Solihull Local Safeguarding Children Partnership

Neglect Toolkit

Guidance for Practitioners

2019

Contents

"Child neglect is the most pervasive form of child abuse in the UK today. It robs children of the childhood they deserve – that is their right – and leaves broken families, dashed aspirations and misery in its wake. And, while we know more about the causes and consequences of neglect than ever before, it remains the biggest reason for a child to need protection. As a society, it is in our power to change this".

Action for Children, 2010

1. Introduction

Awareness of child neglect and its consequences on the future well-being and development of children has increased during the last two decades. It is notoriously difficult to define and varies by type, severity and chronicity. Research shows that it often co-exists with other forms of abuse and adversity. To make the management of neglect even more complex, numerous reviews have commented on the dynamics of professional uncertainty regarding thresholds and criteria and what constitutes significant harm. Thus neglect can lead to a difference of opinion and professional optimism in relation to 'good enough care'.

Neglect is the most common reason for child protection plans in the United Kingdom. Analysis of Serious Case Reviews has made the link between neglect and childhood fatalities. Apart from being potentially fatal, neglect causes great distress to children and leads to poor outcomes in the short and long-term. Consequences can include an array of health and mental health problems, difficulties in forming relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child.

Neglect is currently a priority for Solihull LSCB and a number of initiatives are underway to improve awareness, recognition and interventions for children and families affected.

This guidance is designed for multi-agency managers and practitioners working with children and their families, whether their principal focus is upon a child or an adult within the home. The guidance is applicable to managers and practitioners from all agencies: it is only by working together and co-ordinating our activities that we can be effective in addressing concerns about neglect.

This document has been produced to support professionals in their understanding, identification, assessment and interventions in childhood neglect. Thus this toolkit is intended to assist in decision making and planning so that children about whom there are concerns about neglect are effectively safeguarded.

2. Definitions and Types of 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. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

HM Government 'Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children' 2018

This definition is the official Government definition of neglect and is important as it supports a consistent understanding of neglect amongst multi-agency professionals. It provides a guide and a threshold in the identification, assessment and decision making process of neglect and is the criteria for determining if a child's name is to be placed on a Child Protection Plan.

However the definition can only be useful if there is a clear and shared understanding of neglect – and its impact upon a child's health and development - in its broadest sense.

Neglect, (in contrast to other forms of abuse where specific and critical incidents can highlight significant harm) often presents us with less tangible and more diverse indicators which makes it harder to identify. Further, differences of 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 professionals about what neglect actually involves.

An additional difficulty that professionals may have in identifying neglect relates to concerns about imposing their own standards and values on other people and a reluctance to be *'judgemental'*. Yet professionals are tasked to make *professional judgements*, based on the best evidence available and within a co-ordinated multi-agency response. The definitions of neglect, an understanding of the impact upon the child's health and development and effective working together can help professionals to distinguish between being *'judgemental'* and articulating a defensible *'professional judgement'*.

Is this child suffering significant harm as a result of the neglect?

If the answer to that is 'yes' then you should be working under section 47 of the Children Act 1989 because the child is in need of protection.
Section 47 of the Children Act 1989 defines significant harm as:

"The ill- treatment, or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another. 'Development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical."

Is the child a child in need?

It may be that the child is not suffering significant harm but is failing to thrive. Remember Section 17 of the Children Act 1989 defines a child that is failing to thrive as a child in need if:

"He or she is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the local authority; his or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the local authority; he or she has a disability."

Go through the legal definition line by line. Is that what the child you are working with experiencing? That should help with your clarity of thought.

Is early help required?

If neither of these definitions applies to the situation but concerns around neglect remain then an early help approach should be adopted.

Professionals should not wait until neglect is blatantly obvious before reacting to it. Adopting an early intervention to tackle the issue is key.

Everyone has a responsibility for early help and it can be as simple as someone modelling positive parenting, helping parents to understand their

child's behaviour better and observing and giving feedback on parent-child interactions, helping them to develop problem solving skills and acting as an advocate (Bellis et al, 2014). The important thing is that a holistic assessment is completed at the earliest possible stage to ensure that the true cause of an issue/ behaviour/ presented difficulty is fully explored, rather than a response made to that does not promote learning and continuing change.

In seeking to clarify neglect further, some areas to consider are:

a. **Persistence:** Neglect is usually – but not always - something that is persistent, cumulative and occurs over time. It can continue without a critical event, or incidents may be widely spaced, but its effects are corrosive to children's development. 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.
An OFSTED report, In the child's time; a professional response to neglect states "the quality of professional practice was found to be too variable overall, with the result that some children are left in situations of neglect for too long." (2014 p4)

   Neglect can also occur as a one-off event e.g. where a child is left unsupervised or with inappropriate people, where there is a family crisis or a parent is under the influence of drink/drugs. It is possible that one-off incidents are part of a wider background of the neglect of the child, thus any incident based reports need to be assessed to identify whether there are patterns, however widely spaced.

b. **Acts of Omission and Acts of Commission:** Neglect is often – but not always - a passive form of abuse and the definition from 'Working Together, 2018, refers to *'failures'* to undertake important parenting tasks, what is often referred to as 'acts of omission'. It is not always easy to distinguish between acts of omission and acts of commission however and both can occur simultaneously. For example, a parent leaving a child in the supervision of an unsuitable person involves both an omission to provide appropriate supervision and intent in leaving the child with someone unsuitable. **The issue for those identifying and assessing neglect is less about understanding intent and more about assessing the child's needs not being met**. Neglect may be passive, but it is nevertheless harmful.

c. **Neglect often co-exists with other forms of abuse**: Certainly emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse, child sexual exploitation can and do co-exist with neglect. The existence of neglect should alert practitioners to exploring if children are being exposed to other forms of harm.

d. **Parents and carers with complex and multiple needs:** A wide range of circumstances and stressors exist for parents whose children are neglected including poor housing, poverty and lack of capacity or knowledge about children's needs, disability, learning impairment, asylum or refugee status and other circumstances which might weaken parental capacity. A range of complex circumstances are explored later in this document. Professionals may feel great empathy for parents and develop a tolerance for actions or inactions which are detrimental to the child. This type of a parent-centred approach invokes a risk that the focus on the child, the actual or potential harm s/he experiences and the impact on the child's development become marginalised. Keeping a focus on the child has to be a priority.

"Child neglect must be understood in its broadest sense – when a child is not having their needs met and when this is having – or is likely to have – a detrimental effect on their health, development and wellbeing"

Action for Children, 2010

Types of Neglect

Howarth (2007) identified five types of neglect and this breakdown is helpful for practitioners to begin considering where the child's needs may be being neglected. A thorough and methodical way of addressing failure to meet need will assist in identifying and planning interventions in neglect.

Medical – minimising or denying illness or health needs of children; failure to seek medical attention or administer treatments.

This type of neglect is a failure to seek medical care or medical opinion for a child's health needs. It may involve, for example, a caregiver ignoring an injury, illness or other health condition, or it may involve the caregiver "treating" a child whose condition needs professional attention.
This type of neglect is not confined to accidental injuries. For example, a child who needs to wear glasses but chooses not to do so without parental

encouragement may lose their eyesight if allowed to make the decision for themselves.

It is common for all children to acquire head lice, but it is when they go untreated and become irritating and painful that it becomes neglectful. The consequences of untreated dental care can affect the way in which a child eats, or speaks, as well as their confidence and social interaction. This might result from a failure to keep dental appointments or may be the consequence of a child never having been shown how to brush their teeth. Parents have choices about some aspects of the management of their children's health needs (such as whether their child should have immunisations), and some families have religious beliefs which may need to be considered, but a child's right to be healthy should never be compromised by parental indifference or sabotage.

Nutritional – not providing adequate calories for normal growth (possibly leading to failure to thrive); not providing sufficient food of reasonable quality; recently there have been discussions about obesity being considered a form of neglect.

Nutritional neglect can be in **two** extreme forms. One, that a child is malnourished, and the other that they are obese. It is clear that most professionals understand that if a child is malnourished, their needs may be being neglected but there is not such clarity around obesity in children. In the same way failure to thrive is not always the result of child neglect, nor is obesity. However, providing children with an unhealthy diet and a lack of exercise which results in them being overweight or obese; can have a major impact on both their mental, and physical, health.

Carers have a major role to play in influencing the eating habits of their children, particularly when they are young and it can be challenging to change a child's established eating plans, as many parents know.

Although there is a strong correlation between poverty and obesity we must remember that just as poverty does not equal neglect, neither does poverty equal obesity.

This type of neglect can become particularly apparent in the school holidays. For some children, free school meals are the only source of a balanced diet they receive. Practitioners should be aware of this and ensure a child's nutritional needs will be met whilst they are not at school.

Did you know?: The leading cause of children being admitted to hospital in 2014 was because of dental decay

Emotional – unresponsive to a child's basic emotional needs; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity.

There is a significant difference between emotional abuse and emotional neglect.

Emotional abuse can imply an element of intent, whereas emotional neglect is usually seen as the result of caregivers' non-deliberate neglectful behaviours. The largest element of emotional abuse that professionals see is a child who is witnessing or hearing the abuse of another, although that is, of course, not the only type of emotional abuse.

Emotional neglect can be no less damaging for a child's self-esteem and positive self-identity than emotional abuse. It can leave the child feeling unvalued and unloved, and can deny them basic happiness that should be their right.

Remember: It is fairly easy to notice a bruise of a child that is seriously malnourished, but it is not always as easy to spot a child whose emotional needs are being neglected

The Minnesota Longitudinal Study of Parents and Children which began in 1975 and is ongoing draws the conclusion that the consequences of emotional neglect are even more profound than physical neglect, or other types of maltreatment. Although the maltreatment these children suffered was the most subtle of all the groups, the consequences for the children were the most striking (Sroufe et al, 2009).

Educational – failure to provide a stimulating environment; failure to show interest in education or support learning; failure to respond to any special needs related to learning; failure to comply with statutory requirements regarding attendance.

Although not specifically focusing on neglect, Laming (2009) noted that, in relation to the children older than four who were considered in Brandon et al's overview report of serious case reviews between 2003 and 2005, nearly seven out of ten had shown signs of poor school attendance. It continues to be a common theme of serious case reviews.

Research also clearly highlights the negative impact on a child if they do not receive an education.

Educational neglect is not, however, simply about a failure to get the child to school. It describes caregivers who fail to provide a stimulating environment for their child, or fail to show interest in their progress and their achievements.

We need to be aware that some of these traits can be associated with poverty rather than with neglect, and may be a source of frustration and embarrassment for the caregivers.

Educational neglect can affect children of any age. Babies who are under-stimulated, who are deprived of interaction or communication will reflect this in their development.

Physical – failure to provide appropriate clothing, food, cleanliness, living conditions.

Healthy, happy, well-developing children will sometimes get dirty! However, physical neglect is more than dirty children. At its worst this is the physical environment characterised by dirt, unwashed clothes, rotting food, untrained animals, broken or damaged furniture, and soiled mattresses with little – sometimes wet – bedding, with little space free from clutter or even excrement.

Although this sounds – and is – appalling, there is sometimes a temptation for practitioners to play down the impact of this type of environment. There is now research by Horwath (2007) that suggests practitioners become desensitized to lower standards of care, and accept standards which other people would not tolerate. There is sometimes a temptation to say that the children are "dirty but happy", or that the situation is so chronic that for this child "it is normal to live like this".

There is, of course, nothing normal about living like this, and even relatively young children will soon realise that they are living in a different environment from what they see around them. As they become older, children may try to hide their dreadful living conditions by avoiding bringing friends home. This is sometimes reciprocated, and so these physically neglected children can lose out on opportunities for social development and to make and sustain relationships.

The physical neglect of many children is reflected in a low level of physical care. For example, they may present as unwashed, sometimes smelling of body odour or urine, in dirty or ill-fitting clothes, sometimes going to school in the clothes that they slept in.

Consequently, such children may experience name-calling and bullying, and can fluctuate between a resigned acceptance and embarrassment. These children may become socially excluded within their peer groups;

Remember: Lack of supervision is not always simply being left at home alone. Ask questions such as are they staying out a little bit too late?

Do they go missing after school and the parents do not appear worried / concerned as to where they are?

for some children this in itself can be harrowing and damage their development.

Much has been written about the relationship between neglect and poverty. Children who are physically neglected are sometimes, though not always, living in family poverty; however, many children are brought up in situations of poverty and are not neglected. Poverty does not predetermine neglect.

