

PART 13

Multi Agency Good Practice Guidance for Recognising and Responding to Cases of Child Neglect

Definition

Effect

Recognition

Indicators of Neglect

**Indicators of Neglect and the Assessment
Framework**

Assessment of Neglect

**Working with Children & Families in Cases
of Child Neglect**

Evidence and Thresholds

Crossing the Threshold on Open Cases

References

Definition

1. There is much professional debate about what constitutes neglect. The simplest definition is that the basic needs of the child are not met. Importantly, neglect is generally not about what is done to a child, but involves the omission of activities that protect a child from harm and ill health. (See Wolfe, 1990).
2. For the purpose of Child Protection Registration, the Department of Health defines neglect thus;

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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together, 2006, 1.33)

3. This definition is not exhaustive and accounts for the 'cultural context' within definitions of child abuse.
4. This focus upon persistent and/or chronic neglect does not account for cases of acute neglect, which while less common should also warrant a professional response.
5. Neglect is part of a continuum of parental care ranging from excellent through good enough to grossly inadequate.
6. It is well established that neglect can comprise of both emotional and physical elements (**Jones and Gupta, 1998**) and that there are strong associations between physical and emotional neglect (**Stone, 1998**).
7. Neglect can co-exist with other forms of abuse, and can also be obscured by other categories receiving primary attention from the professional group.
8. These guidelines refer to the assessment of and interventions for neglect with regard to a child's primary carers. If concern is aroused as a result of neglectful care provided by secondary carers, such as childminders the following action should be taken.
 - Inform the child's parents, so that they can take appropriate action to protect their child; and/or

- Referral to Children's Social Care in accordance with **Part 7 (Managing Allegations against People who Work with Children)** of these procedures.

Effect

9. The effects of neglect upon a child should not be underestimated. It is the persistent nature (cumulative effect) of neglect which is particularly damaging. A child's potential is slowly eroded. However, whilst neglect that is chronic and long term in nature may differ from a short period of transitory, acute neglect either can endanger or be fatal to the child. **(Virginia Child Protection Newsletter, 1998, p1).**

Effects on Children

10. Significant harm in relation to child neglect is most likely to be found in its long term effects upon children's development. The physical, intellectual, emotional, social and behavioural development of children may all be affected.
11. It is of note that neglect during the first five years of life may be particularly damaging to all facets of the child's development, vulnerability being increased by young age. For example, brain development can be seriously impaired during a child's early years and birth to three years is a particularly sensitive period for the development of attachment.
12. Low warmth and high criticism is a combination identified as particularly damaging for children **(see Department of Health et al, 2000)** and is often apparent in families where children are neglected. Key features which characterise the experiences of children living in an environment high on criticism and low on warmth, single or combined are; parental indifference, role reversal in which children take over parental roles and responsibilities, and antipathy where there is active loathing and rejection of a child. **(Bifulco and Moran, 1998).**

Enduring Effects into Adulthood

13. The effects of child neglect can endure into adulthood and in general terms are likely to result in reduced adult life opportunities. Behavioural impairments, (social, emotional and cognitive) can persist in adult presentations.
14. Mitchell, 2004, suggests that the long term effects of neglect are significantly associated with problems of self esteem and may be displayed by;
 - Taking things out on yourself (including self harm)
 - Mental health problems
 - Sexual dysfunction

- Substance misuse
- Eating and sleeping disorders
- Taking things out on other people (including bullying)
- Anti-social behaviour
- Criminality
- Violence
- Child abuse – children who experience neglect are at risk of becoming neglectful or abusive parents
- Problems with intimacy and separation

Recognition

15. Neglect differs from other forms of abuse in that there is rarely a single incident or crisis which draws attention to the family. It is repeated, persistent neglectful behaviour which causes incremental damage over a period of time. However, this should not deter staff from discussing initial concerns with managers and designated child protection personnel within their organisation.

16. Where there is concern, agencies should intervene at an early stage to offer support and advice. The success of this approach must be measured in terms of outcomes for the child and staff should be aware of the thresholds for action. At any time the child may be:

- At risk of becoming a child in need;
- A child in need;
- In need of protection;
- In need of immediate protective action.

