

Child Neglect - Practice Guidance & Protocol

To be used in conjunction with Cardiff & Vale of Glamorgan LSCB Assessment Tool for Neglect

Child Neglect

Practice Guidance & Protocol

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“Paul died on Sunday, 7 March 1993. He had lain in urine-soaked bedding and clothes for a considerable number of days. Photographs taken after his death show burns over most of his body derived from the urine staining, plus septicaemia with septic lesions at the end of his fingers and toes. In addition, he was suffering from severe pneumonia”. (Bridge Child Care Consultancy Service 1995)

Over many years our knowledge in relation to the impact of neglect upon a child has increased significantly. We know that children have died as a consequence of neglect.

“Paul: death through neglect” (Bridge Child Care Consultancy Service, 1995) provides a powerful description of neglect and helps professionals begin to consider key challenges. The Victoria Climbié case highlighted again central issues for all agencies involved in safeguarding children.

Time and time again the importance of listening to the child has been highlighted as an essential ingredient for safeguarding and protecting children. The need for quality case records, chronological histories, and eco maps have proven an essential requirement in dealing with cases of neglect. Professionals must focus on outcomes for the child and need to consider the significance of race, culture, and disability.

In cases of neglect it is crucial for professionals to beware of the danger of drift and the rule of optimism. In such cases professionals can become over optimistic around improvements which may prove to be temporary. In order to work effectively, information must be shared to allow the full picture to emerge. It will be a rare occurrence for a single agency to have the complete picture. Agencies must work comprehensively together, sharing information, professional knowledge and perspective. Assessment and Thresholds are a matter of professional judgement and quality of intervention will depend upon dialogue and co-operation.

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1 Introduction

- 1.1 The aim of this multi-agency guidance and protocol is to establish common standards of approach across those agencies that come into contact with children and families. It should be used in conjunction with Cardiff & Vale of Glamorgan LSCB's Assessment Tool for Neglect.
- 1.2 Because of the difficulty of clearly defining child neglect in operational terms the concept of a threshold of intervention is a very useful one. This concept, which was developed in "Messages from Research" (DOH1995), is particularly helpful in cases of neglect where there has been an absence of any critical incident which would precipitate intervention. The multi-agency Assessment Tool for Neglect establishes a threshold of intervention agreed by all LSCB member organisations.
- 1.3 UK-wide research indicates that while the numbers of physical and sexual abuse cases on the Child Protection Register continue to fall registrations for neglect have steadily risen throughout the last decade. These children remain on the register longer and are more likely to experience re-registration than children in other categories.
- 1.4 In the UK, between 80-100 children each year are estimated to die because of abuse and neglect and there is a high degree of overlap between neglect and other forms of child maltreatment.
- 1.5 This guidance and protocol is intended to underpin the practice of those who work with children and families in all agencies and settings. It draws on national and local research into child neglect and its aim is to help practitioners form judgements about their intervention. It is not, however, exhaustive and practitioners may well choose to add other tools or resources to it that have been found to be useful in practice.

2 Definitions

- 2.1 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. This can be due to failure to give due care, attention or time to a child or through disregard or carelessness.

Neglect may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or failing to ensure access to appropriate medical care or treatment. It may

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also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition neglect may occur during pregnancy as a result of maternal substance misuse.

2.2 It is also helpful to remember that

“neglect occurs when the basic needs of children are not met, regardless of cause” Bridge 1995, Death Through Neglect.

2.3 Managing neglect is complex and multi-faceted and cannot be easily defined.

Neglect differs from other forms of abuse because it is:

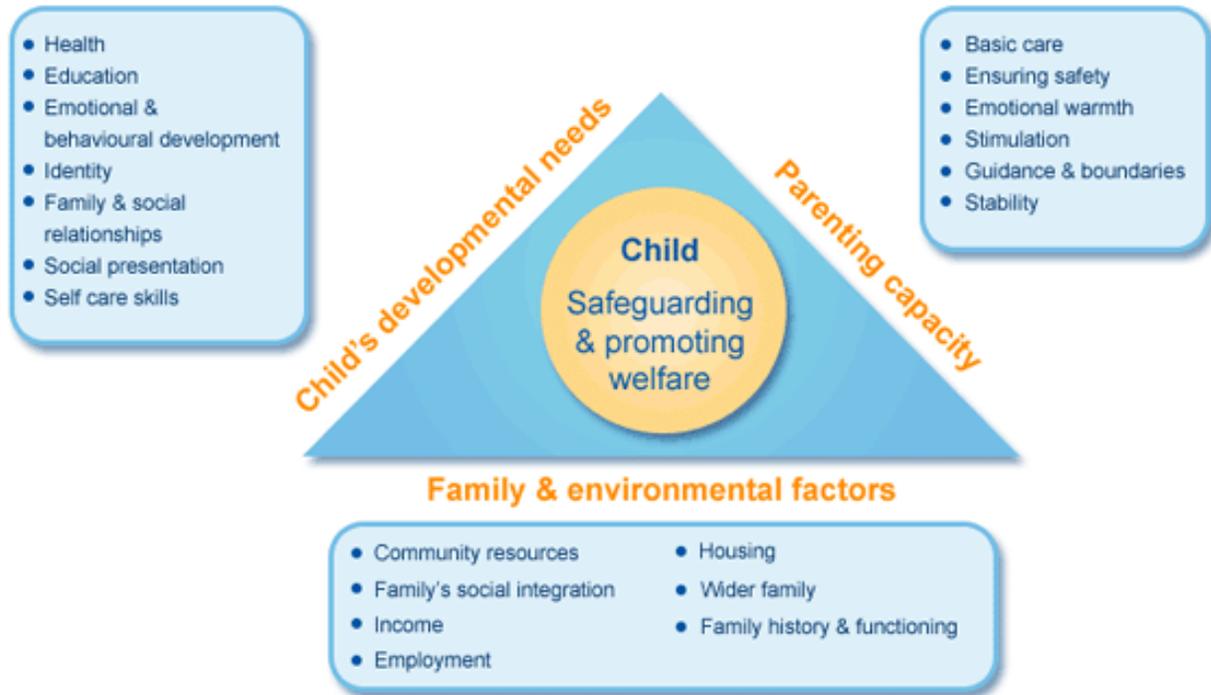
- frequently passive
- not always intentional
- more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies
- combined often with other forms of maltreatment
- often a revolving door syndrome where families require long term support
- often not clear-cut and may lack agreement between professionals on the threshold for intervention

The way in which we understand and define neglect can determine how we respond to it

3 What Do Children Need?

3.1 The Framework for the Assessment of Children in Need and their Families offers a system of gathering information in relation to the three main domains:

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Good Practice Box 1: Key Principles

- Focus on the impact of the circumstances on the child
- Look at the whole picture – not only what has happened to the child, but also the child's health and development, and the wider family and environmental context
- Be aware of the many factors that may affect a parent's ability to care for a child, and that these can have an impact on children in many ways
- Build on families' strengths, while addressing difficulties
- Guard against over optimism, adopt a balanced approach, beware of overemphasising positives at the expense of negatives especially in situations where the standard of care fluctuates.
- Make full use of existing sources of information, e.g. own agency files and computer databases, others who know the child, the child protection register, the family themselves
- Be creative in how you work with the family. Use a range of resources and techniques in communicating and working with them.
- Be specific in relation to the changes you expect and clear about the timescales in which you expect the changes to be achieved.

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- 4.1 Professional values can inhibit the ability to recognise neglect and intervene appropriately due to:
- a belief that children “do not die of neglect”
 - fear of imposing personal values on families living in poor conditions
 - a belief that poverty causes neglect and resources and support services are the answer.
- 4.2 Research indicates that these professional values and assumptions lead to “professional inertia” because families are viewed as “needy” and “doing their best”, resulting in a failure to consider the impact of neglect upon the child.
- 4.3 Cardiff & Vale of Glamorgan LSCB's are committed to ensuring that systems are in place which enable reliable and consistent early identification, assessment and management in all cases where neglect is suspected.