Lack of supervision and guidance – failure to provide for a child's safety, including leaving a child alone; leaving a child with inappropriate carers; failure to provide appropriate boundaries

To the surprise of many professionals there is no law specifying at what age a child can be left without adequate adult supervision. For most children as they grow and develop so their desire (and capacity) for autonomy and responsibility increases, and there will come a time in the life of every (usually somewhat anxious) parent when they leave their child unsupervised.
In terms of the government definition, a child would have to be "abandoned" in order to cross the significant harm threshold of neglect, but there is no guidance in the definition as to what length of time, at what age and developmental stage, a child could be considered as abandoned.

Children being left alone is a common reason for referrals to be made to children's social care, a decision can only be reach for an individual child, taking into account a broad range of factors, such as their age, level of understanding, maturity and developmental competence and the impact on the child being left alone; for many young children, not knowing the whereabouts of their caregiver(s) can be upsetting. In relation to young children, the risk of significant harm is more likely.

For the older child it can be more complex; as children get older, we expect them to take more responsibility for their actions. This is an important part of a child's development from childhood to adulthood. However, older children still need a great deal of parental care, support and guidance: Horwath 2007, cites research which found that 42% of young people who had low or medium levels of parental supervision had offended, while only 20% of those who experienced high levels of supervision committed crimes.

Online Supervision -The majority of children now have access to the internet, whether it is on a smart phone, tablet, or a computer. It can be extremely beneficial for children of all ages and help them learn, play and communicate. However, it can also pose a risk to a child's safety.

It is important that parents suitably monitor their child's internet use and know what they are up to when they are using it. This can sometimes be challenging and a cause of friction between a parent and child, as the child may feel they aren't trusted and feel 'spied' on. Therefore, it is important that children are educated on the risks they may face online and understand that parents and carers are simply looking out for them.

By not being aware of what your child is doing and not considering the dangerous they may be facing, they could be at risk of serious harm.

It is possible that when a child is on the internet they may access pornography or inappropriate content, either on purpose or by accident. It is not abnormal for children to become curious as they get older; however it is important that they are taught that relationships in pornographic material are unrealistic and are often very different to healthy relationships. It is important that parents identify if their child is accessing inappropriate content and ensure they know of a safe place to get advice from if needed.

One of the biggest risks of using the internet is that people can remain anonymous. This means that individuals are able to pose as someone they are not. Due to this, children can easily be groomed online by someone pretending to be their own age. This can affect all children, however emotionally neglected children may be more at risk as they may seek attention off strangers on the internet. It is important for parents to be aware of who their child is talking to and who they are going to meet.

On the other hand, people can remain anonymous to send the child abuse and cyber bully them. There is a popular misconception that by turning off devices ends the problem, however the effects are usually long-lasting and rarely that easy. Cyber bullying can be particularly distressing as it is difficult to establish who is behind it, meaning that a child may become extremely anxious and worry about going to school.

Online gaming also poses a risk to children who play. They often have to work together in teams and communicate with each other which can be dangerous if they are unsure of who the individual is. Further to this, games often have additional purchases and without adequate supervision a child may accidently access these.

To help reduce the risks it is important that parents/carers set boundaries and discuss with their child what they are allowed to access whilst using the internet. It is sensible to apply parental controls, meaning that they cannot access inappropriate content. Finally, it is important to communicate with children and explain to them why a parent should be interested in what they are doing. Parents should be alert to identifying any sudden changes in behaviour which may mean the child has come to harm.

3. Recognising Signs and Indicators and Impact of Child Neglect

Neglect can impact on children in numerous ways and children can show signs of neglect in a variety of ways – dependent on their age, the severity, frequency and duration of the harm, their resilience, the availability of alternative sources of care and support. Children may exhibit many, some or none of these indicators of neglect.

By themselves, many these signs do not necessarily prove the existence of neglect but they do indicate that something for the child is not right and thus there is a need for further exploration and assessment into the child's circumstances. Being inquisitive, talking with and listening to children, observing them and their interactions with their parents and seeking a multi-agency perspective are key to gaining a wider understanding of what may be happening in the child's life. Recognition and a prompt response to indicators of neglect are crucial if the neglected child is to be safeguarded. The longer a child is exposed to neglect, the more difficult it will be to reverse the adverse effects of neglect.

It is important to recognise that neglected children are likely to also be exposed to other adversities. The interaction of multiple adversities, including abuse and neglect impact negatively overall on childhood development. When assessing neglect, the child's age, stage of development and specific needs (e.g. those relating to disability) should be a focus.

The National Institute for Health and Care Excellence (NICE) has produced guidance 'When to Suspect Child Maltreatment' which has sections on 'neglect'; 'emotional, behavioural, interpersonal and social functioning' and 'parent - or carer - child interactions', including indicators of harm.

The Impact of Neglect

It is important to remember that each child is unique and neglect will have a different impact on each individual. The impacts of exposure to maltreatment vary in relation to factors such as the age in which it is experienced; the intensity, frequency, duration and type of maltreatment; and the individual characteristics of the child.

Although it is unhelpful to "rank" the impact of varying forms of abuse, it has been suggested that, compared with children who have been physically

abused, neglected children have more severe delays in cognitive and social development (Davies and Duckett, 2008).

Although the long-term impact of neglect is known to be detrimental, neglect is rarely perceived to be associated with fatality. Until 2012, neglect was known to be a factor in no more than a quarter of serious case reviews, although it was accepted that this was an under-estimate. Analysis conducted between 2009-2011 has revealed that neglect is apparent in 60 per cent of serious case reviews. (NSPCC 2013)

Age of the Child

The sections below cover age ranges in more detail, however, it is worth noting that neglect features across all age ranges. Although the majority of serious case reviews undertaken concern infants and pre-school aged children, there is more likely to have been a Child Protection neglect plan, or neglect in a wider sense, among older children, particularly those of school age (6–16). This shows that neglect with the most serious outcomes is not confined to the youngest children.

Prenatal Neglect

Maternal substance abuse including alcohol, during pregnancy can seriously affect foetal growth, but assessing specific impact is usually impossible, with sometimes multiple drugs being taken in various doses against a background of other unfavourable circumstances. Many drug users are impoverished by their habit, and often socially excluded. The impact of specific drugs on foetal development is now being established. There is serious concern about the effect of cocaine on the unborn child, and heroin and other opiates, cocaine and benzodiazepines can all cause severe neonatal withdrawal symptoms. The damaging effects of tobacco and alcohol are well established, and cannabis is not risk-free. Maternal drug injecting carries risk of transmission to the baby of HIV & viral hepatitis (Advisory council on the misuse of drugs 2003).

There is an increasing understanding about the impact of alcohol on the unborn baby of foetal alcohol spectrum disorders (FASD). This is an umbrella term for several diagnoses that are all related to parental exposure to alcohol. These are:

- Foetal alcohol syndrome (FAS)
- Partial foetal alcohol syndrome (PFAS)
- Alcohol related neuro-development disorder (ARND)
- Alcohol related birth defects (ARBD)
- Foetal alcohol effects (FAE)

FASD is a series of preventable birth defects caused entirely by a woman drinking at any time during her pregnancy, often even before she knows she is pregnant. The term “spectrum” is used because each individual with FASD may have some or all of a spectrum of mental and physical challenges. In addition each individual with FASD may have the challenges to a degree or “spectrum” from mild to very severe (FASD trust)

Although there is a case to say that taking drugs while pregnant constitutes physical abuse of the baby other factors associated with maternal drug use, such as failure to keep medical appointments (sometimes associated with fear of having the child removed at birth), poor levels of maternal nutrition and a lack of social support structures can all be associated with child neglect.

There is emerging research to suggest that paternal substance abuse can affect an unborn child. This is because abusing substances is thought to fragment the DNA within the sperm. Studies have indicated that drugs such as methamphetamines, opiates, and cocaine can all be linked to lower fertilisation rates, miscarriage and birth abnormalities.

It has also been said that men who drink excessive amounts of alcohol produce higher rates of sperm with abnormalities. (Anway & Daniels, 2008) Currently, 60% of birth defects are of unknown origin, so Anway & Daniels questions why we are not examining one obvious potential source of harm.

However, it is important to note that more research is needed to arrive at any definite conclusion. Animal studies have shown a more conclusive connection, but more human studies are needed. Despite this, it raises the importance of ensuring a father is also held accountable and that their behaviour on the unborn baby is considered.

There is an increasing body of evidence that highlights the impact of domestic abuse on the unborn baby, therefore increasing the number of unborn babies becoming subject to a child protection plan because of domestic abuse. Exposure to domestic violence can adversely affect the unborn child as a result of physical damage to the foetus and the impact of maternal stress on the developing foetus (Woolgar,2013).

Domestic abuse is now believed to impact on the developing baby both in the womb and when baby is born. Exposure to parental maternal stress or anxiety can affect a key part of their baby’s developing nervous system because maternal cortisol crosses the placenta and influences foetal brain development and subsequently emotional, behavioural, cognitive and social functioning of children.

The other main group that experience pre-birth assessments comprises the mothers of children who have previously been removed. They are likely to be assessed irrespective of whether there is contemporary evidence of parental neglect.

As a society we sometimes have difficulties in distributing the responsibility for neglect equally between mother and father, yet Brandon et al (2009) have clearly identified that, in the worst cases of maltreatment involving a child suffering a serious injury or fatality including neglect, males are as often involved as females..

Neglect in the early years

Neglected infants and toddlers can show a dramatic decline in overall development.

Persistent neglect has significant neuro-developmental consequences for young babies that can affect all areas of their development. In a similar manner to the way that babies who are confined for extremes periods of time to a buggy are at risk of delays in learning to walk, then the parts of the brain which are not used, particularly in the first two years, may not develop.

Horwarth (2007) explains that at birth a baby's brain is about 25% of its adult weight. By three years the brain has reached almost 90% of its adult size. The increase in size and weight is primarily due to the development of synapses or connections between neurons. Horwath explains that the brain can be seen as having two parts: the "experience expectation " system, which is the part that is "pre-wired" and controls breathing, reflexes, sucking- the actions required for survival, and the *experience dependant" system, which develops as a result of interaction and stimulation such as touch, sight and smell. For these connections to develop, they require another person to interact with the baby, enabling pathways in the brain to be created. The pathways that are created reflect the experience of the child and, when these pathways are repeated, the connections are strengthened, and memory is created. Howarth (2007) gives a further account of the process, and she concludes that if babies and young children are not stimulated appropriately in the first three years of life, the neural pathways requiring stimulation are likely to wither and children may not achieve their full development potential."

Lack of stimulation may not threaten the baby's physical safety in the same way as under nutrition, or dehydration, or being exposed to high or low temperatures, and may not be as glaringly obvious as the urine burns resulting from nappies being left on too long, or the skin being ingrained with dirt, but in the long term it is likely to have a significant impact on the child's

development. Neglect can have a devastating effect on children's emotional development and Relationships. Neglected babies and toddlers can be anxious, listless, unresponsive or even motionless. Conversely they can be clingy and attention seeking.

Parents who use substances and co-sleep with their baby expose them to a substantially increased risk of Sudden Infant Death Syndrome (SIDS) (Fleming & Blair, 2015). However, co-sleeping is extremely common with studies estimating that around half of UK parents bring their baby into their bed to sleep, for all or part of the night, at some point in the first 3 months (Bolling, Grant, Hamlyn et al, 2007).NICE have published guidelines warning parents of certain risk factors and it is important parents are made aware of them and are educated on the issue. Compromising the child's safety in this way amounts to neglect, even if it is a one off incident.

Neglect and school age children

Although sometimes neglect starts as a consequence of some major life event (often associated with parental psychological or mental illness, or increased substance misuse, or domestic abuse) and therefore may represent a progressive deterioration in their care, for many children neglect is a feature of their entire history.

Practitioners are therefore looking not just as the impact of a few weeks or months of neglect, but at the cumulative impact of many years of neglect. By school age persistent neglect is likely to affect a child's capacity to build and maintain relationships with other children, to play and to learn.

Gardner (2008) suggests that if these effects are allowed to accumulate, they can extend into adulthood irrespective of whether the child is removed from the neglectful environment. In other words, if allowed to accumulate, these effects may be long lasting or, to all intents and purpose, permanent. However, it is important to note that it can be argued that if a child is able to form an appropriate positive relationship with an adult, then there is an opportunity to improve things.

Children who have been neglected throughout early childhood are likely to show signs of problems with language development by the time they start school, they may have poor patterns and difficulty in adapting to a school environment.

