cultural environment.
6. The adequacy of parental care
7. The child's views, wishes, feelings and reactions
8. Any special needs such as medical condition, communication difficulty or disability that may affect the child's development and care within the family
9. The nature of the harm, in terms of ill-treatment or failure to provide adequate care
10. The impact upon the child's health and development
11. Associated physical, sexual and emotional abuse

## 5. Practice Issues regarding Child Neglect

5.1 Before embarking upon any intervention, professionals should familiarise themselves with a number of key practice issues that must always be considered when addressing concerns of abuse or neglect. Recognising the influence and importance of these concepts will focus the assessment and guide professionals towards an appropriate response.

- **Focus on the Child** – Keep your focus on the child, his/her needs and whether these are being met. Listen to what the child is telling you. Make sure that any focus on “changing” parental behaviours does not ignore the child and his/her welfare. Parents who neglect can often have significant needs of their own and may use professionals to satisfy these. Always ask yourself - have I considered the vulnerability of the child?
- **Sharing Information** – Work with other agencies. Share past and present information - with consent where appropriate - to obtain as many details as you can about the child and their family. Without doing this, your assessment will be incomplete and probably wrong.
- **Values & Difference** – Watch out for your own assumptions and don't let them cloud your objectivity. Assess the facts of the case – Any opinions you have must be backed up with evidence. “Gut Feelings” do not appear without cause! – look at what has made you think like this and there should be evidence (verbal or non verbal communication – observations, etc) **Keep your focus on the impact on the child**
- **Ethnicity & Culture** - Children from different ethnic and cultural backgrounds will experience different parenting styles. Whilst some of these styles may differ from the White UK perspective of childcare, this does not make them significantly harmful to children. Any judgement of neglect must be based on evidence and not on stereotypes about a family's culture or ethnicity, which neither explain nor excuse acts presenting a risk of significant harm.
- **Drift** – Ensure that the drift of cases is avoided. Make sure you regularly discuss cases in supervision and prioritise these effectively. Maintain your multi-agency links. If there is an issue affecting your ability to visit (threat of violence intimidation) make sure you inform your manager at the earliest opportunity to plan how to deal with this and keep up the visits to the child.

***If you don't want to visit the home – how does the child feel about living there?***

- **Low Warmth High Criticism** – Think of this when assessing a child's circumstances – it will help you focus on the child's overall care and whether their needs (particularly emotional) are being met. It will also help you look at the parenting capacity – are their responses to their child appropriate?

- **The “Start Again Syndrome” and the “Rule of Optimism”** – Be careful not to lose your focus by always thinking the best of people. If you have no concerns – you must be in a position to prove this with evidence. This evidence will involve observations and other information that the child’s needs are being appropriately met. **Always consider past information and the family history.**

## **6. Factors Associated with Child Neglect**

- 6.1 During any professional contact with a child, consideration should always be given to the presence of the following factors that may indicate neglect is an issue. Where neglect is suspected the list can be used as a tool to help assess if the child is exposed to an elevated level of risk. This list is not exhaustive or listed in order of importance.

### **Basic needs of the child are not adequately met**

- 6.2 The basic needs of any child include adequate physical and emotional care. Examples include food, shelter, clothing, warmth, safety, protection, nurturing, medical care, school attendance and identity. The failure or unwillingness of a parent or carer to provide adequate care will contribute towards the overall assessment of significant harm and should be considered as an elevating risk factor. However, the fact that the child has unmet needs does not in itself explicitly conclude significant harm and this must be assessed in line with other related information obtained through the assessment process.

### **Poverty**

- 6.3 The majority of families living in poverty parent their children perfectly well given their available resources. However poverty may be a factor associated with neglect. The stresses of living in poverty can, on occasions, result in the neglect of children. It is sometimes difficult for professionals to distinguish between indicators of early neglect and those of poverty and this can present dilemmas when considering whether a safeguarding response is required. It is more likely that neglect caused through financial poverty will be alleviated through the provision of support, finance and intervention, although caution must be taken not to automatically dismiss significant harm as an issue. Those children at most risk of neglect are those whose parents' or carers' emotional impoverishment is so great that they do not understand the needs of their children and, despite intervention, are unable to provide for their children's continued needs. Other factors will always need assessing alongside the issue of poverty to determine the level of neglect and the impact of poverty itself on the child's situation.

### **Substance Misuse**

- 6.4 Certain parental behaviours will be associated with elevating the risk of child neglect. Substance misuse is one of them. Children can be seriously neglected if substance use is chaotic, with the needs of the parents' addiction overriding their ability or willingness to meet the basic needs of their children.
- 6.5 Parental substance misuse is one of the most important challenges faced by social care, health, education, the voluntary and criminal justice systems. The Advisory Council on the Misuse of Drugs report "Hidden Harm" acknowledges that meeting the needs of these vulnerable children is far from straightforward; children remain invisible to services and are hard to reach.

6.6 Hidden Harm estimates 350,000 children of parental problem drug use in England, Scotland and Wales. As many as 4 to 6 million children could be affected by their parents alcohol misuse (Orford, 2001). Arriving at accurate figures is difficult as there is a complex relationship between substance misuse and harm. Often substance misuse goes hand in hand with poverty, depression, mental health, and domestic violence and it is difficult to attribute which feature is contributing to a child's experience of harm.

6.7 The key messages contained in Hidden Harm were that:

- parental problem drug use can and does cause serious harm to children of every age
- reducing the harm to children should become the main objective of drug policy and practice
- effective treatment of the parent can have major benefits to the child
- by working together, services can take practical steps to protect and improve the health and wellbeing of affected children
- the number of affected children is only likely to decrease when the number of problem drug users decreases

6.8 Whenever substance misuse is identified as a concern, a thorough assessment of the impact upon parenting and potential implications for the child must be completed.

### **Dysfunctional Parent-Child Relationship**

6.5 A child has a basic need for stability, with simple and consistent boundaries in which they can develop. This stability also needs to be present in the child's relationship with their main carer(s). Absence of such stability can lead to difficulties in attachment. Hostile physical contact, hostile eye contact, hostile verbal contact, ignoring, avoiding and rejection of the child are all indicators suggesting a dysfunctional parent/carer-child relationship. Identification of poor or inappropriate interaction between the parent or carer and the child should heighten concerns for professionals when considering neglect.