17. There are no simple criteria for determining the presence of neglect- this is a matter of professional judgement. In any situation where there is a series of minor incidents, or mounting concern about a child, agencies should consider the possibility that the child is neglected. This hypothesis can then be tested to determine whether the child is in need of services and/or protection. In all cases of professional concern, the impact upon the child, of care given, must be the critical focus.

18. It is only in the most extreme cases that neglect will be recognised by a single agency. Testing a hypothesis of neglect will generally require sharing information between agencies involved with the family. Information held by one professional may take on meaning when laid alongside information held by others.

19. Identifying neglect by focussing on the actions and inactions of the parents raises difficulties. Neglect can be more easily understood from a child-centred perspective by asking –

- What are the child's needs?

- What is the child's experience of care given? (What does it feel like to stand in their shoes)?
- Do the parents understand the child's needs?
- Are the parents able and willing to meet the child's needs?

Indicators of Neglect

20. There is no set pattern of signs which indicate neglect other than the child's basic needs are not adequately met. In this context:

- The child's basic needs are for food, shelter, clothing, warmth, (love, respect and a sense of worth), safety, stimulation, protection, nurture, medical care, education and identity.
- Adequately means sufficient to avoid harm or significant harm: and
- Failure to meet the child's needs does not necessarily mean that the parents are neglectful, but it points to the need for intervention. It is essential to monitor the outcome of intervention – are the parents more able to meet the child's needs after intervention and can changes achieved be sustained?

Indicators of Neglect and the Assessment Framework

21. As indicated, there is no set pattern to look for when recognising that a child is being neglected. However, the Assessment Framework can be used to consider indicators which research has suggested are common presentations in cases of neglect. Using the domain of Family and Environmental Factors to consider potentially pre-disposing factors to child neglect encourages practitioners to take an ecological view within their assessments.

22. This is not a checklist for recognising neglect and should not be used as such. Points are not listed hierarchically. The need for sound assessment and professional judgement is never more critical than in the case of neglect.

Child's Developmental Needs

Health

- Failure to attend for routine medical immunisations and examinations.
- Failure to attend appointments, particularly in relation to vision and hearing.
- Non-organic failure to thrive.
- Poor height/weight gain.
- Pinched, pale anxious face.
- Recurrent and persistent minor infections.
- Frequent attendance at A&E and/or admissions to hospital with accidents and infections (if caused by inappropriate or inadequate supervision).

- Not meeting developmental milestones – general developmental delay, particularly language delay.
- Eating disorders including stealing and/or hoarding food.
- Cold injury/chest infections (if related to an absence of warmth/shelter).
- Repeated none treatment of head lice.
- Poor hair and skin conditions, dirty.
- Smelly and scruffy/ inappropriately dressed for the weather and conditions.
- Soiling and wetting.
- Impaired brain development.
- Often tired – inappropriate sleeping pattern.
- Self harm.

Education

- Developmental delay – language delay, poor attention, emotional immaturity.
- Difficulty keeping up with others.
- Poor concentration.
- By secondary school, well and truly learning to fail.
- Poor school/pre-school attendance.
- Near or total disengagement from school.

Self-care Skills

- Child is caring for self, siblings, parents.
- Poor self care skills for age.
- Lack of interest in own appearance.
- Overeating.
- Stealing food/hoarding food/taking food from bins.
- Constantly asking for food away from the home.

Emotional and Behavioural Development

- Poor attention and emotional immaturity.
- Poor development of play skills.
- Attention seeking behaviour – may be hungry for 1:1 with adults.
- Withdrawn or over passive behaviour.
- Unresponsive child.
- Inappropriate behaviour (e.g. rocking/frozen watchfulness).
- Self comfort (e.g. rocking/banging/masturbation).
- Development of avoidant, ambivalent or disorganised attachment behaviours (infants).
- Consolidation of an insecure attachment style (pre-schoolers and older).

Identity

- Poor self esteem.
- Role reversal at home.
- Development of victim/perpetrator styles.
- Child is rejected/taunted by peers.

Family and Social Relationships

- Poor peer relationships, whether individual or group.
- Problems with turn taking.
- Child avoids physical contact with parent.
- Child shows distress in the presence of parents.
- Child moves away from parent when under stress.

Social Presentation

- Poor social skills.
- Verbally and/or socially aggressive.
- High risk anti-social behaviour, including criminality, early substance misuse.
- Poor communication skills.