5 Factors Which Contribute To Child Neglect

- 5.1 Local and national research has identified a number of parental and family characteristics that feature in cases of children at risk of being neglected. These include:
- Family violence, modelling of inappropriate behaviour
 - Multiple co-habitation and change of partner
 - Alcohol and substance abuse
 - Maternal low self-esteem and self-confidence
 - Poor parental level of education and cognitive ability
 - Parental personality characteristics inhibiting good parenting
 - Social and emotional immaturity
 - Poor experience of caring behaviour in parents own childhood
 - Depriving physical and emotional environment in parents own childhood
 - Experience of physical, sexual, emotional abuse in parents own childhood
 - Health problems during pregnancy
 - Pre-term or low birth weight baby
 - Low family income
 - Low employment status
 - Single parenting
 - Teenage pregnancy

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- Experiences of significant loss or bereavement
- Mental ill-health
- Episodes in local authority care as children

5.2 Neglect can have a significant impact on a child's emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child's health and development, including their learning, self-esteem, ability to form attachments and social skills.

6 Identification of Neglect

6.1 The following chart defines the areas of neglect (refer to Cardiff & Vale of Glamorgan LSCB's Assessment Tool for Neglect).

Areas of Neglect	
• Physical Care	Nutrition Housing Clothing Hygiene Health Medical care
• Safety	Level of awareness Home environment Care arrangements Exposure to inappropriate adults/situations Traffic Safety features
• Psychological Care	Attachment Security Guidance/control Stability Empathy Responsiveness Reciprocation
• Self-Esteem	

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Verbal interaction
Warmth/affection
Acceptance
Stimulation, age appropriate
Social skills
Learning social rules
Interactive play

7 Responding to Initial Concerns – All Agencies

I am concerned about a child but I'm not sure how serious the concerns are, what to do, or who to contact.

- 7.1 It is unusual for concerns in respect of neglect to be identified as a crisis situation where some form of immediate action is necessary. However, there will occasionally be circumstances where this is the case and in these instances All Wales Child Protection Procedures will apply.
- 7.2 It is more usual for concerns to develop over a period of time in families which are well known to the statutory agencies and where there have been repeated efforts to engage with the family in achieving and sustaining improvements in standards of care.
- 7.3 The Cardiff & Vale Assessment Tool for Neglect should be used in all cases at an early stage when neglect is first suspected. This Assessment Tool should be used in partnership with families, as far as possible, to identify areas of strength and difficulty and to measure periodically change that has, or has not, occurred.
- 7.4 Cardiff & Vale of Glamorgan LSCB Threshold Criteria provides case examples of vulnerable children and children in need, including those children who may require protection.

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Good Practice Box 2: Identifying and Evaluating Concerns

- Read carefully through your case notes listing your concerns in chronological order
- What are the protective factors or strengths, family or community supports etc.
- Check your organisation's records for other information
- Speak to your named/designated person for child protection
- Talk to the child, the family and other agencies involved to seek a clearer understanding of any reasons for the current difficulties
- Establish whether any other agencies are involved and whether they share your concerns.
- Get agencies who are already involved together for a discussion about the concerns
- Keep a diary, monitor your concerns over time
- Use the domains and dimensions of the Assessment Framework to help you
- Do you feel there is potential to effect change to the benefit of the child and family?
- Consider what might help to effect change?

8 Assessment

- 8.1 In order to assess a parent's capacity to meet their child's needs it is important, in cases where neglect is suspected, to examine and gain an understanding of both the current circumstance and the parents own early experience. This should form the basis for any assessment undertaken.
- 8.2 The Assessment Tool for Neglect can be used to:
- Assess a referral to determine if a child is being neglected
 - Assess known neglect, benchmarking change, progress and deterioration at specified intervals.