### **Lack of Affection**

6.6 Refusal or failure by a parent or carer to show appropriate affection towards their child can be profound. The absence of a loving and nurturing environment or the making of regular threats, taunts and verbal attacks can all significantly undermine a child's confidence and self-esteem. The resulting effects and the long-term consequences for the child can be significant in terms of both their physical and emotional development. Evidence of this behaviour by the parent or carer should be considered as an elevating risk factor. Care must be taken not to assess certain parental-child relationships as abusive. For example, a loving and nurturing environment does not equate with how many cuddles and kisses a child receives.

Many cultures and associated child rearing patterns do not overtly demonstrate such affection towards children, although this in itself does not indicate they are being neglected in terms of significant harm.

### **Lack of Attention and Stimulation**

- 6.7 Children require positive attention from their parents or carers – this assists in their maturation and provides them with a sense of value and identity within their families. Children also require adequate stimulation and should be encouraged to learn, experience and explore. Intentional or unintentional neglect of attention and stimulation can affect the child through their attachments with their parents or carers and their opportunities to develop emotionally, socially, intellectually and behaviourally and encounter positive life experiences. As above, guard against assumptions that certain cultural parenting styles suggest abuse through neglect.

### **Mental Health Difficulties**

- 6.9 The experience of a mental health difficulty by a parent or carer should not in itself lead any practitioner to assume an impaired ability to provide “good enough” parenting. However, it is acknowledged that mental health difficulties can significantly impact upon parenting capacity depending on the type of mental illness and individual circumstances. As such, they should be considered as a possible contributory factor to neglect when identified:
- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistency in parenting.
  - Delusional beliefs about a child, or being shared with that child, to the extent that the child’s development and/or health is compromised.
  - Extreme anxiety states in an adult leading them to limit or curtail their child’s developmentally appropriate activities.
- 6.10 Specialist advice as to the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner.

### **Learning Disabilities**

- 6.11 Identified or suspected learning disabilities of parents or carers do not necessarily indicate that parenting capacity is affected to a degree whereby professionals need to be involved on a child protection level. However, any difficulties must be considered within any assessment as their potential impact upon the ability of the parents or carers to meet their child’s needs may be significant. Such parents must be referred to the adult learning disability team for advice and possible assessment. Judgements about learning disability and effects on capacity should not be made by children’s Safeguarding practitioners. If a learning disability is identified, practitioners must not seek to minimise the effects or likely effects upon the child through justifying neglectful actions as unintentional. The risk to the child is the same.

### **Low Maternal Self-esteem**

- 6.12 This has been identified within research as a risk factor associated with child neglect. Low maternal self esteem impacts upon the “normal” parent-child interactions, which if affected significantly, can lead towards emotional and/or physical neglect.

### **Domestic Violence – chronic unresolved relationship disputes between adults**

- 6.13 Growing up in violent and threatening environments can significantly impair the health and development of children as well as exposing them to an ongoing risk of indirect physical harm. Chronic, unresolved disputes between adults, whether these involve violence or not, may indicate that some of the child’s needs are being persistently unmet and hence neglect may be an issue. Professionals need to remain alert to the indicators of neglect whenever domestic violence is raised as an issue. Carefully explore and assess the circumstances and if violence is recurrent, think of the likely consequences for the child in terms of his or her development and well being.

### **Age of Parent or Carer – level of maturity & degree of support**

- 6.14 The risk of child neglect can be associated with the age of the mother at the time of the child’s birth. Generally, this risk is increased for younger, teenage mothers.
- 6.15 Furthermore, the levels of risk to the child will be exacerbated should the level of maturity of the parent or carer be low. The degree of maturity exhibited by a parent or carer will reflect in apathy and impulsivity and will affect their ability to respond to their child’s needs accordingly. Professionals should be aware of the support network for the child via other relatives or friends and actively assess their involvement with the child. If the network is assessed as limited, the potential for an increased risk of neglect will be apparent.

### **Negative Childhood Experiences of Parents or Carers**

- 6.16 Children who suffer neglect become more detached and can lack empathy towards others. Such consequences will affect their capacity as parents to meet the needs of their children and leads to an increased risk of neglect resulting. *“The children at greatest risk are those where the adult’s own childhood was abusive and neglectful, resulting either in an inability to recognise the needs of their own children or the development of a need to impose their will at the expense of their own children. (Bridge report into the death of Paul (1995) p4)*

### **History of Parenting**

- 6.17 A significant factor associated with the neglect or the risk of neglect of a child is the known and/or assessed history of parenting. Previous abuse and/or neglect of a child, which has not been addressed successfully within any related treatment package, will heighten the risk of future neglect. Professionals should undertake thorough assessments of parenting history, including a chronology of significant

events. When a new partner is present, assessments must include a focus on his or her ability to protect and meet the needs of the child.

### **Placing Dangerous or Damaging Expectations upon Children**

6.18 Parents or carers placing significantly unreal and potentially damaging or dangerous expectations upon their children can also be a factor associated with child neglect.

6.19 Children who are not allowed or restricted in undertaking age appropriate activities on a regular basis, or who take on the adult's responsibility in the household through providing care for themselves, younger siblings or the parents/carers themselves, may very well suffer from impaired "normal" development. There could also be the associated risk of children being exposed to danger through being left in a position to provide such care by themselves. Again, in isolation this factor may not suggest significant harm in itself, rather it may reflect a need for support and services dependant on the situation. The test of significant harm will relate to the persistent nature of such parental behaviour and the evidenced impact or likely impact of this upon the child's development.

### **"Home Alone"/Inappropriate Supervision**

6.20 It is important for professionals to consider the consequences or likely consequences for the child in being left alone or inappropriately supervised. Are the child's needs for safety, protection or nurture compromised? Generally, the level of risk will increase the younger the child or supervisor. However, as there is no specific age limit that clearly defines when a child can be left alone or indeed, be responsible for supervising another, the assessment of risk will focus on significant harm in each situation and should include the additional factors highlighted within this guidance.