Parenting Capacity

Basic Care

- Failure to attend to child's basic care needs: food, shelter, clothing warmth, safety, protection, nurturance, medical care, school attendance and identity.

Ensuring Safety

- The child is left alone or is inappropriately supervised, often results in frequent accidents. (This must be measured against the child's need for safety, protection, nurture and opportunities to develop independence).
- Child left with unsafe/inappropriate alternative carers.
- The home environment is consistently unsafe/hazardous for the child.
- Parent does not know the whereabouts of their child.

Emotional Warmth

- Hostile physical contact, hostile eye contact, hostile verbal contact.
- Ignoring, avoiding, and rejecting the child.
- Minimal physical, verbal or eye contact.
- Behaves in a way which causes fear to the child – uncontrolled outbursts of rage/dissociated behaviour.
- Engaging in threats, taunts, and verbal attacks.
- Affection which is given only on the parent's/carers terms and in order to meet their needs.

23. While many, if not all, parents will engage in negative interactions with their child from time to time, most will avoid these kinds of behaviour when professionals are present.

Stimulation

- Child is not played with, not provided with opportunities to learn.
- Child is not enabled or may be actively discouraged from attending school.
- Child is verbally/physically ignored.
- Baby left unattended in cot or pram for long periods.

Guidance and Boundaries

- Discipline is not age appropriate, does not have a direct relationship to the misdemeanour.
- Discipline which is ineffectual or inconsistent.
- Appropriate adult role models are not provided.
- Discipline provided by frequent shouting.
- Opportunities are not provided for the child to take age appropriate responsibility.
- Child is witness to or involved in adult criminal or anti-social behaviour.

Stability

- Parent does not provide simple and consistent controls. (The child needs to experience some consistency in the relationship between their behaviour and the response of their carer).
- Day to day life is characterised by a lack of routines.
- Household composition is subject to frequent/transient changes.
- Constant house moves without preparation.

Family and Environmental Factors

24. Research suggests that certain family and environmental factors may be seen as pre-disposing risk factors for child neglect. This should not be taken to assume a linear cause/effect model.

- Children with a disability or learning problem.
- Parent/s with a psychiatric disorder or disability, including depression.
- Children who live in conditions of severe social disadvantage.
- Children living in large families with poor networks of support. **(Hobbs and Wynne, 2002).**
- Children in larger families with siblings close in age. **(Browne and Saqi, 1998).**
- Parent's with a learning disability.
- Children who live with domestic violence.
- Parents with substance misuse (to include alcohol) difficulties.

- Children who are subject to stressful parental relations. **(Cleaver, 2001)**.
- Early parenthood.
- Pre-occupied/exhausted parents. **(Mitchell, 2004)**.
- Families headed by a lone mother, or who have a transient male. **(Stevenson, 1998)**. (NB. Lack of research on lone fathers).
- History of physical and/or sexual abuse or neglect in the parent's childhood. (Consider parental resolution of past abuse).
- Needy parents, pre-occupied with their own needs may be physically and psychologically unavailable for their children.

25. The existence of multiple, pre-disposing risk factors significantly increases the possibility of a child suffering significant harm as a result of neglect.

Assessment of Neglect

26. The Assessment Framework can be well utilised by any professional to assess potential child neglect.

27. In any assessment of neglect certain elements are critical.

- Assessments should be child centred, maintaining a focus on the child and the child's needs. The impact of parent's behaviour on the child is critical.
- Assessment and re-evaluation by the multi-agency group will always be required, whether or not a case has been deemed to be one of child protection.
- Theory of child development should be used as a benchmark by which to measure concerns about a child's presentation and welfare. It should also be utilised to assess a child's unmet needs.
- Parent/child relationships will be best understood by reference to attachment theory. Knowledge of insecure and secure attachment patterns is needed.
- The role of male care givers must be assessed as well as the role of female caregivers.
- The role of intermittent/transient carers should be assessed.
- Assessments must address issues of risk as well as issues of need.
- A time dimension is crucial and thorough chronologies will be required. All agencies records must be collated to provide a good enough chronology. (An eco-map, mapping all professionals who are or have been involved with the family will be crucial). A snap shot view of a family is wholly inadequate in the assessment of neglect, given the effects of neglect over time.
- An early medical assessment will provide a baseline. This will be important in evaluating the progress that any intervention may achieve. An over reliance on medical evidence should be guarded against.