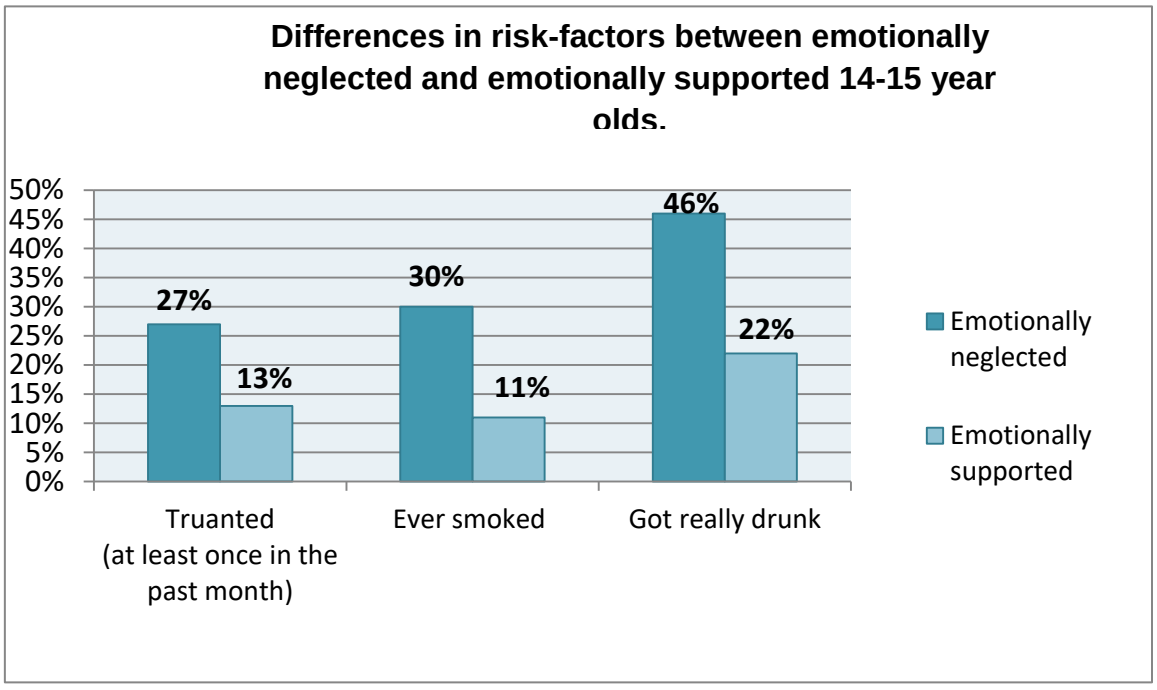
They may present as unenthusiastic or may lack persistence in completing an activity or task. These factors are often compounded by a low level of self-esteem.

Neglect and adolescence

Neglect of older children may look very different to that of a young child or baby; however it can be just as damaging as neglect during early childhood.

There are often several issues that surround the identification of teenagers suffering from neglect. First of all they are often seen as contributing to, and exacerbating the situation through their own behaviour. Some people also falsely believe that they place themselves at risk through their own lifestyle choices when the reality is that the child is not in a protective environment and is not making free and informed choices. For example, a child who often goes missing from home to escape a neglectful situation becomes more vulnerable to exploitation. Therefore, it is important for professionals to not just treat the presenting behaviour but also the underlying cause of it. It is imperative that appropriate terminology is used when discussing children and young people who have been exploited, or are at risk of exploitation. Language implying that the child or young person is complicit in any way, or responsible for the crimes that have happened or may happen to them, must be avoided and guidance is available to assist with this.

During adolescence the brain experiences more further development, mainly in the frontal lobe. This part of the brain is responsible for emotional expression, problem solving, decision making and sexual behaviours. The graph below shows the difference in risk-factors between emotionally supported and emotionally neglected 14-15 year olds as found in The Children's Society survey in 2014.



In their analysis of serious case reviews, Brandon & Thoburn,2008 report that the profile of the small number of older children who had experienced long term neglect featured self-harm and suicide attempts which in some cases resulted in the child's death. Howarth, 2007 supports this finding by saying that emotionally neglected children are significantly more likely to attempted suicide compared with other maltreated children. This highlights the importance of recognising all types of neglect, including those that are hard to identify.

Older children who have lived with a long history of neglect are likely to display all the consequences of their earlier behaviour. In other words, far from remitting, their earlier difficulties are likely to have worsened as they developed into adolescence. Besides lower academic achievements, these young people are more likely than their peers to be involved in heavy alcohol use. By this stage in their lives they may be starting to show signs of the difficulties that are likely to inhibit their functioning into adulthood, and which are ultimately likely to compromise their own parenting capacity. Such young people may lack the skills to process emotional responses and may experience difficulties in managing negative emotions. They may be overly self-reliant, display volatile emotions; be negative; or lack empathy. This may be acted out in behaviour which is impulsive and immature, which might then be considered as being beyond control by either a much challenged school regime or an indifferent parent. As there passivity sometimes turns to aggression, some neglected children will test boundaries to the limit and, in the longer term, as Straus and Savage (2005) conclude from their research, the more neglectful behaviour experienced as a child the greater the probability of assaulting and injuring and intimate partner- that is, the more likely they are to perpetrate domestic abuse.

Neglect of adolescents is also associated with child exploitation. We know that children who have been neglected are at greater risk of being targeted for the purpose of sexual exploitation (Berelowitz et al 2013). The vulnerability of adolescents is being increasingly recognised but this goes hand in hand with the challenges of working with this age group. It is important to avoid interpreting 'risky behaviours' in cases of exploitation (continued contact with the abuser, for example) as freely made choices. Such an interpretation can affect young people's capacity to ask for help, can lead to professional and societal victim-blaming and can leave young people highly vulnerable.

Joint Targeted Area Inspections bring together four inspectorates – Ofsted, Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) – to 'examine how well agencies are working together in a local area to help and protect children a report entitled Growing up neglected: a multi-agency response to older

children reported on 'the multi-agency response to older children who are living with neglect' and summarised:

1. Neglect of older children sometimes goes unseen.
2. Work with parents to address the neglect of older children does not always happen.
3. Adult services in most areas are not effective in identifying potential neglect of older children.
4. The behaviour of older children must be understood in the context of trauma.
5. Tackling neglect of older children requires a coordinated strategic approach across all agencies.

Disabilities

Disabled children are at (about 3-4 times) higher risk of being abused and neglected (Sullivan & Knutson, 2000). Of course disabled children are not a homogenous group and careful assessment of their unique circumstances is required. However some of the increased risk factors for disabled children are:

- They have a prolonged and heightened dependence upon their carers which may make them more susceptible to neglect and for example may be isolated.
- The caring responsibilities for parents may increase stress levels and lower their capacity to parent effectively.
- Disabled children may be less likely to be able to protect themselves or be less able to speak out about their experience of being parented.
- Professionals relate the signs and indicators of distress or harm to the disability and not necessarily to the possibility of maltreatment.
- Professionals can accept a different or lower standard of parenting of a disabled child than of a non-disabled child (Brandon et al, 2012)

When working with children and families affected by a disability it is important that as a profession you display curiosity regarding it and explore and understand how the disability may affect the family. This is especially important as in one Serious Case Review published on the NSPCC website it was stated that professionals may have failed to identify neglect children were facing because they were concentrating too much on the presenting disability and did not fully understand it, so were unaware of the effect it may or may not have on parenting the children.

It is also important to listen to the voice of the child when they are affected by disability. Parents and carers will often take lead in their care and make important medical decisions as it is deemed that the children are too young to make this decision and are sometimes unaware of the severity of the issue.

However, it is vital that the child is included and their wishes and thoughts are gained as they should be central to all decision making.

A list of national agencies that support children and families affected by disability can be found here.

Culture

There are many differences in patterns and methods of parenting across cultures. However there isn't any culture that accepts abuse and neglect of children.

Parents may explain their approach to parenting in terms of cultural factors and it is important to explore and seek to understand the perspective of parents. However caution is required in placing too much emphasis on cultural factors – the main focus has to be about the impact on the child's health and development.

When working with different families it is important you understand their culture and/or their religion and the different effects it may have on their parenting and how it affects the children in the family. A list of useful websites to help individuals understand different religions and cultures can be found here.

4. Risk and Protective Factors Associated with Child Neglect

Risk factors raise concern that the care given by parents and carers may be compromised. Risk factors do not inevitably mean that parenting capacity is reduced but do need to be assessed: if care given to the child is deemed to be good, than concerns about risk factors may be dispelled. However, some risk factors may still affect care adversely in the future if the severity worsens or if the care required becomes more demanding (e.g. child is unwell). Some risk factors (e.g. substance abuse, mental illness) may mean that the care the child receives is inconsistent or unpredictable, such as their health and development is affected. The priority and focus when assessing risk factors is that the safety and well-being needs of the child are ensured.

Factors which indicate strengths in parenting capacity are also important to address. As noted above when relating to risks however, strengths in parenting does not always relate to good care being provided to the child in a consistent a predictable way.

Research (from reviews into serious cases) suggests that certain family and environmental factors may be seen as predisposing risk factors in child neglect. These include:

Factors in Parents/Carers

- History of physical and/or sexual abuse or neglect in own childhood; history of care
- Multiple losses
- Multiple pregnancies, with many losses
- Economic disadvantage/long term unemployment
- Parents with a mental health difficulty, including (post natal) depression
- Parents with a learning difficulty/disability
- Parents with chronic ill health
- Domestic abuse in the household
- Parents with substance (drugs and alcohol) misuse
- Early parenthood
- Families headed by a lone mother or where there are transient male partners
- Father's criminal convictions
- Strong ambivalence/hostility to helping organisations

Factors in the child

- Birth difficulties/prematurity
- Children with a disability/learning difficulty/complex needs
- Children living in large family with poor networks of support
- Children in larger families with siblings close in age

Environmental Factors

- Families experience of racism/discrimination
- Family isolated/in dispute with neighbours
- Social disadvantage
- Multiple house moves/homelessness

Parental Factors

The assessment of risks; what are we worried about, and strengths; what is working well, in parenting requires a holistic, multi-agency assessment using professional judgement. The table below indicates some of the risk and protective factors to support such professional judgement. Where neglect is suspected the list can be used as a tool to help assess whether or not the

child is exposed to an elevated level of risk. **This list is not exhaustive or listed in order of importance**:

Elevating Risk Factors ***What are we worried about***	**Strengths (protective factors)** ***What is working well***
1. Basic needs of the child are not adequately met	Support network / extended family meets child's needs; parent or carer works meaningfully and in partnership to address shortfalls in parenting capacity
2. Substance misuse by parent or carer	Substance misuse is 'controlled'; presence of another 'good enough' carer
3. Dysfunctional parent-child relationship 4. Lack of affection to child 5. Lack of attention and stimulation to child	Parent-child relationship is strong
6. Mental health difficulties for parent/carer 7. Parent/carer learning difficulties	Capacity and motivation for change; capacity to sustain change. Support available to minimise risks. Presence of another 'good enough' parent or carer
8. Low maternal self esteem	Mother has positive view of self. Capacity and motivation for change
9. Existence of Domestic Abuse	Recognition and change in previous patterns of domestic abuse
10. Age of parent or carer	Support for parent/carer in parenting task. Parent/carer co-operation with provision of support services; maturity of parent/carer
11. Negative, adverse or abusive childhood experiences of parent/carer	Positive childhood. Understanding of own history of childhood adversity; motivation to parent more positively
12. History of abusive parenting	Abuse addressed in treatment
13. Dangerous/damaging expectations upon children 14. Child left home alone	Appropriate awareness of a child's needs. Age appropriate activities and responsibilities provided.

15. Failure to seek appropriate medical attention	Evidence of parent engaging positively with agency network (health) to meet the needs of the child

Poverty

Professionals should guard against the risk of 'excusing' or minimising neglect because a family is in poverty. Neglect is about a child's needs being unmet through a parent or carers action or inaction to such a degree that there is impairment of a child's health and development. This can occur in families that are in poverty or in those who could be considered as 'well-off'. It should be noted that many parents are able to bring up their children happily and effectively in spite of limited financial resources – the parenting task is invariably more difficult, but these parents are able to maintain a focus on meeting their child's needs.

Neglect in affluent families

There is a popular misconception that neglect only affects families living in poverty. Despite this, there is growing evidence to show that child neglect also occurs in significant amounts in families from the highest social class (Bellis et al, 2014). It can be argued that in some cases professional judgements were particularly susceptible to unconscious bias as a result of the families' socio-economic status. This particular issue has been highlighted in a number of serious case reviews (Carmi & Walker-Hall, 2015).

Neglect often goes unnoticed in affluent families for several reasons. First of all, it can be argued that it is more challenging to identify neglectful parents in these families. It has been suggested that upper class families are not subjected to the same amount of scrutiny from professionals, meaning that they are less likely to come under the radar of child protection services (Radford et al, 2011).