6.21 Professional should remember that discovering a child "home alone" does not in itself indicate a risk of continuing significant harm and each situation requires thorough exploration. As a rule, ensure that you consider the following together with the main areas highlighted within the *Significant Harm* section.

- The child's/supervisor's age and level of maturity.
- The length of time the parent/carer was absent and their explanation.
- Who has/had access to the house when home alone/inappropriately supervised.
- The family's ethnicity/culture and child rearing patterns (i.e. is leaving a child on their own usual practice in the family's country of origin?)
- Whether this has happened before.

6.22 Professionals will also need to be alert to children presenting frequently at Accident & Emergency Departments for injuries that have resulted from accidents caused through poor/inappropriate supervision.

### **Failure to Seek Necessary Medical Attention**

6.23 Failure by a parent or carer to seek required medical attention for a child is neglectful. Repeated failure to attend to a child's medical needs such as dental, vision and hearing tests or the refusal by parents to allow necessary medical treatment for their child can lead to significant impairment of health and development.

6.24 When considering the potential for such actions to cause significant harm, a medical opinion must be obtained. Indeed, it is not good enough to simply suggest a risk because a parent has refused to take their child to a doctor. A medical view must be obtained **(in writing)** justifying why the parental actions (or lack of them) are considered harmful to the child concerned. **This medical view should be explicit in explaining the actual or likely consequences should the child not receive the assessed medical intervention.**

6.25 Professionals will need to assess whether routine medical examinations/immunisations have been pursued as this will give an indication of the capacity or willingness of the parents to meet these particular areas of need for their child.

## 7. Risk Indicators of Child Neglect

7.1 The following indicators are factors that professionals should be alert to when focusing specifically on the developmental needs of the child (physical, emotional, behavioural, social and intellectual). Any developmental indicators should be considered alongside other risk factors to form a wider view of the child's overall circumstances. The recognition and prompt response to such indicators is crucial if the neglected child is to be protected. The longer a child is exposed to neglect, the more difficult it will become to influence positive outcomes for that child. Signs and symptoms of abuse and neglect must always be viewed in context and conclusions must not be made without a thorough assessment of the child's individual circumstances. Risk factors must always be considered alongside any identified strengths that may ameliorate concern and lessen the overall exposure to significant harm or the likelihood of this.

### The Age of the Child

7.2 **It is vital that the child's age is actively considered when assessing indicators of risk.**

7.3 **Babies and toddlers depend almost exclusively on their parents or carers for the provision of their basic physical and emotional needs. Generally, the younger the child, the greater the vulnerability and the more serious the potential risk will be in terms of either their immediate health or the longer-term emotional or physical consequences.**

7.4 Babies who are not fed cannot compensate by eating at school. Similarly, babies who are not cleaned do not have the capacity to do this themselves. The importance of safe and effective action cannot be emphasised enough when considering risks to babies and toddlers. When assessing neglect, maintain the focus on the child's age and the specific needs that relate to that child's age group. Whenever possible, speak with the child to gain his or her views. Ensure this is done in his or her first language. For non-verbal children, use of observation is even more important.

### Physical Indicators

7.5 The following physical indicators of neglect are examples that primarily relate to the basic physical care that is afforded to a child, although it must be remembered that physical symptoms can also result from emotional neglect. **Paediatric opinion** will always need to confirm the presence of such indicators and their relevance and relationship to neglectful parenting.

| Inadequate warmth / shelter   | Inadequate food / rest / inappropriate diet   | Inadequate hygiene / physical care   |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Cold injury</li> <li>• Hypothermia</li> <li>• Pneumonia</li> <li>• Red, swollen cold hands and feet</li> <li>• Recurring chest infections</li> </ul> | <ul style="list-style-type: none"> <li>• Abnormally large appetite (at school or nursery)</li> <li>• Diarrhoea caused by poor or inadequate diet</li> <li>• General physical immobility or lethargy</li> <li>• Height and weight below the 2<sup>nd</sup> centile – or levelling off/declining</li> <li>• Impaired brain growth</li> <li>• Lack of response to stimuli or contact</li> <li>• Malnutrition</li> <li>• Poor skin condition, particularly in nappy area of younger children</li> <li>• Rickets</li> <li>• Stunted growth/protruding abdomen</li> <li>• Vitamin deficiencies</li> </ul> | <ul style="list-style-type: none"> <li>• Alopecia</li> <li>• Clothing inappropriate for the time of year / inadequate / dirty</li> <li>• Dirty/smelly</li> <li>• Dry, thin hair</li> <li>• Nappy rash</li> <li>• Repeated episodes of gastro-enteritis</li> <li>• Skin infections</li> </ul> |

### Emotional, Social, Intellectual and Behavioural Indicators

7.6 Professionals should be alert to the following developmental and behavioural indicators of neglect. Any observations concerning a child's development or behaviour must be accurately recorded and justified in terms of evidence (i.e. what makes you believe the child has low self esteem? – what behaviours suggest the child is anxious/withdrawn?).

- **Low self esteem and poor confidence**
- **Anxiety**
- **Ostracised at school**
- **Child is withdrawn**
- **Child is distressed in the parent's presence**
- **"Frozen watchfulness"**
- **Rocking**
- **Child moves away from parent/carer when under stress**
- **Little or no distress when child is separated from their main carer.** (Guard against this indicator when considering cultures and individual families that do not solely rely on the parent(s) as the main carer)
- **Child is clearly avoiding contact with parent or carer**
- **Child's emotional responses are inappropriate to the situation**
- **Unpredictable and unprovoked attacks by the child on the parent / carer**
- **Eating disorders, including stealing and hoarding of food**
- **Language delay**
- **Cognitive and socio-emotional delays – school related difficulties**