Parenting capacity needs to be considered in terms of a longer term view. Assessment of whether parenting capacity is erratic and or inconsistent is as crucial as a basic understanding of parenting ability. A child's needs are only met by a parent who utilises their parenting ability. Ability alone is not enough to prevent unmet need to a child.

- Direct observation of the parent/child relationship will be required.
- Comprehensive observation of the home (upstairs and down) and on more than one occasion is essential.
- Assessment of parent's ability/willingness to change is critical.
- A thorough exploration of family history and family functioning is required.
- Consider the resources within the extended family/social network/professional network which can be mobilised to meet the child's needs.
- Actively consider risk of significant harm to the child arising from unmet need.

Wherever possible, information should be gleaned directly from the child. Their own experience of being parented is one of the most critical factors to consider. Direct work with the child is required to gain their views and perceptions and to enable assessment of change in their presentation over time.

28. All assessments must be evidence based, separate fact and opinion and state agreed responses and required outcomes. Parents and children should be integral to the assessment process and be given the opportunity to comment on it once complete.

Working with Children and Families in Cases of Child Neglect

29. Plans and services need to be based upon an ecological, multi-disciplinary assessment and to be effective should work to address the causes of neglect. Reacting to symptoms is likely to be ineffective.

30. Once need/risk has been established, the child's timescale must maintain primacy. Appropriate intervention/resources should be provided and change measured against the impact of this intervention. Intervention strategies should consider a range of formal and informal provisions. Do not assume the provision of resources will automatically alleviate neglect. Frequently review (at least monthly) if changes are occurring for the child which indicates that care is good enough.

31. It is essential to assess parent's ability to maintain change over time. Professionals must be prepared to hypothesise, based on the evidence of assessment about likely future outcomes. Cases of neglect are

particularly prey to 'revolving door syndrome', where the same families present over time with the same unresolved difficulties.

32. Intervention needs to be maintained at a multi-agency level and ongoing communication between the professional groups is critical. A co-ordinated professional response is important to ensure focus on the child is maintained, to prevent confusion between involved agencies and to avoid overwhelming families.
33. Beware of the 'Rule of Optimism' (**Dingwall, 1983**). This can result in collusion with families, a focus on parental as opposed to children's need, a minimising of concerns and a refusal to acknowledge dissonant information (e.g. emerging patterns of new/increased risk and unmet need). It can also lead to prematurely regarding positive short term developments as indicative that all is now well.
34. Be aware of cases becoming subject to 'drift'. This is particularly common in neglect cases. Drift involves a loss of focus, resulting in a loss of purpose and a loss of interest in the work.
35. Providing support for parental unmet need is likely to be critical but should not be allowed to obscure the needs of the child which must maintain priority. Interventions to address parent's needs should be congruent with the child's timescale.
36. Be sensitive to cultural difference and different styles of parenting. Also be aware that regardless of culture and style, the common factor in all styles of appropriate care is that they meet the needs of the child.

Direct Work

37. Any effective intervention strategy will need to include direct work with both parents and children.
38. Casework skills are important in terms of building and sustaining a relationship within which parents can be helped to understand, learn from and ultimately change their responses to their children. Parenting programmes are likely to be less successful with this group of parents if they do not receive additional help to enable them to engage with and make use of such programmes. (**D Turney and K Tanner, 2005**).
39. Equally, seeking children's perspectives and understanding their own experiences of their lives will be important in helping professionals to understand and respond to their needs. Relationships can also be used to assess and promote resilience factors;
 - Achievement at school.
 - The opportunity to develop talents and interests.

40. The experience of an enduring and supportive relationship in which the child feels valued. **(D Turney and K Tanner, 2005).**

Evidence and Threshold

41. As neglect is generally characterised by omissions of care and by the cumulative effects of this, as opposed to an incident, crisis or a disclosure, evidencing that the threshold beyond which a child can be regarded as neglected is notoriously difficult.

42. The threshold that justifies compulsory intervention in family life in the best interests of children is that of significant harm.

43. In cases of child neglect it will be necessary to demonstrate that;

- The child is suffering, or is likely to suffer significant harm; and
- The harm, or risk of harm, arises because of the parent's/carer's failure to meet the child's needs.
- This includes not meeting any particular needs which require an increased level of ability, and an inability to meet the changing needs of the child over time.
- Particular difficulties/disabilities associated with a particular child are not justification for that child receiving a lower standard of care. In any case in which a child's basic needs are not been met the threshold for neglect is met.