9 Planning and Review

- 9.1 A plan for service provision should be drawn up with the family, including the child wherever possible, all of the agencies and any others involved.
- 9.2 Where children's names are included on the child protection register as a result of the concerns about neglect there will be a protection plan in place that will be reviewed in accordance with the requirements of the All Wales Child Protection Procedures

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- 9.3 Multi-agency service plans should also be in place for children who are considered to be in need or vulnerable as a result of neglect. This plan should detail the reason for service provision, the services that will be offered to the family and when, the changes that are required and timescales for the changes being achieved.
- 9.4 The plan should be **SMART**:
- **Specific**
 - **Measurable**
 - **Achievable**
 - **Realistic**
 - **Timed**
- 9.5 The plan will be reviewed on a regular basis but not less than six monthly. A review can be held more frequently if there is a change of circumstances or if an event occurs that indicates that the plan needs to be changed. Parents and the child where appropriate, should always be encouraged to take part in the review.
- 9.6 It may be helpful in complex cases, or cases where professionals have been involved for a lengthy period of time and no progress appears to have been made, for the review to be chaired by someone independent of the line management of the case. The views of all of the professionals involved in the case should be obtained in attempting to resolve the problem.
- 9.7 In addition to the formal review process professionals may find it helpful to discuss their progress with the assessment and ways of working etc. during supervision.
- 9.9 It may be that further assessments will be needed if there are new or ongoing concerns about a child.

10 Management

- 10.1 Effective interventions to achieve the best outcome for the child must be based upon clear assessment processes. Neglectful parental behaviour is least understood, but a growing body of research suggests that defining

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the causation of neglect in individual families can help to determine the most effective management response. Each intervention must be targeted and tailored to meet the individual and unique needs of every family.

10.2 Research (McKinsey et al 1999) suggests neglect can be described in 3 ways:

- disorganised neglect
- emotional neglect
- depressed neglect

The following guidance may help to facilitate the planning and management of neglect cases to provide the most effective professional response.

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	Disordered Neglect	Emotional Neglect	Depressed Neglect
Case Description Management	<p>Disordered Neglect</p> <ul style="list-style-type: none"> • these families respond to attempts by professionals to create order and safety in the family is unpredictable and inconsistent, there is a lack of planning, needs to be developed, trust, empathy and reassurance, be predictable and provide structure in the relationship • professionals are welcomed, but efforts by professionals are often sabotaged 	<p>Emotional Neglect</p> <ul style="list-style-type: none"> • as families appear superficially successful there is likely to be less professional involvement • outcomes will feel particularly threatened by any proposed intervention. The impact of separating the child from an emotionally neglectful parent can be particularly devastating for the family • parents have more rules to respond to, and know their role within the family • parental responses lack empathy and are not psychologically available to the child • parents need to learn how to express feelings - practice smiling, laughing, soothing, to emotionally engage with the child 	<p>Depressed Neglect</p> <ul style="list-style-type: none"> • children benefit from access to stimulation, responsive alternative environments e.g., day care • parents are unlikely to respond to strategies which use a threatening/punitive approach that requires parents to learn new skills • medication may be helpful but beware side effects • generally dull/withdrawn. • parental education needs to be incremental and skills practised and reinforced over time to overcome
Consequences or Impact	<ul style="list-style-type: none"> • support will be long term. • children become overly demanding to gain attention • families constantly recreate crisis, because feelings dominate behaviour • parents feel threatened by attempts to put structures and boundaries into family life 	<ul style="list-style-type: none"> • children will benefit from opportunities that are socially inclusive and open them up to other emotionally positive experiences • help parents to access other sources of support/activities to reduce the impact of their withdrawn state • the parent which permits some closeness that is safer for the parent, less withdrawn version of emotional neglect. • children may appear falsely bright, self-reliant, but have poor social relationships due to isolation 	<ul style="list-style-type: none"> • parents have closed down to awareness and not possible understanding of children's needs • support will most likely need to be long term and supportive in nature. • parents may go through the basic functions of caring - feeding, changing, but there is a lack of response to child's signals
	<ul style="list-style-type: none"> • interpersonal relationships are based on the use of coercive strategies to meet need. 	<ul style="list-style-type: none"> • the parent may have inappropriate expectations, in relation to the child's age/development. 	<ul style="list-style-type: none"> • child is likely to either give up when persistently given no response and become withdrawn/sullen or behaviour may become extreme.

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11 Common Problems

11.1 “I can’t seem to get the family to understand what I am concerned about”

Try the following;

- Share the chronology you have compiled with the family
- Think of creative ways to discuss the issues you are concerned about. Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about.
- Do the parents have learning disabilities?
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact try and visit with a colleague to produce a new way of talking about the same things.