## Faltering Growth

- 7.7 The terms Faltering Growth and Failure to Thrive describe children who fail to gain weight adequately and who do not achieve a normal or expected rate of growth for their age. In addition, *Failure to Thrive* is used to describe infants and young children whose length and head circumference have fallen significantly below expected norms and who are failing to achieve full developmental potential. Although the term is most often used with babies and young children, failure to thrive can persist throughout childhood and into adolescence. If it is unrecognised and untreated it can have adverse consequences for a child's health and development, including poor growth and developmental delay. In babies or toddlers, it is particularly serious. Most cases of failure to thrive result from illness or genetic or metabolic disorders and are termed "**organic failure to thrive**". The associated factors are complex and varied. Where there is no underlying medical reason explaining a child's lack of growth and development, this is termed "**non organic failure to thrive**". "Non organic failure to thrive" has been linked to poverty, limited parenting skills and abuse and neglect. It is important for professionals to recognise that failure to thrive may result from physical and emotional factors. **Whenever failure to thrive is identified as an issue of concern, a paediatric assessment will be required to fully determine the extent of the poor growth and development and to determine if there is evidence of organic or non-organic factors causing the failure itself.**
- 7.8 Whenever identified as "non-organic failure to thrive" consideration must be given to the possibility that this directly results from neglectful parenting. Professionals should also remember that failure to thrive could result from a combination of organic (medical problems) **and** non-organic reasons (neglectful parenting and abuse).
- 7.9 Likewise there can be concerns about children being excessively overweight through parental neglect.

## Age-Specific Risk Indicators of Child Neglect

### 7.10 Key Features in Infants (0-2)

| Physical  | Development   | Behaviour   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Faltering growth / weight / height / head circumference</li> <li>Recurrent, persistent minor infections</li> <li>Frequent attendance at GP, casualty departments. Hospital admissions with recurrent accidents / illnesses</li> <li>Late presentation with physical symptoms e.g. impetigo, nappy rash.</li> </ul> | <ul style="list-style-type: none"> <li>Late attainment of developmental milestones</li> </ul> | <ul style="list-style-type: none"> <li>Attachment disorders, anxious, avoidance, difficult to console</li> <li>Lack of social responsiveness</li> </ul> |

7.11 If babies are not fed appropriately for their age they may present with faltering growth. If they are habitually cold and wet they may take longer to recover from recurrent infections. If they develop nappy rash it may be a sign that they are not being changed regularly.

### 7.12 Key Features in Pre School Children (2-5)

| Physical   | Development  | Behaviour  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Faltering growth/ weight and height affected</li> <li>• Unkempt and dirty / poor hygiene</li> <li>• Repeated accidents at home</li> </ul> | <ul style="list-style-type: none"> <li>• Language delay, attention span limited</li> <li>• Socio-emotional immaturity</li> </ul> | <ul style="list-style-type: none"> <li>• Overactive, Aggressive and impulsive</li> <li>• Indiscriminate friendliness</li> <li>• Seeks physical contact from strangers</li> </ul> |

7.13 Persistent neglect through the pre-school period often results in poor growth (height and weight). Poor language development and emotional immaturity are also common to the neglected child. The attention span of neglected children is often limited and may be associated with hyper-activity. Peer relations can be difficult to make and sustain as neglected children may not have the ability to develop the social skills necessary for co-operative play. Some children may elicit intimate contact from complete strangers and crave physical contact (“touch hunger”).

### 7.14 Key Features in School children (5-16)

| Physical  | Development   | Behaviour   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Short stature, variable weight gain</li> <li>• Poor hygiene, poor general health</li> <li>• Unkempt appearance</li> <li>• Underweight or obese</li> <li>• Delayed puberty</li> </ul> | <ul style="list-style-type: none"> <li>• Mild to moderate learning difficulties</li> <li>• Low self esteem</li> <li>• Poor coping skills</li> <li>• Socio emotional immaturity</li> <li>• Poor attention</li> </ul> | <ul style="list-style-type: none"> <li>• Disordered or few relationships</li> <li>• Self stimulating or self injurious behaviour or both</li> <li>• Soiling, wetting</li> <li>• Conduct disorders, aggressive, destructive, withdrawn</li> <li>• Poor/erratic attendance in school</li> <li>• Runaways, delinquent behaviour</li> </ul> |

7.15 In the child who has reached school age the effects and main indicators of long term neglect are usually found in poor social and emotional development, behavioural problems and learning difficulties. In many cases there is no direct evidence of an effect on growth. Schools may be unable to compensate for the long-term lack of cognitive stimulation at home because neglected children have huge difficulties attending to learning tasks. This may be exacerbated by poor attendance. Neglect

should be considered as a possible cause in children who are disruptive and difficult to manage in school.

### **Characteristics of parents or carers who do not improve**

7.16 When working with cases of neglect, it is essential that professional inaction does not expose the child to an increased level of risk. Professionals need to be clear about the threshold at which more stringent action may be required to safeguard and promote the welfare of the child. When developing child protection plans and written agreements, professional should be explicit about what action is required of the parents to lessen concern. Indeed, the parent's capacity to change is a critical factor in the assessment of significant harm in respect of neglect.

7.17 There can be genuine uncertainty about the level of capacity parents may have to change their standard of care. This is especially so in cases of serious neglect. This may cause workers to delay in taking decisions and compromise the best interests of the child. Professionals must develop "contingency plans" that should be implemented as soon as it is clear that parental capacity is not improving; despite the provision of services and/or support, agreed actions are not being undertaken, the child's needs remain unmet and there is evidence that the shortfall in parenting ability is resulting or likely to result in significant harm.