Childhood neglect commonly manifests itself in different ways amongst affluent families. For example, by working long hours their children are often left alone or with a range of paid carers (Luthar and Latendresse 2005). This can cause them to become emotionally disconnected from their child. Another example is a parent putting too much pressure on their child to perform well at school, which can lead to a negative impact on their mental health.

It can be hard to identify neglect in these families because they often have the money to pay for private services. This means that they are often able to remove themselves from the spotlight of social services through private means. If a parent is paying for a service such as alcohol and drug support or

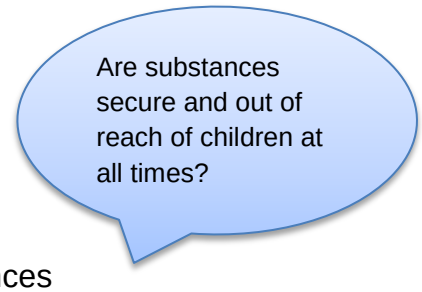
counselling, the practitioner is less likely to challenge them and avoid criticising their parents.

Finally, wealthy parents are more likely to threaten to take legal action against professionals. It has been found that one of the biggest challenges described by participants was that parents with abundant financial resources used their privilege position to hire legal advocates to help them resist social work interventions, and were therefore more likely to either make threats to complain, and/or unjustified complaints (Bernard, 2017).

To conclude, it is vital for all individuals to be mindful that neglect **can and does** occur in affluent families.

Substance Misuse

If parents or carers misuse either drugs or alcohol and this use is chaotic, there is a strong likelihood that the needs of the child will be compromised. Any concerns of substance misuse need to be assessed thoroughly and the household carefully checked for dangers and risk of immediate harm.



Parental addiction to substances including alcohol can alter capacity to prioritise the child's needs over their own and in some cases alters parenting behaviour so that child experiences inconsistent care, hostility or has their needs ignored.

It is essential that there is a collaborative and joined up approach between those working with adults involved in substance misuse and the safeguarding children professionals so that there is a clear understanding between both sets of staff about:

- The level and type of substance misuse, prognosis for change, commitment to reduce or control substance use.
- Whether the findings of any assessments are based on self-reporting or have been verified. It is essential that self-reports of reduction or cessation of substance misuse is verified prior to significant reductions in safeguarding activities. It is not effective safeguarding practice to take self-reports about addictions to substances at face value.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the misuse of substances.

The key message contained in Hidden Harm - Responding to the Needs of Children of Problem Drug Users (2003) was that parental problem drug use can and does cause serious harm to children of every age. The report states

that reducing the harm to children should be the main objective of drug policy and practice and concludes that:

- 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 well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.
- 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.

Mental Health Difficulties

It is known that mental health problems in parents and carers can significantly impact upon parenting capacity. It is important to remember that we all have mental health, but 1 in 4 people will have some type of mental health difficulty within their life time. It is important that practitioners identify the type of mental illness and individual circumstances that need to be taken into account in any assessments. The following may be possible contributory factors when assessing neglect:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistency on parenting.

- Delusional beliefs about a child, or being shared with the child, to the extent that the child's development and/or health are compromised.

Specialist advice about the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner in these cases. It is essential that there is a collaborative and joined up approach between those working with adults who have mental health difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff about:

- The degree and manifestation of the mental health difficulty, treatment plan and prognosis.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the mental health difficulty.

Learning Disabilities

Many parents and carers with a learning disability have an instinct to parent their child well, whilst others may not. However, even with a good caring instinct, a parents and carers with a learning disability may have difficulty with acquiring skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as commitment and capacity to undertake the parenting task are key areas to assess.

It is a priority that the child's health and development needs are met both now and – as those needs change - in the future and that the child is not exposed to harm or significant harm as a result of parenting which deprives them of having their physical and emotional needs met. Thus any interventions will also need to consider the level and length of time that support for parents will be required to assist them to parent adequately, and to ensure that plans made in this regard are viable and robust.

Specialist advice about the nature and severity of the learning difficulty is required as practitioners will need to understand how to tailor information and use specialist resources to communicate adequately for a parent to understand and engage. It is essential that there is a collaborative and joined up approach between those working with adults who have learning difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff about:

- The tailored approach needed and resources available to ensure the parent is able to understand what is happening and engage with services
- The degree and manifestation of the learning difficulty, support and services available and prognosis.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the learning difficulty.

You can find a list of helpful websites and charities regarding learning difficulties here.

Domestic Abuse

Growing up in a violent and threatening environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical harm. Coercion & control & chronic, unresolved disputes between adults, whether these involve violence or not, have an adverse impact on the child's emotional wellbeing and hence emotional neglect is a relevant concern. Professionals need to remain alert to the indicators of neglect whenever domestic abuse is raised as an issue and equally consider whether the child is exposed to coercion and control as this

harms them by infusing children's family lives leaving them in isolated, disempowering and constrained worlds which can hamper children's resilience and healthy development and contribute to emotional neglect.

Adverse childhood experiences

The term adverse childhood experiences (ACE's) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up. ACE's range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical/emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration.

Individuals, who have experienced these events, often have difficulties in understanding and expressing their emotions. Therefore, it can be challenging for them to parent a child. Adverse early life experiences have also been linked with later negative parenting practices, including increased stress, role reversal, permissive parenting, less perceived competence as a parent, and the use of harsh physical discipline (Alexander, Teti & Anderson, 2000). Therefore, it is important that professionals identify people who have had several ACES' and support them and their children.

Complexities of other people

It is easy to simply concentrate on the parents of the child and ignore the effect other people may have on a child. However, in order to adequately protect children, it is important to be familiar with who is in contact with them.

It is a common theme in SCR's that when the review is taking place, an unknown person is found to be living in the house. This is most often mother's partner. The introduction of a new person to a household can shift the dynamics of a household and it may be that the child starts to become neglected. Without social services being aware of who is in the house they are unable to adequately safeguard the child.

An important factor to also consider is the risk guests to the house present. For example, having people you are not familiar with in your house should be closely monitored. It is neglectful parenting to let your child have unsupervised contact with someone you don't know, or alternatively know they are a risk, even if it is in your home. For example, whilst having people round your house is not neglectful, having a party with people you are unfamiliar with having access to your child, can be perceived as neglectful.

5. Effects of Drift & Delay In Neglect

Chronic and serious neglect can have damaging and disastrous effects on all aspects of childhood, a child's health and development, life-chances and have catastrophic repercussions throughout the life of the child. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm.

The degree of impact will differ in relation to individual children and their circumstances, the nature of the neglectful parenting and the existence of resilience. However where neglect is recognised and not sufficiently responded to means that Children and Young people are left to drift in inadequate circumstances causing delay in meeting their individual needs. The range of potential impact of delay may lie on a continuum that starts with developmental delay / impairment and ends with significant long-term harm and in some cases death. Research by the University of East Anglia in 2013 which analysed 645 serious case reviews in England between 2005 and 2011, found that 59% of children who died or were seriously injured were on a child protection plan for neglect during or prior to the injury/death.

Neglected children have some of the poorest long term health and developmental outcomes and are:

- at high risk of accidents
- vulnerable to sexual abuse and sexual exploitation
- likely to have insecure relationships
- less likely than other children to develop characteristics associated with resilience or have access to wider protective factors.

Neglect is bad for brain development

Research has highlighted the impact of neglect on the baby's developing brain, including insecure relationships and sensory deprivation. This is key to helping our understanding about how early neglect can have life-long consequences and the importance of early intervention. There is a need for optimism and indeed the brain does continue to have 'plasticity' but early intervention is crucial.

"Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds."
Teicher, 2000

Babies are born with neurons (brain cells), the number of which are capped at birth and by the age of 3 a baby's brain has reached almost 80% of its adult

size. From birth, connections are made between the neurons as a result of receiving stimulation and by environmental factors. Repeated positive stimulation such as physical affection, social interaction, being comforted results in richer and strengthened connections. Thus, growth in each region of the brain largely depends on receiving stimulation. This stimulation provides the foundation for learning so that brain development is 'experience dependent'.

Where neural connections are not made (e.g. in the absence of stimulation or where hostile, neglectful or frightening care is experienced), neural connections are not made or are weakened ('pruned') and wither such that the child cannot achieve their full potential. Through these critical early experiences, the structure of the brain becomes 'hard wired' and sets the foundation for later life. Over time, atrophy becomes increasingly harder to reverse. Although the brain retains 'plasticity' and change remains possible, progress is more challenging. Poor brain development can lead to difficulties in regulating emotion, lack of cause-effect thinking, inability to recognise emotions in others, memory, focus and lack of conscience. Secondary difficulties can thus emerge because neglect has cumulative effects, e.g. difficulties in learning, forming relationships etc.

Neglect is bad for the child's relationships and emotional development

We can see that the early infant-parent relationship is key to determining brain development. A secure relationship pattern, based on circumstances whereby a child feels confident in their carer's availability and who can predict their care-giving response will feel safe enough to explore the world and, gradually, to become more autonomous. This child will also be supported to manage difficult feelings and emotions and this will help them to develop their resilience and coping mechanisms. Fundamentally, this sets the foundation for the child to successfully develop and manage other relationships throughout life.

In contrast, a neglected child cannot rely on their carer's availability and is likely to experience inconsistent, unpredictable or hostile care. Based on these insecure patterns, the child will develop strategies for survival that will depend upon the way their carer relates to them. These strategies are learned and replayed within other relationships:

- **Insecure anxious or ambivalent relationships**
  A child with this type of relationship pattern may feel insecure about their care giver and display behaviours such as clinginess, attention seeking, approval seeking, lacking in confidence and anxious

behaviour. Such children become too anxious when the carer is not around.

- **Insecure avoidant relationship**
  A child with this type of relationship may display attention-seeking behaviour towards others and are avoidant of their own carer. It does not matter to them whether the carer is around or not. Some will go on to become more self-reliant where as other may become very vulnerable to exploitation by others.

Research indicates that children who have experienced neglect are likely to have greater difficulties in assuming parenting roles successfully in later life.

Neglect is bad for the child's learning

Neglect can impair learning throughout a child's life including from the ante-natal period in the ways described above. Poor nutrition, impoverished opportunities, unmet health and educational needs, poor routines, living in chaotic or frightening environments all contribute significantly to limiting learning, performance and educational outcomes.

Neglect is bad for the child's physical development

Foetal neglect, foetal addition to substances, delayed growth within the womb, non-organic failure to thrive, faltering growth, vulnerability to illness/infections/accidents, poor access to medical care, not treating routine conditions, e.g. head lice, pain caused by untreated conditions, access to harmful substances, poor nutrition (resulting in poor growth, anaemia), poor sleep, are some of the ways in which children's physical development is impaired by neglect. Research also indicates that there are poorer health outcomes for children who have experienced neglect in contrast to the non-neglected population.

6. Learning from Serious Case Reviews

A number of reviews and analyses of Serious Case Reviews have taken place seeking to summarise the learning from serious cases and below is a synthesis of these to help to consider practice issues when things have gone terribly wrong (the References section at the end offers suggestions for further reading).

a. A large percentage of children who were subject of Serious Case Reviews involving serious incidents and death were known to agencies in relation to long-term neglect. This indicates the severe extent of the harm that

neglect can do. It should be mentioned that whilst there are particular characteristics of children that make them more vulnerable to harm, children of all ages and the spectrum of ability have been represented in serious case reviews.

b. Reviews found that there had been insufficient challenge by professionals to parents and carers whose comments or explanations for injuries being accepted at face value, even where those explanations seemed unrealistic. Often, there was a focus on the adult parent or carer in relation to their complex needs, allied with a desire to support them and be optimistic about their parenting of their child. Many reviews have described the 'rule of optimism' which is a tendency by professionals towards rationalisation and under-responsiveness in certain situations. In these conditions, workers focus on adults strengths, rationalise evidence to the contrary and interpret data in the light of this optimistic view. They confuse parental participation with meaningful engagement by parents.

c. This was at a cost to maintaining a focus on the child who risked becoming 'invisible' in their own safeguarding interventions. Reviews described professionals having a poor understanding of what life was like for the child now, or what life would be like for the child in the future if nothing changed. Steps were not taken to establish the wishes and feelings of children and young people or for their voice to be sufficiently heard.

d. Most of the serious case reviews identified sources of information that could have contributed to a better understanding of the child and their family. This included information about or from fathers/ males in the household and extended family, historical knowledge, information from other agencies, the cultural background and research findings.

e. Many reviews commented on the issue of 'hidden men', i.e. fathers or father-figures who either absented themselves or were not known, but who had a significant influence in the family and on the welfare of the child. In a number of reviews, these male figures were not known or not engaged with by professionals and the risk they posed in the home was either not understood or misunderstood thus jeopardising the safeguarding activities.

f. Most of the reviews noted difficulties in inter-agency information sharing and multi-agency working together. Some reviews noted 'silo' working whereby professionals did not look at the needs of the child beyond their own specific brief. There were also concerns that poor co-operation and information sharing meant that professionals assumed – incorrectly – that someone else was undertaking an important aspect of information sharing such as reporting a concern.

g. A number of reviews explored concerns about the 'start-again' syndrome or 'assessment paralysis', whereby assessment was viewed as the child protection intervention rather than as a process which helped to identify the most appropriate intervention.

h. Recording – or rather the absence of clear records which are referred to and used to plan and make decisions – has regularly been a feature of learning from serious case reviews. This includes chronologies which help in the management of neglect which involves harm experienced by the child over a prolonged time. It is imperative that chronic harm is not viewed as a series of single incidents or episodes but that a longer-term developmental perspective is taken.

i. Many reviews have highlighted short-comings in supervision and the lack of opportunities for practitioners to participate in reflective supervision and critical thinking in child protection cases. Such supervision can provide opportunities to question underlying assumptions – or fixed ideas – about the circumstances in the family; support multi-agency working, guide the work with families presenting with complex difficulties, ensured holistic assessments and that the child's views are both gained and influence decision making about children and their families.