11.2 “There is a plan in place but I remain concerned for the child’s safety”

Try the following:

- Discuss your concerns with your line manager, the named person within your organisation who has responsibility for child protection or, where the child’s name is included on the child protection register, the Chair of the reviews
- Ask for the review to be brought forward
- Produce a chronology
- Reflect on concerns in relation to the child and parent and the effectiveness of the current plan
- Use tools/resources to consolidate concerns
- Seek legal advice

11.3 “The plan doesn’t seem to be working, the family isn’t cooperating – I feel ‘stuck’”

Try the following:

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- Review what you have done so far to engage the family – what has been most successful?
- What has been least successful and why?
- Discuss the case with your line manager.
- If there are practical issues blocking progress attempt to resolve these. It may be that the home is so chaotic when you visit that you are unable to complete any assessment within that environment, if this is the case plan carefully how you can assess the family in these circumstances.
- Resolve some of these practical issues that may be distracting the family (be careful they are not being used as excuses to distract you).
- Think about what the family most likes to talk about – the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover.
- Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it.
- Think carefully how you are going to monitor and measure the issues of neglect, it is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change, feedback to the family what you perceive to be the situation.
- Consider using creative ways to engage the family e.g. video, needs games.
- Consider using contracts with the family.
- Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this.
- Consider discussing your family within your team, possibly at a team meeting, your colleagues may think of new ways of engaging the family or offering support.
- Consider having a colleague co-work with you. This will provide you with support and may also help to provide a “fresh” outlook on the case.
- Consider using consultation forums if they are available in your area.

11.4 ***“It’s hard to effect change and work with issues of neglect within this family because sometimes parenting is ‘good enough’ and other times it isn’t”***

Try the following:

- What is the overall level of care is this good enough?
- Consider what it is that affects the level of parenting – when is it good enough and why?
- When is it not good enough and why?

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- Keep a diary in order to be able to map changes and when they occur in order to be able to identify possible causes. In this way it may make it easier to put in additional services or supports at stressful times

11.5 ***“The family had shown that they do know and understand what good parenting entails...but they don’t do it consistently”***

Try the following:

- It is common for parents who have received support and services such as parenting skills programmes to have knowledge of what good parenting is. Often parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently
- Consider involving individuals who can act as role models to parents preferably in the home. These individuals could be family Aids, family workers, volunteers, extended family or any professional with time and commitment. The aim of this exercise would be to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby. Or, helping a family to understand the necessity for good hygiene in the kitchen
- Keep the needs of the children in focus. Talk to the children and find out what their experiences are
- When you know that parents can care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision
- Discuss your chronology with your line manager

12 Characteristics of Parents or Carers Who Do Not Improve

12.1 When working with cases of neglect it is essential that professional inaction does not expose the child to an increased level of risk. Professionals need to be clear about the threshold at which more stringent action may be required to safeguard and promote the welfare of the child.

12.2 When developing child protection plans and written agreements professionals should be explicit about what action is required of the parents to lessen concern. Indeed, the parent’s capacity to change is a critical factor in the assessment of significant harm in respect of neglect.

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- 12.3 There can be genuine uncertainty about the level of capacity parents may have to change their standard of care. This is especially so in cases of serious neglect. This may cause workers to delay in taking decisions and compromises the best interests of the child.
- 12.4 Professionals must develop “contingency plans” that should be implemented as soon as it is clear that parental capacity is not improving; despite the provision of services and/or support, agreed actions are not being undertaken, the child’s needs remain unmet and there is evidence that the shortfall in parenting ability is resulting or likely to result in significant harm.
- 12.5 The following list should be used as a guide when considering those parents or carers who are least likely to improve when multi-agency intervention occurs to address neglect.
- Highly anti-social, aggressive in parenting capacity
 - Major interpersonal difficulties
 - Persistent denial or lack of acceptance of responsibility for what they have done
 - Poor motivation to be involved with professionals or treatment
 - Persistent and chaotic substance misuse
 - Learning difficulties with accompanying mental health difficulties
 - Significant and profound mental illness
 - Poor capacity to empathise with child – blame child for professional involvement
 - Experience of serious childhood abuse (although it is important to note that certain factors appear to mediate against generational repetition)