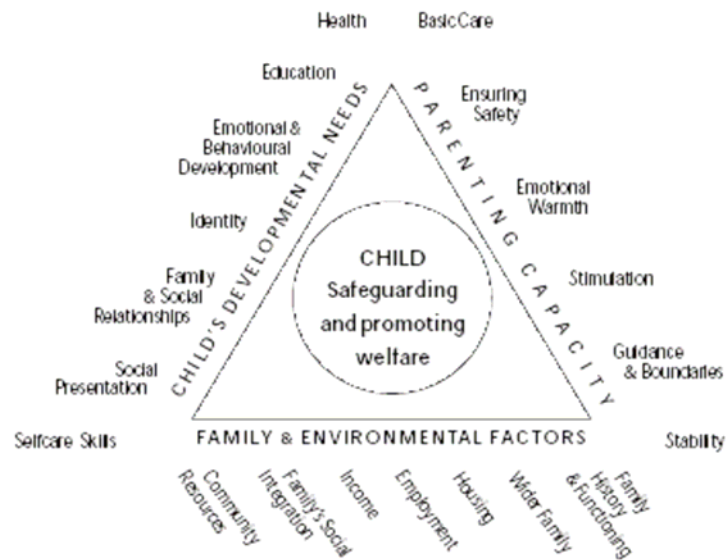
7.18 The following list should be used as a guide when considering those parents or carers who are least likely to improve when multi-agency intervention occurs to address neglect.

- Highly anti-social, aggressive or violent behaviour
- Severely inadequate in parenting capacity
- Major interpersonal difficulties
- Persistent denial or lack of acceptance of responsibility for what they have done
- Poor motivation to be involved with professionals or treatment
- Persistent and chaotic substance misuse
- Learning difficulties with accompanying mental health difficulties
- Significant and profound mental illness
- Poor capacity to empathise with child – blame child for professional involvement.
- Experience of serious childhood abuse (although it is important to note that certain factors appear to mediate against generational repetition)

## 8. Risk Assessment

8.1 The identification of the nature and extent of risk to a child is central to any assessment. The meaning of “risk” in the context of neglect is the danger that is likely to cause significant harm to a child in respect of his/her wellbeing, either physically, emotionally or developmentally. Any assessment of risk will include the various factors outlined as key elements in *The Framework for the Assessment of Children in Need and their Families 2000* . These elements provide the basis upon which social workers and other professionals can obtain and evaluate information in a holistic manner. Given the nature of neglect, this is essential if an effective assessment is to be completed of whether or not neglect is suggestive of significant harm.

8.2 The main areas requiring exploration are:



8.3 When assessing risk always consider neglect in terms of significant harm. A helpful way to evaluate levels of risk is to formulate a grid as below. Compare any identified risks against any strengths that would reduce the concern.

8.4 The factors within this grid are not exhaustive and other areas of risk or strength may be equally relevant. The areas of risk primarily relate to the adequacy of parental care.

| <b>Elevating Risk Factors</b>  | <b>Strengths (protective factors)</b>   |
|--|---|
| 1. Basic needs of the child are not adequately met   | Support network / extended family meets child's needs / parent or carer works in partnership to address shortfalls in parenting capacity. |
| 2. Age of the child  | Child is of age where risks are reduced   |
| 3. Substance misuse  | Substance misuse is "controlled" / presence of another "good enough" carer  |
| 4. Dysfunctional parent-child relationship<br>5. Lack of affection<br>6. Lack of attention and stimulation | Good attachment / parent-child relationship is strong   |
| 7. Mental health difficulties<br>8. Learning Difficulties  | Capacity for change / support to minimise risks / presence of another "good enough" carer   |
| 9. Low maternal self-esteem  | Mother has positive view of self – capacity for change  |
| 10. Domestic violence  | Recognition and change in previous violent pattern  |
| 11. Age of parent or carer   | Support for parent / carer – co-operation with provision of support / services / maturity   |
| 12. Negative childhood experience  | Positive childhood or understanding of own history of abuse   |
| 13. History of abusive parenting   | Abuse addressed in treatment  |
| 14. Dangerous/damaging expectations upon children<br>15. Home alone / inappropriate supervision            | Appropriate awareness of a child's needs and age appropriate activities / responsibilities.   |
| 16. Failure to seek appropriate medical attention  | Evidence of parent engaging positively with agency network (Health) to meet the needs of child.   |

## 9. Section 47 (Children Act 1989) Enquiries into Child Neglect

9.1 Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm through neglect or a child has been taken into Police Protection because of such concerns, enquiries must immediately be initiated under Section 47 of the Children Act 1989 (Section 47)

- The first part of the Section 47 process following a referral will involve Children and Young People's Service undertaking **agency enquiries**; beginning the processes of information gathering and information sharing that are so crucial to the assessment of significant harm.
- Following the completion of such enquiries, if concerns of significant harm are still apparent, a **Strategy Discussion** will be convened. This will usually be arranged within 48 hours of the referral to Children and Young People's Service.

9.2 Any Strategy Discussion needs to be truly multi-agency given the nature of neglect and the importance of taking a holistic view of the child's health and development and the family circumstances. No involved agency will be omitted from this part of the process as the investigation will be compromised if information is lacking. It may be beneficial to construct an "**eco-map**" to help determine who is involved in the child's life. **Genograms** also provide a useful structure to analyse a family's relationships and patterns of concern. The Strategy Discussion will facilitate effective communication and information sharing, establish the facts of the case and decide upon the appropriate response.

9.3 **Where a decision is made to progress an investigation into concerns of neglect under Section 47, whether single or joint agency, the following actions must ALWAYS be undertaken:**