7. Assessment of Child Neglect

There can be a number of problems associated with accurately identifying, assessing and responding to neglect. They are as follows:

- Public and professional perceptions of neglect are often different.
- Different professionals have varying standards and thresholds for identification of what constitutes as neglect.
- What is deemed 'good enough' is extremely subjective
- It requires a robust understanding of child development.
- Neglect has been perceived as related to a particular socio-economic grouping.
- The perceived presence- or absence – of intent can shape perceptions of the gravity of concern and influence intervention and outcomes.
- The neglect experience may be normalised by the child/ren involved and be viewed as normal within the particular community.
- Some professionals not only struggle with exercising statutory authority in circumstances where it is required but also place greater focus on the needs of adult carers over those of the child/ren.

- It is sometimes believed that if nothing appears to have got worse then things have actually got better; when in fact initial concerns remain and little (if anything) has meaningfully changed.
- Intervention in cases of neglect are likely to be long term and both the criteria and timescales for change need to be clearly agreed
- Contextual factors of family and agencies; such as age and stage of the child/ren, their ability to disclose, loyalty to primary caregivers, changes in staff, the timeframe of the case, resource capacity of agencies to effectively intervene with and redress identified needs, etc.
- Neglect is often a passive process rather than an active event, and so indicators for neglect can seem less tangible than, for example, indicators of physical or sexual abuse. The fact that neglect presents in many different ways also makes it more difficult for practitioners to identify and confidently secure an evidence base for pursuing a response.

Sinclair & Bullock, 2002, stated that the aftermath of child protection failures highlight the need for proper recording systems. Jeyarajah, Dent & Cocker, 2005 supported this and added that it is particularly important for neglect due to its typical chronic nature and turnover of staff in child welfare services.

Holistic Assessment

An assessment must address the most important aspects of the child's needs and the capacity of the parents or carers to respond to these needs within the wider family and community context. These are the three 'domains' of the Assessment Framework, shown below. An important principle of the Assessment Framework is that assessments are based on inter-agency collaboration and contribution and are not the sole responsibility of one agency. The assessment should be informed by a variety of relevant sources, develop a critique and an analysis, make conclusions about risks and protective factors and create plans for a way forward. These plans need to be implemented, monitored and reviewed.

The Framework for the Assessment of Children in Need and their Families, DH, 2000.

Key areas to consider when undertaking an assessment

- **Genograms**
  A genogram is a way of representing a family tree and relationships within the family. A guide to drawing a genogram is available within the LSCB procedures

- **Understand the family's circumstances**
  A clear understanding of the family's background and previous involvement with services is required at the start of assessments and this can be gained by completing a Genogram (family tree), social history and starting a chronology.

- **Isolated incidents of neglect are rare**
  It is likely that there will be several, possibly fairly minor incidences of neglect, which over time begin to identify patterns of parenting and heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour within the family context and therefore the usefulness of compiling chronologies cannot be over stated.

- **Talking with parents about the neglect**
  It is often difficult to raise issues with parents about neglect because it requires practitioners to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process practitioners need to ensure that their specific concerns are clearly and explicitly understood by parents who can then be informed about what needs to change in the care of their children, why and in what timescales. It is important to be honest, clear and sensitive, not to use jargon and check that parents have understood what has been said to them. The whole family is key to the process of assessment, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes.

- **Involve fathers, father-figures and the wider family**
  Fathers, father figures and the wider family need to be engaged in the assessment in order to understand the role they have in the child's life. Care of children is likely to be more effective where there is positive support from fathers and most children want and benefit from this contact. Where fathers may pose a risk to the child, it is imperative that they are engaged with the assessment process so that risks are identified, understood and managed.

- **Parents are likely to have many needs of their own**
  Examples of these could include substance misuse, learning disability, mental health difficulties, domestic violence and abuse, all of these requiring high levels of support. It is important to offer support and services to parents and carers which will ultimately enhance their care of the children, however this must never be allowed to compromise keeping a clear focus on the needs of the child.

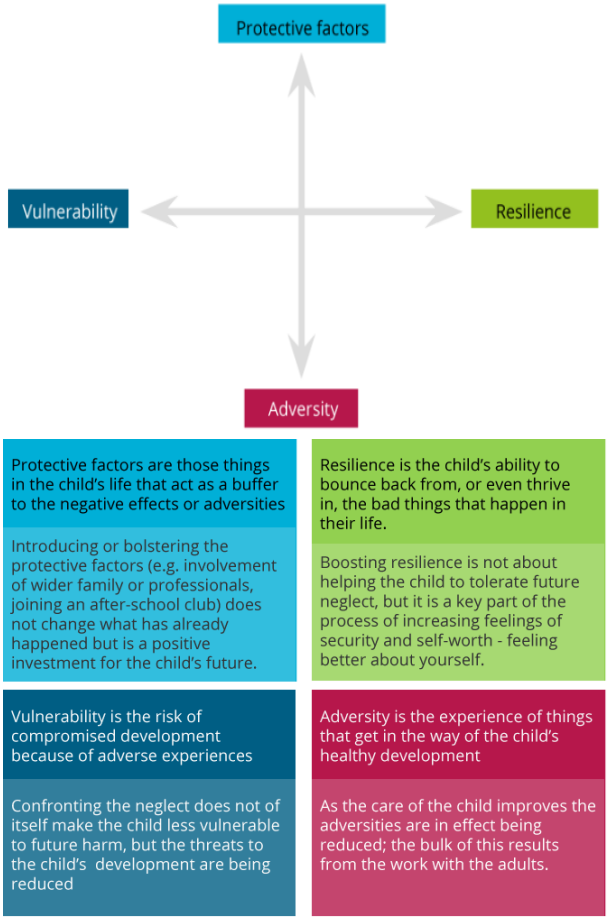
- **Avoid drift and lack of focus**
  It is important to plan the assessment and have clear time-scales for finalising written assessments. Remember that before, during and after undertaking formal assessments, the safeguarding interventions and service delivery still needs to be inputted as required to protect the child. These services and interventions can inform the assessment process.

- **Guard against becoming 'immune' to neglect**
  Professionals who work regularly with families where there is neglectful parenting can become de-sensitised and can tend to minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised. It is

also valuable for workers from different agencies to meet, e.g. in professionals meetings or Case Learning Meetings to discuss issues, share concerns and keep neglect issues in focus.

- **Use assessment tools as a means of focussing and reviewing**
  Assessment tools can be used as a means of evidencing concerns and will give clarity and a transparent basis to any planning of interventions or legal proceedings if they become necessary. Assessment tools can highlight where more in-depth work needs to be undertaken or joint working with specialist services. It is important to remember that assessment tools should not be used in a 'tick-box' way but will require an application to the child and family's unique circumstances and will always warrant use of professional judgement.

- **Assess sources of resilience as well as risk**
  Assessments should not overlook the importance of sources of resilience and opportunities for building upon areas of a child's life that reduce the risk. Resilience has been described as *"qualities which cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person to cope, survive and even thrive"* (Gilligan, 1997). There are many aspects of resilience, the key area is a secure relationship with one other person and other areas include a sense of self-esteem, a safe friendship group, problem solving skills, social skills, abilities, talents, or interests and hobbies. Assessing resilience in a child needs to be done with care as some children may present as being able to cope or minimise their sense of vulnerability.



Resilience is a complex issue and it is important not to work from assumptions around surface presentations of children when assessing how resilient they may be.

While a child may display indicators of resilience these should always be considered in the overall context of an individual child's circumstances. For example, some children may present as coping well in adversity, but be experiencing high levels of stress and trauma internally (Daniel and Wassell, 2002).

This means it is imperative to develop a knowledge and understanding of the child through assessment and to critically and analytically triangulate the acquired perceptions of them across a number of differing points of contact – siblings, parents, extended family, peers, school and so on

- **Observe the parent-child interactions**

  Observations can inform assessments of the interaction and offer insight into the relationships between parents and child, and child and other siblings. Unrealistic expectations or skewed interpretations of a child's behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described by the parents as 'nasty' – as though the child's crying is a deliberate action designed to irritate the parent.

- **Assess each child within the family unit as a unique individual**
  Not all children in a family will be treated the same or have the same roles or significance within a family. For example there may be a child who is perceived to be different, perhaps due to an association by the parent/s with a difficult birth, the loss of a partner, the child's age or needs, an unplanned child or a stepchild or a change in life circumstance. Negative feelings may be projected onto one child but not others in the family.

- **Maintain a focus on the child**
  In complex situations such as working with neglect, it is easy to lose sight of the child whose needs can be over-shadowed by the needs of the parents or where parents are reluctant for professionals to have access to the child. The significance of seeing and observing the child cannot be overstated in such complex and chaotic circumstances. Guidelines for keeping the child in focus includes:

  - Children should be seen in their family unit and in other settings, i.e. school, nursery, respite care, to observe any differences in their demeanour and behaviour. They should be seen on their own. The child's views should be sought in relation to where they would be comfortable to meet with you.
  - It is important to use age and interest appropriate tools, games and other methods to communicate with children. These are relevant to begin to engage with the child and get to know them as a person so that there is an understanding about what life is like for the child everyday in their home. Remember that neglect is less about an event or an incident but about the daily lived experience of a child who doesn't get their needs met.
  - Speak with the child in their first language or using the communication methods with which they are comfortable. This may require you to use interpreters or to seek specialist advice.
  - Children value being treated with respect, honesty and care. This involves listening to them and showing that you have heard, remembered and have taken into account what they have expressed. It also involves making sure that they are not let down e.g. missing appointments with them or making last minute changes to plans that have been agreed with them. These behaviours can impair any relationship that they want to form with you and reinforce any negative feelings about themselves.
  - Children should be spoken to and observed to determine the quality of the interaction they have to their parents and siblings and other members of the family.
  - Consideration should be given to each child within the family. How are they different or similar, e.g. in appearance and personality?

Are any of the children in the family more resilient than others to the care they are receiving? What can be discovered about their health and development (using the dimensions of the Assessment Framework)? Theories of child development should be used as a benchmark by which to measure concerns about a child's presentation and welfare.

- Give children age appropriate explanations about why you are involved and what information you will discuss with their parents.

- **Be confident about the assessment**

A good assessment that practitioners can be confident in is one that includes:

- All relevant information (and comments on the unknowns).
- An evidence base, including tools, guidance, research.
- Analysis and evaluation of the information. Analysis is key to any assessment and involves interpreting and attaching meaning and significance to the information that has been gained and to observations that have been made. If the information that has been gathered is a description of 'what' has happened, the analysis should reflect on 'so what' does that mean for the individual child now and in the future.
- Reasoned conclusions and professional judgements.
- Plans for the logical next steps and timeframes, i.e. the 'now what'. It is imperative that those next steps are implemented and their effectiveness monitored and measured.
- Update and revision (assessments have to be an ongoing process not a single event) in the light of new and emerging information.

Specialist assessments can be useful but should only be commissioned in specific, agreed circumstances where there are additional complexities. Examples of such situations may include:

- Children born to parents with additional needs such as chronic mental illhealth difficulties, parents with a disability or long term illness who may face particular challenges which may impact on their parenting capacity. Joint working between professionals working with adults and children's services should occur.