44. Thorough assessment as noted previously will be required to evidence that;

- Appropriate support has been made available to the family for a reasonable period of time; but
- Over time, the harm or risk of harm has become worse, or has not improved to the point at which the child is receiving a "good enough" standard of care.

45. There will be occasions, where the immediate presentation of a child or their environment is such that immediate protective action is warranted, regardless of whether future support has been provided or not.

Crossing the Threshold on Open Cases

46. Particular difficulties exist in relation to practice where families already known to children's social care (and often the wider professional group) cross the line between good enough care and care which is resulting, or is likely to result in significant harm.

47. Recognising that this threshold has been crossed should be subject to the same rigorous process of enquiries made under S47 of the Children Act 1989, and if necessary investigated, as other reports of suspected or actual child abuse.

48. The process to be followed is the same as is stated in these procedures at **Part 4 (Undertaking Assessments and Investigations)**.

- Practitioner discusses with their manager or person with designated child protection responsibilities the possibility that the threshold for significant harm has been crossed. They may feel there might be the need for an Initial Child Protection Conference. The following steps need to be followed prior to a Conference being convened.
- Lateral checks should be undertaken on open cases. Whilst much information may already be available, further evidence may emerge as a result of lateral checks. Consent to this exchange of information will not be required where obtaining consent may place the child at increased risk of significant harm. A formal enquiry to the CP register (successor data base holding details of children subject to a Child Protection Plan) should be made, although this information should already be available on the file.
- A decision is made, based on the available evidence, whether to proceed to a strategy discussion. Where a number of professionals are involved, consideration should be given to conduct the Strategy Discussion in the form of a meeting.
- Strategy discussions are detailed at **Part 4** of these procedures. The decision to proceed to a Child Protection Case Conference should be navigated via a Strategy Discussion and recorded accordingly.

49. Practitioners must be prepared to act upon newly gleaned information.

References

Bifulco, A. and Moran, P. (1998) Wednesday's Child: Research into Women's Experience of Neglect and Abuse in Childhood and Adult Depression. London and New York: Routledge.

Browne, K. and Saqi, S. (1988) 'Approaches for screening for families high-risk child abuse', in Browne, C., Davies, C. and Stratton, P. (Eds). Early Prediction and Prevention of Child Abuse – A Handbook. Chichester: John Wiley and Sons.

Cleaver, H. (2001) 'When Parent's Issues Influence their Ability to Respond to Children's Needs', in Horwath, J. (Ed). The Child's World – Assessing Children in Need. London: Jessica Kingsley Publishers.

Department of Health, (1999) Working Together to Safe Guard Children. London: The Stationary Office.

Department of Health, Department for Education and Employment and the Home Office. (2000) Framework for the Assessment of Children in Need and their Families. London: The Stationary Office.

Dingwall, R., Eekelaar, J. and Murry, T. (1983) The Protection of Children: State Intervention and Family Life. Oxford: Blackwell.

Hobbs, C. and Wynne, J. (2002) 'Predicting Sexual Child Abuse and Neglect' in Browne, K.D., Hanks, H., Stratton, P. and Hamilton, C. (Eds). Early Prediction and Prevention of Child Abuse – A Handbook. Chichester: John Wiley and Sons.

Jones, J. and Gupta, A. (1998) 'The Context of Decision Making in Cases of Child Neglect' in Child Abuse Review, 7: pp97-110.

Mitchell, G. (2004) Presentation given to Bury Neglect Conference, 'Neglect – How Front Line Staff Should Respond' (15th October 2004)

Stevenson, O. (1998) Neglected Children: Issues and Dilemmas. Oxford: Blackwell Science.

Stone, B. (1998) Child Neglect: Practitioner Perspectives, London: NSPCC.

Turney, D. and Tanner, K. (2005) 'Understanding and working with neglect' in Research and Practice Briefing: Children and Families, 10, DfES:

Virginia Child Protection Newsletter (1998) 'Chronic Child Neglect', in Virginia Child Protection Newsletter, 54, (Fall)

Wolfe, D. A. (1990) 'Preventing child abuse means enhancing family functioning', in Canada's Mental Health, 38, p27-29.