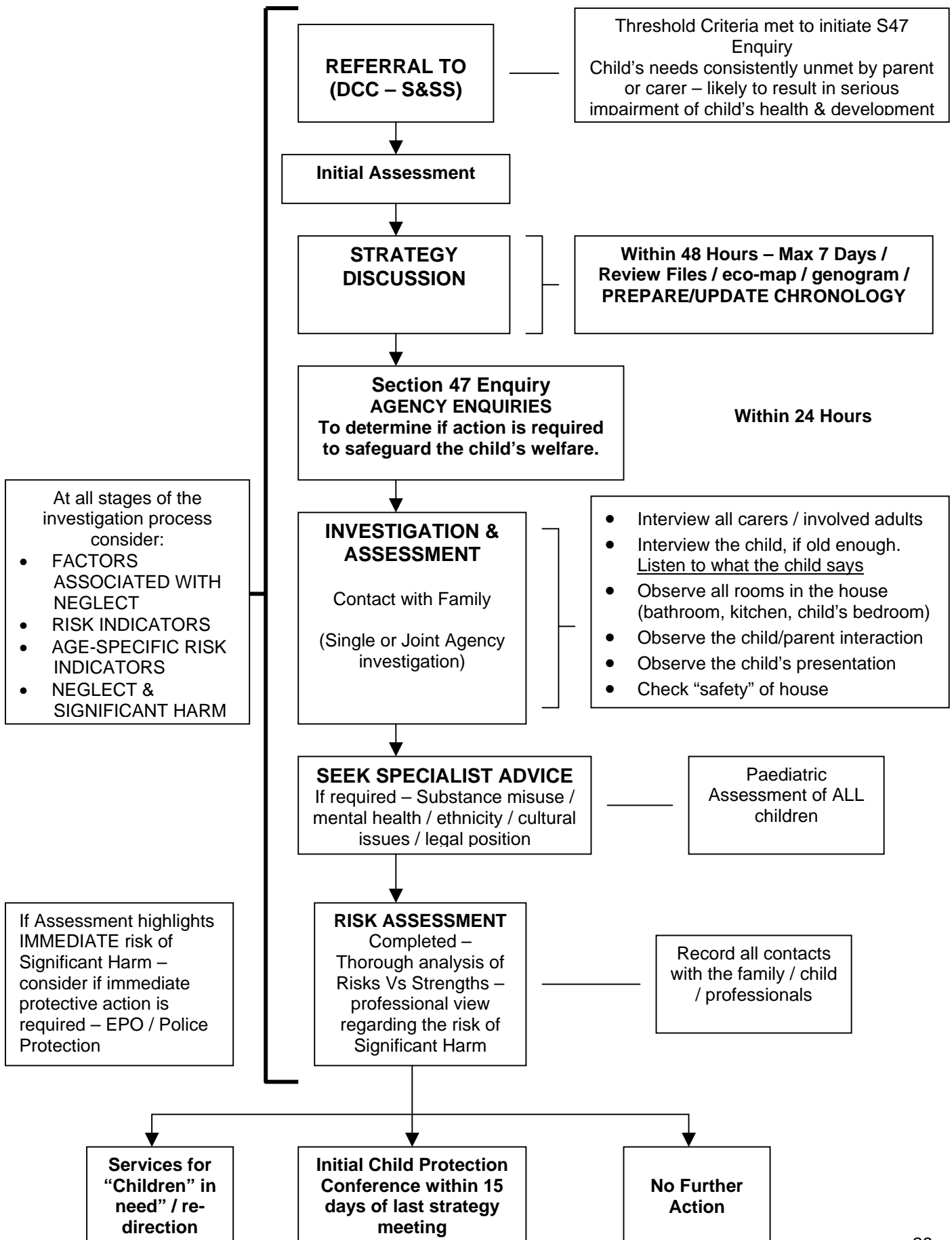
1. **Previous case records / files must always be reviewed and chronologies prepared by involved agencies.** Neglect is usually characterised by many "minor" incidents repeating over time. Without a review of existing records and without a chronology providing a framework of evidence, these minor incidents will be difficult to spot and hence, so will neglected children.
2. **Full Paediatric Assessments of all children** in the household must be undertaken whenever deemed necessary. This will evidence if the concerns relating to physical and/or emotional neglect have had a direct impact upon the children's health and development.
3. **A comprehensive observation of the household conditions** must take place. Professionals assessing levels of risk must undertake a thorough observation of the home conditions.

4. **For all investigations, but particularly those focusing on physical neglect, check all the rooms**, specifically the children's bedrooms, beds & bedding. Look in the kitchen to see if it is hygienic and if food is available – check the refrigerator – remember the age of the child – is the food age appropriate? Look in the bathroom. Is this hygienic?
5. **Check for objects in the house that are accessible to children and pose a risk** (i.e. substance misusing families – are the drugs in reach of the children? Where are they and other equipment" kept? (i.e. methadone in the fridge represents a massive risk). Look out for drugs paraphernalia on floors / work surfaces etc.
6. **All children of the household seen and, if of age, spoken with.** Remember that with neglect it is less likely that you will be asking about a specific incident (i.e. who did what, when, where and how?). When speaking with the child, try and establish facts about their experiences in the family in the first instance – this may lead to specific events that can be explored further. Listen carefully to what the child is saying. **Always interview the child in their first language**
7. **Note your observations about the child's physical and emotional presentation** – make this factual. Check your views with other professionals involved in the case.
8. If other communication difficulties / disabilities or other factors may affect the interview with the child, **seek specialist advice** on how best to progress (i.e. use of signers / advocates etc)
9. **Racial/Cultural/Religious factors** that influence parenting style must be explored, although the focus must remain on the needs of the child. Such issues must not be used to justify actions or environments that represent a risk of significant harm.
10. Children & Young People's Services and/or the Police **must consider if immediate action is required to secure the safety of the child** during their initial contact. Other agencies will be advised of any action that is taken or planned.
11. **All professionals must contemporaneously and accurately record contacts with the child and family during the investigation process.** Continue the use of the chronology if further incidents / events occur. **Recording must separate fact from opinion**, given the often ambiguous nature of what neglect actually involves.

12. Following the outcome of s47 enquiries will result in one or more of the following courses of action.

- **No further action**
- **Immediate or continued protection (via application to Court if necessary).**
- **Provision of services for “child in need” or re-direction to other agency for family support**
- **Convene an Initial Child Protection Conference**
- **Complete Core Assessment**

## FLOWCHART – Section 47 Process



**10. Multi Agency Core Group/Care Teams – Detailed Child Protection Plan/ Child in Need Plan.**

- 10.1 This Core Group will be vital to continue the sharing of information and monitoring of the detailed child protection plan that will have been developed after the Initial Child Protection Conference. Ensuring a solid multi-agency protection plan exists is one way in which professionals can maintain focus and set minimum standards below which more stringent child protection action will be required (i.e. court action). Core Group Meetings should be held regularly, at a minimum of six weekly intervals. All agencies should ensure a commitment to this process, recognising its value in planning for protection and preventing further harm to children deemed to be at risk of suffering significant harm.
- 10.2 The multi-agency care team is equally important when a child/ young person has a child in need plan rather than a child protection plan. (See Durham's Children in Need procedures) The need for agencies to work together in a systematic way to achieve the objectives set out in the child in need plan is essential if the impact of neglect on the child is to be reduced or mitigated. The care team can also monitor the progress of the family in meeting the needs of the child, and can alert the safeguarding agencies if standards are not maintained.