- Children born to mothers who use drugs during pregnancy may suffer from withdrawal and exhibit distressed or restless behaviour which parents find difficult to manage. Parents may lack motivation because of drug use and may find meeting the needs of their children difficult. A pre–birth assessment may be required in these

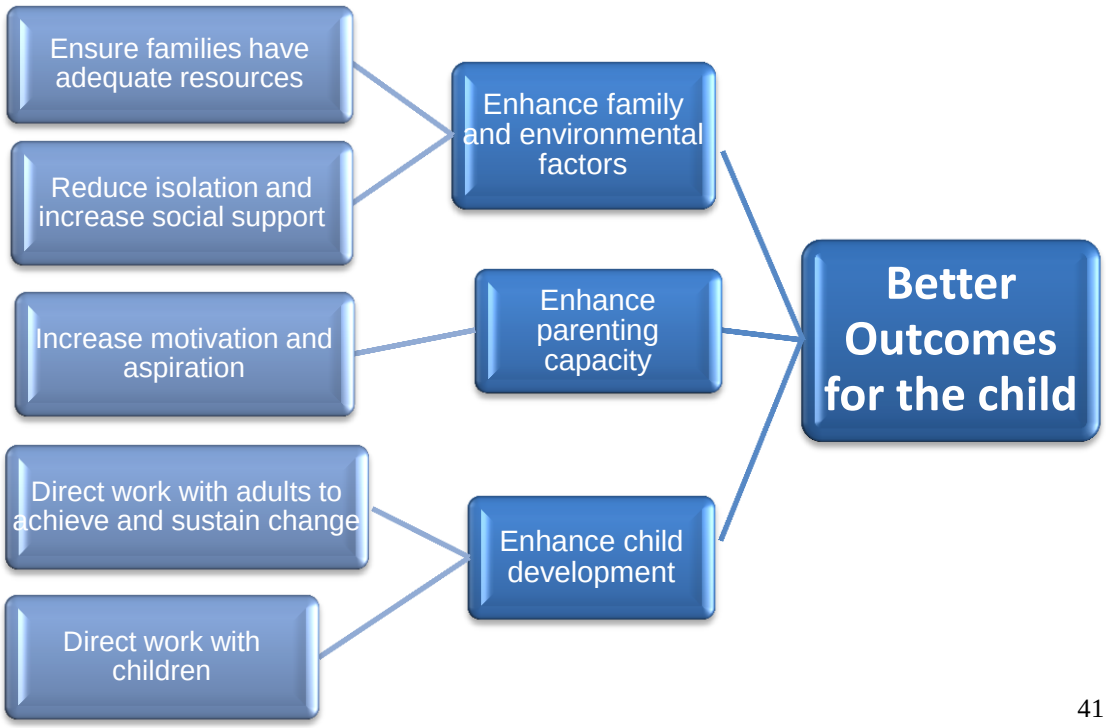
cases to inform planning. Joint working between professionals working with adults and children's services should occur.

- Babies born prematurely or with low birth weight may mean that parents find coping with the high dependency needs of the baby to be very stressful and this may have a negative effect on the ability of the carer to respond and interact with the baby. These children are more likely to have feeding difficulties, chronic illness, and neurological, behavioural and cognitive disabilities than other children.

- Children with disabilities are more vulnerable to abuse and neglect but are unrepresented in child protection figures. Research indicates that children with disabilities are 3.4 times more likely to be abused than non-disabled children and 3.8 times more likely to be neglected (Sullivan and Knutson, 2000). Reasons for this are varied and complex: they may be less able to communicate their needs and concerns, or to access help outside of their families; the stresses of caring for a disabled child may mean the child becomes the outlet for the parents' frustration.

8. Interventions

Below is a model of concurrent interventions for addressing child neglect. It is important to know that all these factors must be present **concurrently.** Good multi-agency working is required to achieve the best possible outcome for the child.



Ensuring families have adequate resources

Ensuring families have the adequate resources they need is important because child neglect is more commonly associated with poverty than are other forms of abuse (Brandon et al, (2013). The relationship between poverty and neglect, however, is complex; most families living in poverty do not neglect their children. Furthermore, child neglect can occur in families with high levels of financial resources. Platt (2012) has no doubt, though, that the majority of state child welfare service recipients are subject to a wide range of disadvantages, including poverty, unemployment, housing and educational disadvantage.

There can be little doubt that living in poverty is harmful both for children and their parents / carers. Those who are poor are likely to live in communities with other people who are poor. Often these are the neighbourhoods with poor quality housing, limited community resources, poor transport infrastructure, where worklessness or being in a low-paid job is the norm. Education – often promoted as the way out of poverty – is not given a high priority, sometimes because of parental apathy and disinterest; this ties in with the lack of aspiration and sense of hopelessness. Given what we know about the trans-generational nature of neglect, the neglectful parent who was themselves limited in their educational achievements is unlikely to make a significant commitment to school attendance or performance. A vicious circle (or, indeed, a vicious downward spiral) can form, in which the neglected child – as a result of their experience of neglect – becomes more and more difficult to parent and the act of parenting itself becomes consequently more and more difficult for the adults. Horwath (2013, p38) highlights the sad fact that neglectful parents are often attempting to meet the needs of their child in a context that even the most competent parents would find challenging.

The problems of misattribution and misdirection:

Misattribution occurs when a feature of the family's situation (in this case, lack of money) is wrongly seen as the cause of the problem (that is, the neglect). There are few short term solutions that social work practitioners can offer when families are experiencing poverty; the use of 'section 17 budgets' to provide essential items for families is arguably much less common now than was envisioned when the Children Act 1989 came into force.

One note of caution is relevant here, though. In the past there has been a temptation to provide material resources without necessarily understanding what Stevenson (2007) calls an "ecological understanding" of the type of help needed by the particular family at a particular time. The case of 'Paul' (Bridge Child Care Consultancy Service, 1995) – the first in-depth enquiry into the

death of a child from neglect in some forty years – provided a vivid illustration of this point.

The family's impoverished lifestyle was clearly causing harm to the children, so considerable amounts of money were spent on the provision of furnishings and equipment to improve the home conditions. Much of this provision was subsequently sold by the parents, prompting the authors of the report into Paul's death to comment that it is important to distinguish between neglect caused by financial poverty – which can simply (though not easily) be alleviated by financial assistance to the family, and what they termed 'emotional poverty' which cannot. They emphasize that these may co-exist, but that "relief of the former condition does not relieve the latter" (p4).

Misdirection occurs when practitioners are diverted from their attempts to address the issues within a family by the family's focus on spurious and irrelevant side issues. So, for example, the appalling state of the children's clothing may be attributed to the lack of a functioning washing machine, and the family's solution may be to resist any other service than the provision of a new appliance.

The worker who simply capitulates without understanding the underlying dynamic and sources a new washer is likely to find it unused, no doubt because of a further misdirection, and the state of the children's clothing will not improve. Financial help is obviously appropriate in some cases at some points but the provision of financial help alone is unlikely to resolve the issue of chronic neglect.

Misdirection is not limited to financial help; Horwath (2001) highlights the complexity of life for many neglectful families as they "lurch from crisis to crisis; a bill needs paying, benefits have not come through; a child has been excluded from school; a partner has been arrested. It is all too easy, when assessing the needs of children in these families, for practitioners to find themselves drawn into addressing these immediate concerns." In this way professional attention is deflected away from the underlying problems, which remain un-tackled and continue to have a harmful effect on the outcomes for the child.

How to ensure the family has adequate resources:

Short-term financial support in terms of payments from charities, Section 17 budgets etc., can be helpful if used judiciously, but there is little prospect of significant behavioural change if these are used alone; they might prevent a crisis, though, so they should not be ruled out.

The likelihood is that many neglectful families will be the recipients of state benefits. While it would be naïve to suggest that increased benefits would eliminate or even reduce neglect, nonetheless financial pressures compound the difficulties for many families.

One way in which the family's financial circumstances might be improved is to ensure that they are receiving the full range and amount of benefits to which they are entitled. In 2015, The Department for Work and Pensions reported that in relation to Income Support and Employment and Support Allowance about a fifth of those eligible do not claim their entitlement, and as a result in 2013/14 the expenditure on these two benefits was about 20% less than it would have been if all those entitled had claimed the full amount. Take up of Housing Benefit is at similar levels.

In relation to income-based Jobseekers Allowance the take up and expenditure are worse, with the Department reporting that only around half to two-thirds of those eligible make a claim, and expenditure levels are at only about two-thirds of the amount to which people are entitled.

Within the disorganized neglectful household, failure to keep appointments can become the family norm. For those who claim Jobseeker's Allowance, Universal Credit, Employment and Support Allowance (for those in a work-related activity group) or Income Support, failure to keep appointments is one of the three main reasons why benefits are sanctioned, the other two being not doing enough to look for work and not taking part in an employment or training scheme (Money Advice service, online).

Within neglectful families, though, the problem is often not the amount of money coming into the household but how it is spent. It is easy to be judgmental and to criticize the choices some families make in relation to how to spend their money, and of course there can be no justification for children to go hungry, cold or poorly dressed whatever the family circumstances. Substance misuse, from tobacco to alcohol and illegal drugs, can be a feature in many neglectful families, and frustrating as it might be for professionals it is important to remember that few (if any) people make a conscious decision to become addicted to alcohol or drugs.

To make a statement of the obvious, these are typically symptoms of the range of problems that families face, not simply attractive lifestyle choices. Allen and Duncan Smith (2008, p30) cite the Adverse Childhood Experiences (ACE) Study, carried out in the USA, which indicates that "people who had high levels of adverse childhood experience are inclined to use such psychoactive substances as nicotine, alcohol, prescription and street drugs in attempts to improve how they feel, even though they know these things are

bad for them. … Nicotine, alcohol and street drugs (and even self-mutilation) can help people escape emotional pain arising from patterns that grew out of early adverse experience".

The impact of six or more adverse childhood experiences (compared to those with none) was a startling 250% greater likelihood of smoking, a 500% greater likelihood of alcoholism, and a staggering 4,600% greater likelihood of the injection of street drugs.

Debt:

An online search at the time of writing this guide demonstrated how easy it would be to take out a cash loan of up to £1,000. A whole range of companies offer such a service, with instant decisions, very high approval rates and an APR of well over 1,200%! Furniture and televisions can be bought for low weekly payments, but a sofa advertised as costing a mere £9.58 per week at a less scary APR of around 70% still costs – over the 208 weekly payments – almost £2,000. And for those who are unable to access these services, unofficial lenders are happy to let their 'customers' accrue significant debt at eye-watering interest rates.

In areas of high deprivation it is likely that the norm is to live 'from hand to mouth', i.e. to meet today's needs today and manage tomorrow when it comes. When there is never enough money the ability to put savings aside, to make contingency plans for emergencies, or to prepare for family events such as Christmas is difficult, so informal loans with high interest rates or spending in a manner that some of the more fortunate amongst us might regard as inappropriate might be seen as the only options.

Managing the household budget

Learning how to manage a budget is not easy for some professionals who have a (hopefully reasonable) salary, let alone for someone with a history of adverse life experiences. A lack of insight into how money can be saved, apathy or indifference based on a world view that things will never get any better can lead to acceptance that this is how the world works. Buying pizzas or other pre-cooked food may not be the result of laziness so much as a sense of defeat in the kitchen. Even the most basic cooking may seem overwhelmingly challenging; what is the point in making something that may get thrown away, when at least a pizza will get eaten?
Dealing with financial matters may not be the particular role of the social care professional, and there is in any event a view that such areas are best left to the experts.

Reduce Isolation & Increase Social Support

It is often the case that the people who most need social support have very little access to it. Brandon et al (2014) confirm that parents who neglect their children have been found in systematic reviews and other studies both to have had fewer individuals in their social networks and receive less support, or to perceive that they received less support from their social networks than other parents.

Adults and children are generally good at keeping physical neglect away from public attention; in part this is why neglect can sometimes occur for many years before some crisis or other event triggers state intervention. The most obvious strategy is simply not to open the door to callers.

When this is carried out in conjunction with a failure to keep appointments and keeping the child away from nursery or school, the whole family effectively becomes invisible. Another strategy is to answer the door but to keep callers on the doorstep. More subtle still is to ensure that visitors are only ever able to access parts of the house that the family wishes to be visible.

The SCIE/Haringey Report of the Review of Family Z (2012) described professionals accepting uncritically what they called the 'family's policy' whereby agencies were prohibited from going beyond the downstairs area of the home." The report goes on to add that the creeping and cumulative nature of chronic neglect does make it difficult to detect if you are not really looking for it", and one might argue that this detection is even more difficult if one is physically prevented from seeing it. Neighbours, visiting professionals, in fact any callers to the house would have great difficulty in establishing the true nature of the home conditions. Sadly, the lessons from this review hark back to and share significant overlap with Cantrill's report for Sheffield ACPC into the neglect of the W children produced back in 2005.