## **11. Written Agreements – Clear Expectations**

- 11.1 Within any case of identified or suspected neglect it is good practice to use written agreements as a way of setting early benchmarks against which progress (or lack of it) can be judged.
- 11.2 Written Agreements do not replace Child Protection Plans and are to be used as tools to help professionals and parents alike during the child protection process.
- 11.3 Written agreements will need to be explicit about what actions are required by whom and when, to ensure the welfare of the child is safeguarded and promoted on an ongoing basis.

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### Acknowledgement

The Durham LSCB would like to acknowledge the Durham Neglect Working Group and the City of Hackney Safeguarding Children Board.

## Appendix

### A. Key Points – Practice Issues regarding Child Neglect

Before embarking upon any intervention, professionals should familiarise themselves with a number of key practice issues that must always be considered when addressing concerns of abuse or neglect. Recognising the influence and importance of these concepts will focus the assessment and guide professionals towards an appropriate response.

#### Focus on the Child

Professionals working with children will spend a large amount of their time interacting with adults in order to affect a positive change in parenting capacity. This is necessary and reflects good practice when intervening with families. However, contact with parents or carers must not be at the expense of losing focus on why the professional is actually there – **the child**. Neglecting parents are often emotionally and materially deprived and they may attempt to use professionals to meet their own needs. In such circumstances it can be easy to lose focus on the child. Supervision, consultation and maintaining multi-agency networks are all essential to maintaining a child focused perspective.

#### Sharing Information – Working Together

Given the nature of neglect as “multi-factorial” and the usual absence of a precipitating critical incident, it will be unlikely, except in the most serious cases of neglect, that the neglected child will be immediately recognised by a single agency working in isolation from other professionals. Different organisations will hold different information that when brought together will enable professionals to consider concerns of neglect more fully in terms of significant harm. It is imperative that all agencies and professionals ensure a solid commitment to the process of information sharing, recognising that this will be paramount to the effectiveness of protecting children and assessing and providing for need.

Whilst acknowledging that professionals can only work together to safeguard children if there is a relevant exchange of information, due regard must be given at all times to “The Common Law Duty of Confidence”, “The Data Protection Act 1998” and “The European Convention on Human Rights (Article 8)”. (See *Working Together, 2006*)

In Durham, the Information Sharing Protocol provides a framework to share concerns when there is a safeguarding issue.

Individual agencies should refer to their own agency guidance on the sharing of information or seek appropriate legal advice if in any doubt.

#### The Rule of Optimism

For a variety of reasons, professional can often think the best of families with whom they work. This can lead to a lack of objectivity and focus on the child, minimising concerns, failing to see patterns of abuse and generally not believing or wanting to believe that risk factors are high. During both the initial stages of investigation and the longer term work with cases of neglect, it is imperative that professionals maintain their focus on the child and the areas of risk that are being assessed. The full extent of neglect will only be identified after a thorough assessment of the family. If during this process, optimism replaces objectivity, the risk to the child will be heightened as the protective professional network “relaxes”. One factor that possibly prevents professionals recognising and intervening in cases of neglect has been the assumption that children will not die. This CAN and unfortunately DOES happen. Professionals must be alert to

the possibility of such grave consequences, particularly where babies or toddlers are concerned.

Analysing Child Deaths and Serious Injury through Abuse and Neglect: What Can We Learn? A biennial analysis of Serious Case Reviews: 2003 to 2005. (DCSF 2008) Also reports on some of the factors preventing identification of child neglect:

“Many families where children were severely neglected were well known to children’s social care over many years, often over generations. Family histories were complex, confusing, and often overwhelming for practitioners. One common way of dealing with the overwhelming information and the feelings of helplessness generated in workers by the families, was to put aside knowledge of the past and focus on the present, adopting what we refer to as the ‘**start again syndrome**’. In cases where children had already been removed because of neglect, parental history was not fully analysed to consider their current capacity to care for this child. Instead agencies supported the mother and family to ‘start again’.

The ‘start again syndrome’ prevents practitioners and managers having a clear and systematic understanding of a case informed by past history.”

It is possible to recognise mounting stresses with regard to parental behaviour, through being alert to change and contrasting past and present patterns. Use of a chronology can evidence elements which, pieced together, can give a powerful message of parents failing to cope.

### **Ethnicity & Culture**

It is important that professionals are sensitive to different family patterns and lifestyles and to child rearing patterns that vary across different ethnic and cultural groups. The assessment of neglect should always maintain focus on the needs of the individual child, with the family’s strengths and weaknesses being understood in the context of their wider social environment. Consideration should always be given to the way religious beliefs and cultural traditions influence values, attitudes and behaviour and how they structure and organise family and community life. These factors will neither explain nor justify acts which place a child at risk of significant harm through neglect, but are vital to the determination of whether significant harm is an issue or not. Professionals should guard against myths and stereotypes when assessing Black or minority ethnic families.

### **The Impact of Values and Difference**

Neglect, more than other forms of abuse, is open to significant degrees of interpretation. This interpretation will undoubtedly vary amongst professional who will differ in opinion about whether certain circumstances are neglectful or not. For example, a family’s home conditions may be assessed as neglectful by one practitioner and “good enough” by another. Differences in opinion are to be expected and do not necessarily impinge on the assessment of neglect, rather they can and should encourage further exploration to justify significant harm or not.

Professionals must always bear in mind that values, ideologies and theories have the potential to influence observable facts. Staff must ensure that such issues do not confuse or cloud the necessary objective view of the situation in terms of significant harm. Professionals must be explicit when describing concerns of neglect. Separating fact from opinion and backing up opinion with evidence from research and/or professional knowledge and experience is vital.

## **Low Warmth / High Criticism**

*Messages from Research* (DOH, 1995) highlights the concept of “*low warmth / high criticism*” environments as those which are most damaging to children. Within cases of neglect this concept can be particularly useful to practitioners when considering both the child’s needs and the parental / carer response to these. Professionals will need to distinguish between those families who are needy and those who are neglectful. *Low warmth / high criticism* as a concept can assist workers in evaluating the child’s circumstances through a focus upon whether the child is cared for within a loving and nurturing environment or one in which they are undervalued and seen as “a burden” to the carers. The latter will, of course, raise the level of concern and contribute to the assessment of risk. Professionals need to guard against making assumptions and assessing certain parenting styles as being indicative of low warmth environments. Parental – child interactions can differ across cultures, with parents taking different roles and responsibilities with their children. The fact that a parent is not observed as being tactile or particularly involved in the practical upbringing of their child does not in itself suggest the child’s environment is abusive.

## **Drift**

Drift can be caused by a variety of different reasons. The threat of such drift is that there will be insufficient professional contact with the child and family to ensure that the child’s welfare is being safeguarded and promoted. The ongoing exposure of the child to significantly harmful circumstances and the absence of professional support and monitoring substantially increases the level of risk to the child concerned. Frequent supervision together with ongoing inter-agency consultation must be maintained to ensure children do not “slip through the net” and that levels of risk are regularly reviewed. Neglect cases are often long term and it is important to maintain focus on the child and their needs throughout intervention. An Audit of cases featuring neglect undertaken by Durham LSCB in 2007 identified frequent opening and closing of cases resulting in significant drift.

## B. Key Points – Factors Associated with Child Neglect

- **Basic needs of the child are not adequately met** – Parents or carers who have the economic means to meet the needs of their children yet fail to do so are to be considered as those who pose most risk. Many families where neglect is the result of poverty will respond to support.
- **Age of the child** – Remember the general rule – *the younger the child the higher the risk*. Neglected babies and toddlers are at most risk in terms of their immediate health and the prospects for their longer-term welfare. Make sure your risk assessment focuses on the age of the child.
- **Poverty** – Guard against the risk of “excusing” neglect because a family is in poverty - Neglect is about a child’s needs being unmet to such a degree that ill-treatment or impairment of health and development can be justified – this can occur in families that are “in poverty” or indeed, in those considered “well off”
- **Substance misuse** – If parents misuse either drugs or alcohol and this use is chaotic, there is a strong likelihood that the needs of their children will be compromised. Any concerns of substance misuse need to be assessed thoroughly – check for dangers in the house and the risk of immediate harm.
- **Dysfunctional parent-child relationship** – Observations of a poor parent-child relationship may evidence a level of neglect in that the stability and boundaries have deteriorated through a lack of attachment.
- **Lack of Affection** – Evidence of this factor may suggest the psychological neglect of a child. Guard against cultural stereotypes as some parenting styles may openly show displays of affection.
- **Lack of Attention & Stimulation** – As above
- **Mental Health Difficulties** – Such difficulties can significantly impact upon parenting capacity. Seek specialist advice whenever identified as an issue.
- **Learning Difficulties** – As above
- **Low Maternal Self-Esteem** – This can affect the “normal” parental – child interactions and should be considered as an elevating risk factor when neglect is an issue of concern.
- **Domestic Violence** – Direct or indirect harm can arise through children being exposed to violence (physical or emotional) in the home. Consider the long-term implications for children growing up in such environments.
- **Age of Parent or Carer** – Immaturity / lack of experience / apathy / impulsive behaviour – all increase the risk of neglect
- **Negative childhood experiences** – Children who suffer abuse or neglect may become more detached and lack empathy – this could affect parenting capacity.
- **History of Parenting** – Previous abuse or neglect by a parent will increase the level of risk to the child.

- **Dangerous / Damaging expectations upon children** – Giving children inappropriate responsibilities to care for themselves or others or restricting activities that will impair health and development.
- **Home alone / inappropriate supervision** – Generally, the younger the child the greater the risk. Assess circumstances in light of other information – Does this happen regularly? Explanations by parents/carers?
- **Failure to seek appropriate medical attention** – Always seek a medical view – this will be needed to confirm that the failure to seek such attention has either caused or is likely to cause significant harm

## C. “GOOD PRACTICE PROTECTS”

**P**rioritise information sharing (Working Together).

Neglect is characterised by many minor incidents occurring over a period of time – without talking to other agencies – you won’t get a full picture of the child’s circumstances. Phone other professionals regularly / maintain contact in between multi-agency meetings. Any significant events / information – share this with colleagues in different disciplines. Work harder to communicate and share information across agencies involved with the child.

**R**isk assessments must maintain a multi-agency focus to include ALL children.

Read previous files & summarise content (all agencies). Use the following tools to aid the assessment:

- Use of Chronology / Incident list to build a picture of the child’s history – place chronology at front of agency file for ease of reference. Chronology should be referred to or brought to any convened strategy discussion
- Use of Ecomap to identify protective network / areas of strength
- Use of Genogram to identify support network and / or patterns of concern or risk evident within the family.

**O**vercome the rule of optimism.

Any strengths (as well as weaknesses) in the family must be evidenced not based on assumption.

**T**hresholds vary with time.

Ensure that you are clear about the threshold for intervention and that a firm understanding exists about neglect with regards to significant harm.

**E**nsure focus on the child:

- Adopt a developmental perspective to assessments
- Record the child’s wishes / feelings / behaviour – talk to and listen to what the child is saying.
- Note the impact of intervention on the child? (Evidence of improvement / deterioration?)

**C**hronologies/Clear multi-agency plans. Chronologies are imperative for a true picture of family history. Use a Chronology or incident list to build a picture of the child’s history. Place chronology at front of agency file for ease of reference. Chronology should be referred to or brought to any convened strategy discussion or Child Protection Conference. Develop and evaluate plans through regular inter-agency meetings (Core Groups)

**T**ime-scales for change/actions/outcomes must be explicit in any developed plan.

**S**upervision of staff is essential in managing cases of neglect.

Avoid drift and ensure that the team manager countersigns any decisions regarding intervention on file.