Social isolation means a lack of the support networks which most of us can call upon to support the parenting tasks, both in the everyday sense, such as providing child care or simply tea and chat, to help in an immediate crisis. Whilst this may be deliberate it may not always be welcome, in the sense that cutting oneself off from the world can lead to feelings of desperation and loneliness, although these feelings may not be powerful enough to overcome the resistance to opening up one's family to the world.

Brandon et al (2014) discuss the fact that social isolation and limited networks may mean that parents have little social interaction and by implication little help with the day-to-day responsibility of supervising small children. They go on to point out a converse situation: neglecting parents in low income neighbourhoods have been found to have had as many social contacts as

their peers but not to have reciprocated social support instead making considerable demands on friends and family. In the longer term this can obviously lead to friends and neighbours losing patience and taking active steps to avoid engagement with the neglectful family.

The four risk factors most closely associated with increased risk of abuse and neglect are parental mental health problems, problematic substance misuse, domestic violence, and parental learning difficulties. Singly or in combination these are also factors which are likely to increase social isolation.

On a positive note, Platt (2012) highlights research which suggests that having a network of extended family, friends and other professionals who would like to see them succeed can help maximise the effectiveness of professional intervention.
Professionals should however also look out for how healthy any social interaction is, it really is not unusual for parents associated with drug misuse for example to appear to have many social contacts, but the nature of these may not be supportive to promoting a healthy and stable family life, so practitioners need to practice with professionals curiosity to establish any strengths or risks within social networks around a family.

How to reduce social isolation and increase positive social support

For many families the first source of support may be their extended family, although this must come with the warning that given the often trans-generational nature of chronic neglect there is a risk that the extended family may not recognise the extent of the problem and therefore may not contribute to the solution. However, the extended family should never be written off: careful assessment is needed. Similarly friends and neighbours in a community where poor care is the norm may not on their own be the best source of support for a neglectful family, but may be mobilised to provide support as part of a larger package.

First steps might include such basic things as encouraging the take up of, for example, medical appointments. Initially this might involve going a step further and providing transport, and even accompanying the family or individual to the appointment. Not only does this make the early contact easier for the family, it also provided less formal time (walking or transport time) where a working relationship can be established and consolidated and can be seen by the family as a tangible sign that professionals are willing and able to help and not just there to make demands. Bearing in mind the issue of poverty discussed earlier, paying fares for independent travel on public transport may be welcomed.

Professionals who are looking to engage families with services may wish to consider an interesting picture painted by research from the Think Family programme (Cabinet Office, 2007). The chart below offers insights into research findings not only about how families are sometimes seen but also into how some families viewed what we might think of as attractive and welcoming resources.

Although this project focused on 'hard to reach' families, one might wonder about the different perceptions of who is hard to reach – the families or the services there to help them. Part of the solution to social isolation and the lack of engagement may be to consider exactly what it is that is making services and resources unattractive in the first place.

How the system sometimes views excluded families	**How excluded families sometimes view the system**
Reluctant to engage with services. **Chaotic lifestyles and unable to keep appointments.** **Aggressive and difficult behaviours.** **Lacking in confidence and low motivation.** **Multiple and entrenched problems mean that they are unlikely to succeed.** **Easier to refer onto another agency.** **Poor parenting and life skills.** **Complex needs or conditions beyond staff capabilities.** **Need to be challenged more than they need to be supported.**	Information on services is difficult to access or understand. Services are not relevant to their specific needs. Staff do not treat them with respect and lack knowledge to deal with problems. Physical environment is intimidating. Respond to single issues without reference to the complexity of problems. Respond to problems when they reach crisis point rather than at an earlier stage. Processes and services are inflexible. Services are fragmented and poorly coordinated. Systems may focus on policing than on support – hence a fear of approaching for help.

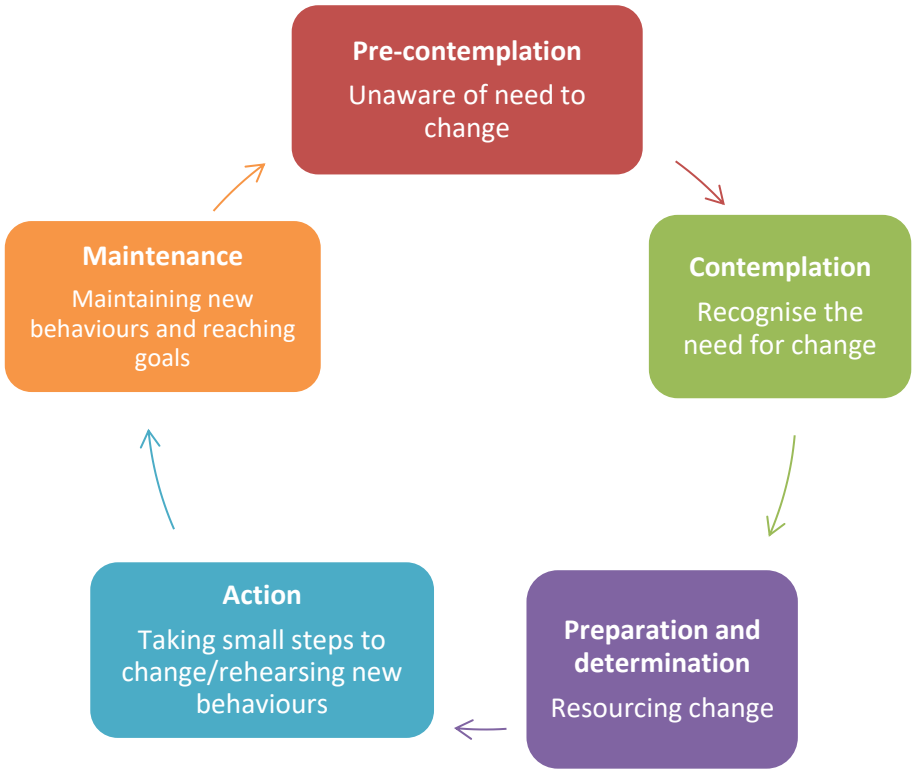
Increase motivation and aspirations

Practitioners involved with child neglect should guard against being overly optimistic about the potential for parents to effect lasting change and provide consistently well enough parenting. Change is not always possible and even when positive change occurs, practitioners need to be mindful if it is so minor that it does not really improve the child's experience of harm and practitioner also need to monitor that positive changes are sustained over time.

Families may co-operate with plans although their motivation in doing may be related to a wish to be seen to be compliant to remove the safeguarding work rather than any understanding or acceptance of the need for change to meet their child's needs. Such motivation is less likely to lead to sustained change and therefore outcomes for the child remain unaltered.

The assessment of positive change needs to be made on the basis of timely outcomes for the child. The 'rule of optimism' can come into play, whereby practitioners are reluctant to consider possible signs of abuse or minimise the significance of what children say, because the parents are perceived to be making improvements. Practitioners should also be careful not to implement the 'start again syndrome' with families and (re)commence assessment work at points such as change in worker or an incident in the family, without taking into account previous understanding of the family dynamics. The 'start again syndrome' can cause delay and undermine the effectiveness of an assessment or plan.

The chart below explores the decision making process proposed by Prochaska & DiClemente, 1984 and is accompanied by a description of each stage



Pre contemplation

In this stage parents are often unaware of the problems they may be facing. Therefore, it is important that they are well informed of the consequences their behaviour may have on the child. This is before they recognise they require a

change. Sometimes they don't realise the issue because it is inter-generational.

What practitioners can do:

- Focus efforts to build a trusting relationship with the family
- Raise parents' awareness of the problem and the possibility of change
- Affirm strengths as a starting points for change
- Use motivational interviewing strategies to raise awareness and encouraging questioning
- Highlight in an open and honest, but respectful way, the possible consequences of good outcomes not being achieved for children

Contemplation

The second stage is called contemplation. At this point the parent accepts the need to change but the change is not yet started. The process of weighing up costs and benefits of change can take a long time. Accepting that you are neglecting your child may not be easy

What practitioners can do:

- Identify the pros and cons of present behaviour as well as the pros and cons of change
- Assert the belief that change is possible
- Help the family to see that they have capacity to change
- Explore the options the family has considered for how they might change
- Consider commitment and capacity to change
- Recognise that each parent may be at a different stage of the change process
- Recognise that different changes may be required from each parent
- Help the parent tip the balance in favour of change

Preparation and Determination

Preparation and determination is when the parent accepts the need to change and begins to test out or rehearse improving parenting techniques.

What practitioners can do:

- Help the parent identify best actions to take for change
- Identify short and long term goals; these should be prioritised with both parents and the child
- Identify internal and external resources to suggest change
- Support their motivation for change

- Start to work with the family to develop an agreed family support plan that is realistic, acceptable, accessible, appropriate and effective

Action

At this point the parent has made the (difficult) changes necessary to overcome their problems. The child is no longer being neglected. However, it is easy to be misled into thinking this is success but this change may not be sustained.

What practitioners can do:

- Help parent to implement the support plan
- Focus on short term goals; these should be prioritised with both parents and the child
- Help them envision the long term goal
- Reframe when necessary
- Make sure all appointments are kept
- Advocate for the parent and identify available sources of support
- Review progress and any barriers to progress
- Planning for and rehearsing the ways of overcoming challenges and obstacles
- Be mindful of parents feeling overwhelmed and consequently disengage so clarity of goals is essential and recognising and praising progress however small

Maintenance

This stage involves the parent working towards preventing relapse and building on their achievements. Maintaining change may not be easy, so there may be a need for on-going monitoring or even occasional support.

What practitioners can do:

- Help parents identify the possibility of relapse
- Support parents to identify their triggers to relapse and develop coping strategies to prevent relapse
- Noticing, acknowledging, affirming and celebrating success
- Reflect on the difficult, challenging journey
- Talk about where the family will go from here
- Question -What is the next goal?

Direct work with adults to achieve and sustain change

Firstly, it is important to consider who we mean when we talk about the adults. Traditionally mothers have been given greater responsibility for neglect than have fathers or, indeed, other male caregivers or male members of the

household, but serious case reviews show us time and again that this focus does not keep children safe, we need to identify all the adults with care and responsibility for a child and ensure they are all included. Parental engagement should be underpinned by:

- Role clarification: ensuring clarity about what the worker can or cannot do, what the client's role is, and what each can expect from the other.
- Collaborative problem solving: Providing help to address the problems that led to the current situation; the worker needs to take a collaborative approach.
- Pro-social modelling and reinforcement: Identifying and trying to build on pro-social strengths, such as good relationships within the extended family. The worker should model 'good behaviour' by keeping appointments and doing what he/she said he/she would do.
- Challenge and confrontation: Extreme challenging is generally unhelpful although some level of challenge is appropriate. Better outcomes occurred where clients believed that workers were clear about their own authority and how they might use it.

Graded Care Profile 2

The Graded Care Profile (GCP), developed by Dr's Srivastava and Polnay, is a practice tool which helps practitioners identify neglect and assess the care that is given by those parenting to children. Solihull is an NSPCC pilot sight for GCP2 and multi-agency training is available for the use of this licensed tool.

It is a tool that gives an objective and graded measure of the quality of care provided to children across four areas of need: Physical care, Safety, Emotional care and Developmental care. The GCP displays both the strengths and weaknesses in different grades (1-5, with 1 being the best care and 5 being the poorest care) so that it defines the quality of care giving. It helps to target areas of work and can support the understanding of changes after interventions have been made. It is important from the point of view of objectivity because the ill effect of bad care in one area may be offset by good care in another area. It can enable engagement with families because areas of strength and not only weaknesses are highlighted. More information about GCP2 is available on the LSCB website .

Direct work with Children

Direct work with children who have bene neglected is important, as a child who has been neglected is a child who has suffered significant harm, and there is little that a child – including adolescent children – can do to protect

themselves from the consequences of neglect. Whilst many children have an amazing capacity for self-repair, children who are neglected do not spontaneously recover from the consequent damage simply because the neglect stops. In fact, for some children that damage can last a lifetime, but there are things to help a child to survive their neglectful experiences and help them to develop in the optimal way.

In any neglect case the first priority has to be to get the care of the child up to a standard that is at least good enough for the child to be safe. Children who have been neglected are likely to see the world as a disappointing and hostile place that is unpredictable and unrewarding. Experience of indifference or disinterest confirms to the child that they are not valued because they are not worth being valued; attempts to please that are met with apathy are soon abandoned, and self-reliance becomes important. Poor socialisation that results from not knowing how to relate to other people (peers and adults) spirals when the rejection by one's own family is mirrored in other settings. Because boundaries have not been consistently applied, the child has not learned to impose their own boundaries, and the lack of control that the child has over their world is reflected in their behaviour. Their behavior is can be the first thing that brings them to the attention of professionals, and quite often any intervention is then focused on addressing this behavior alone; this is very dangerous as it can have the impact of impounding the effects of neglect in making the child feel they are solely responsible for their circumstances. It is therefore always important that when professionals are faced with concerning behavior a full holistic assessment takes a look at what has been and is happening for the child in their life.

Children need the sense of order and routine that is so often missing in neglectful families in order for them to fit into the wider world in a positive way and be seen by others in a positive light. They need to feel and experience being valued. Much of the work that needs to be done with neglected children is about children gaining the experiences that they have missed in order to develop optimally and to make their world a positive place where they can trust, and learn, and enjoy. The world must be safe, but more than that; it needs to be a source of positive affirmation and give the child a clear message that they are important. This calls for positive strengths-based direct work. One of the most helpful areas for intervention with individual children and young people is that of building healthy resilience; that is the ability to develop normally in adverse circumstances.

9. Chronologies

Chronologies are imperative for a true picture of family history. A chronology seeks to provide a clear account of all significant events in a child's life to

date. This brief and summarised account of events provides accumulative evidence of patterns of concerns as well as emerging need and risks and can be used to inform decisions on support and safeguarding services required to promote a child's welfare. Chronologies are particularly important when working with neglect where there may be fewer critical incidents but where children live in families where they are exposed to chronic and long term harm. Chronologies can help identify these patterns of harm.

Chronologies do not replace routine case recording, but offer a summary view of events and interventions in a child's life in date order and over time. These could be, for example, changes in the family composition, address, educational establishment, in the child or young person's legal status, any injuries, offences, periods of hospitalisation, changes to health, interventions by services. The changes that are noted could be positive or negative events in the child's life.

- The chronology should be used by practitioners as an analytical tool to help them to understand the impact, both immediate and cumulative, of events and changes on the child or young person's developmental progress.
- Effective chronologies help to place children at the centre of everything we do
- An effective chronology can help identify risks, patterns and issues in a child's life. It can help in getting a better understanding of the immediate or cumulative impact of events
- It helps us to make links between the past and the present, helping to understand the importance of historic information upon what is happening in a child's life now
- Good chronologies enable new workers to become familiar with the case
- Importantly, a good case chronology can, at a later stage, help children, young people and families make sense of their past
- A good chronology can draw attention to seemingly unrelated events or information
- Using chronologies in practice can promote better engagement from children and families
- Accurate chronologies can assist the process of assessment, care planning and review
- When carried out consistently across agencies, good chronologies can improve the sharing, and understanding of the impact, of information about a child's life.

How chronologies are compiled and how they are used and referred to in practice will make a significant difference to improving outcomes for children. In undertaking a chronology:

- Commence chronologies at the start of involvement in a case
- Enter relevant information as it occurs, including the date of the event and the source of the information
- Include only factual information – analysis and professional opinion on events should be recorded within the case records or assessment documentation
- Enter information throughout involvement in the case, an out of date chronology cannot provide full information for further analysis and planning
- Be brief in chronologies, normally one line
- Make reference to where in the case records more detailed information can be found.

If chronologies are to help with the ongoing analysis of the case, they must be reviewed and used as a 'live' document in these ways:

- When adding information to case chronologies consider its relationship and relevance to previous information. (E.g. numbers of missed appointments; A&E appointments; police call outs to a home; numbers of injuries over time etc). Ask yourself after making a new entry "what is the impact of the known information on this child and what else do I need to do?"
- Build in regular reviews of the chronology to assist in case planning and evaluating progress, for example, in preparation for reviews and discussion in supervision
- Share the information being placed in chronologies with children, young people and families as appropriate. This can be to a) check for accuracy of information b) check children and families' views and perceptions of the information/ events.

10. Working with Resistance

Resistance is used here as a catch all phrase to indicate a range of parental behaviours which serve to keep professionals at bay and from identifying, assessing and intervening in neglect. Working with resistant families is very challenging indeed, and good multi-agency working and effective supervision is essential to support practitioners and help maintain the focus on the needs of the child. The quality of supervision available is one of the most direct and significant determinants of the practitioners' ability to develop and maintain a

critical mind-set and work in a reflective way and this is pivotal when practitioners are working with resistant families.

Resisting behaviours by family members can seriously hamper professional practice and leave already vulnerable children subject to significant harm. In terms of prevalence, a 2005-2007 analysis of Serious Case Reviews found that 75% of families were characterised as 'uncooperative' (Brandon 2008).

The existence of resistance may be identified when parents:

- Only consider low priority areas for discussion
- Miss appointments
- Are overly co-operative with professionals.
- Are aggressive or threatening
- Minimise or deny events or responsibility or the effects on the child

Parents and carers resist in numerous ways and their reasons for doing so vary. At one end of the continuum, parents may genuinely not understand the problem or the way it has been defined and feel they are unfairly caught up in a process which is not their responsibility. At the other end, some parents understand they are harming their children and wish to continue to behave in this way without interference. In the middle are parents who fear authorities, have had previously poor experiences of authority, lack confidence and feel anxious about change. They may struggle to work with individual practitioners. Research indicates that families want to be treated with respect and in a non-judgemental way, be kept fully involved in processes and receive services which meet their needs in a timely way.

When considering if resistance is a dynamic in the family, it is helpful to clarify the behaviours and reasons for these. This is because sometimes what appears to be resistance is in fact a family's frustration regarding the type and quality of service they are receiving which is not meeting their need, rather than an attempt to divert attention from the safeguarding concerns in their family.

Resistance can be grouped into four types:

- Ambivalent
- Denial/Avoidance
- Violent/Aggressive/Intimidating
- Unresponsive to intervention/disguised compliance

Ambivalent

Parents may have mixed, conflicting feelings towards the agency the individual worker or the safeguarding issue. Most parents who are involved in safeguarding interventions will experience mixed feelings but some, in extreme situations may remain stuck in their ambivalence. Behaviours related to ambivalence include avoidance of people, meetings or of certain topics; procrastination, lateness for appointments or superficially undertaking the tasks required. Ambivalence occurs when families are not sure of the need to change or are 'stuck' at a certain point.

Denial/Avoidance

This could manifest as a result of feelings of passive hopelessness and involve tearfulness and despair about change. It may also be about parents wishing to hide something relevant or being resentful of outside interference. Indicators include an unwillingness to acknowledge the neglect; purposely avoiding practitioners; avoiding appointments or cutting visits short due to other apparently important activity.

Violent/Aggressive/Intimidating

Parents who actively display violence or anger or make threats which could either be obvious or be covert or implied (e.g. discussion of harming someone else); use threatening behaviour e.g. deliberate use of silence, bombarding professionals with e-mails and phone calls or entering personal space; use intimidating or derogatory language or swear, shout and throw.

Unresponsive to intervention/disguised compliance

Disguised compliance is identified by Fauth et al (2010) as *"families where interventions are not providing timely, improved outcomes for children".* Reder et al (1993) state that it is where a parent gives the appearance of co-operation to avoid raising suspicions, allay professional concerns and diffuse professional intervention.

Indicators of disguised compliance include:

- No significant change at reviews despite significant input
- Parents agreeing about the change needed but making little effort
- Change occurring but only as a result of external agencies' efforts
- Change in one area of functioning not matching change in other areas
- Parents engaging with certain, preferred, aspects of a plan, and aligning themselves with certain professionals

- A child's report of matters conflicting with that of the parents

This can be classified as 'passive-aggressive' resistance because co-operation is noticeable but is superficial and the compliance covers up hostility, antagonism and anger. Disguised compliance occurs when parents want to draw the professional's attention away from allegations of harm and by giving the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.
It is a significant concern because the apparent compliance can affect the professional's engagement with families and children and can prevent or delay understanding of the severity of harm to the child. Examples of disguised compliance include a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as health workers for a limited period of time, or cleaning the house before a visit from a professional.

Disguised compliance has been reported to be a dynamic in many Serious Case Reviews and the learning from these indicates that the following practice is helpful:

- Focus on the child: see and speak to the child, listen and take account of what they say
- Cross check what parents say, question the accounts they give, get additional opinions and remain curious. Above all, don't take at face value explanations that parents give for significant events or incidents.
- Address the safeguarding aspects for children who are living in chronic neglect
- Don't be overly optimistic without good enough evidence. Be curious about what is happening to the child.
- Consider in supervision and with the multi-agency network what strategies to employ when families are hostile and able to keep professionals at arm's length
- Share information with other professionals and other agencies, check your assumptions with your colleagues, explore with each other the parents' accounts of events.
- The earlier section on parental motivation to change and shows a model to help with the identification of compliance and whether it is genuine commitment, tokenism, avoidance or externally motivated compliance which seeks approval from others.

GENUINE COMMITMENT **Talk the talk & walk the walk** Parent recognises the need to change and makes real efforts to bring about these changes	**TOKENISM** **Talk the talk** Parent will agree with the professionals regarding the required changes but will put little effort into making change work While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions
COMPLIANCE/APPROVAL SEEKING **Walk the walk: disguised compliance** Parents will do what is expected of them because they have been told to "do it" Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change	**DISSENT/AVOIDANCE** **Walk away** Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (i.e. perpetrators of sexual abuse or fictitious illness)

Taken from Horwath and Morrison (2001).

11. Supervision

"The risks of recurring maltreatment are higher with neglect than other types of abuse. Practitioners need support to prevent them becoming overwhelmed and to help them to think and act systematically in cases of neglect and to avoid the "start again" syndrome."
Analysing child deaths and serious injury through abuse and neglect: what can we learn? (DCSF, 2008)

Safeguarding supervision of staff is a key element of a robust and effective safeguarding system and it has a clear link to the protection of children. All agencies should have a mechanism for ensuring that cases of neglect are regularly reviewed in supervision.

The complexity of a family's situation can be overwhelming for practitioners in many ways and it is important to bear in mind the following aspects for workers who may:

- Become desensitised to the effects of neglect, especially if working in this area comprises a large part of their work or if they have become acclimatised to an individual neglectful family.
- Get so drawn into working with the complexities that parents face that they lose focus on the child.
- Find it hard to make objective assessments and struggle to identify what is good enough parenting in a particular family or resolve any differences between their own views and those of others in the professional network.
- Be unsure of when thresholds for escalating safeguarding actions have been met.
- Mirror the chaos and helplessness within a family and therefore not take action in a timely or effective way.
- Be anxious to challenge parents through a lack of confidence or fear of an aggressive response.
- Be drawn into the dynamics of disguised compliance such that they do not challenge parents and accept what they say at face value.
- Focus on specific issues and ignore others.
- Need support to participate fully in the multi-agency work in a particular family.

Supervision needs to acknowledge these feelings and aspects and look at ways of minimising the effects.

Regular appraisal of the nature of the engagement between the family and practitioner should take place to ensure the balance between support and challenge to families is maintained. Without this balance, there is a risk that the family and practitioner relationship becomes collusive or loses focus.

Lack of direction and drift has been characteristic of a number of cases where neglect has resulted in tragic deaths. Effective supervision gives focus and purpose to the work and allows practitioners to ‘step back’ from cases and reflect on the family’s situation as well as on their own judgements and interventions. Supervision should be used to clarify and focus on:

- Exploring the case, assumptions and hypotheses held – to promote objectivity, evidence based analysis and sound professional judgement.
- Clarifying roles and responsibilities of the practitioner and those involved in the multi-agency response; support for practitioner in managing stress to ensure that they can carry out their responsibility
- The intended and desired outcomes for the child

- The needs of the child and developmental progress and their presentation
- Assessment of parenting capacity, and parents motivation and capacity to change
- Identification of clear targets and timescales and methods of monitoring these
- Ensuring that the work is undertaken within the framework of legislation, policy, procedures and agency objectives in safeguarding children
- Reviewing the plan and ensuring there is no drift

Supervision should also address any process whereby there is selection of information which points to reducing interventions or closing cases where there is serious neglect. This is likely to be unrealistic and can result in a 'revolving door' syndrome because the chronicity of neglect means that services will become involved in families again in the future.

Regular reviews undertaken in this way in supervision can help to identify ways forward in the management of cases, e.g. calling a professional's meeting, arranging co-working in a complex case or joint visits being established. Supervision should also consider the practitioner's learning and development needs.

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