13 Agencies Roles and Responsibilities

- 13.1 The Cardiff & Vale of Glamorgan LSCB’s Assessment Tool for Neglect provides a threshold for determining when child protection procedures should be initiated under Cardiff & Vale of Glamorgan LSCB guidelines and assists in determining when early preventative support services are recommended.
- 13.2 There is an expectation that when there is a concern that a child is experiencing neglect the Assessment Tool for Neglect will be used by professionals to make an early proactive assessment of the impact on the child. Multi-agency planning should occur to prevent deterioration and to co-ordinate and plan the support services to families. The agencies involved could include:

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- Cardiff & Vale of Glamorgan Councils – Children’s (social) services, Education services, Housing services
- Child & Adolescent Mental Health Services
- South Wales Police
- South Wales Probation Service
- Cardiff & Vale University Health Board
- Velindre NHS Trust
- Cardiff & Vale of Glamorgan Youth Offending Services
- Relevant voluntary agencies

13.3 Responsibility of all agencies

All of these agencies have a responsibility to contribute to the safeguarding of children. Roles and responsibilities are clearly defined in both the statutory guidance and the All Wales Child Protection Procedures.

13.4 Responsibility of Health

All health professionals must be alert to the signs of neglect in children and young people. Health professionals are involved with children and families at all stages, and thus play an important part in recognising and referring signs of neglect. The nature of neglect is insidious so it is essential that all health professionals maintain accurate, detailed and contemporaneous records. These records should reflect objective and subjective information relevant to concerns of neglect. When a practitioner identifies concerns regarding neglect in a family they should seek supervision from a member of the UHB Safeguarding children team.

13.5 Responsibility of Children’s Services

Children’s Services is responsible for co-ordinating an assessment of a child’s needs and the parent’s capacity to meet those needs and to keep the child safe. The Neglect tool kit should be used in all cases of neglect where it is identified that a core assessment should be undertaken. Where a child is at continuing risk of significant harm Children’s Services is responsible for co-ordinating an inter-agency plan to safeguard the child via a child protection conference and core group.

In cases where the child’s name has been placed on the child protection register, the independent reviewing officer should identify responsibility for the completion of the Neglect tool kit and identify timescales in line with the Child Protection plan. In cases of children in need, this role should be undertaken by the team manager.

13.6 Responsibility of Police

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The Police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and although each Police area has a specialised child protection team, all officers are responsible for identifying and referring children who are at risk or in need. Any Officer can utilise emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm.

13.7 Responsibility of Education

All schools play an important role in the prevention of abuse and neglect. Schools provide a safe environment for children and teach about staying safe from harm. Schools provide an essential educative environment for the next generation of parents. All education staff has a crucial role in noticing indicators of neglect and in referring concerns to Children's Services. In addition to referring concerns, education staff may contribute to assessments.

13.8 Responsibility of Housing

The Housing Department may have important information about families, identifying cases of neglect or contributing information to assessments. The Housing Department has a critical role to play in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important role to play in reporting concerns where they believe that a child may be in need of protection.

13.9 Responsibility of Probation Services

In discharging its statutory responsibility the Probation Service, through its work with offenders and their families, may become aware of children who are at risk through neglect. All Probation staff have a responsibility to be aware of the signs of child neglect and to refer appropriate cases to the Children's Services Referral and Assessment Service. Probation staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant child protection policies, procedures and protocols.

13.10 Responsibility of Youth Offending Service

The Youth Offending Service aims to prevent offending and re-offending of children aged 10-17. All YOS staff receive safeguarding awareness training and have a responsibility to be alert to safeguarding issues in their

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work with children and their families. Any concerns are brought to the attention of a line manager and appropriate cases will be referred children's (social) services.

YOS staff will comply with its own safeguarding policy which clearly states that staff will work in collaboration with all relevant agencies and in accordance with Children Services policies and procedure in respect of safeguarding children.

13.11 Responsibility of the Voluntary Sector

The voluntary sector will be able to assist in contributions to assessment in cases of neglect. In addition, through the provision of a range of services focusing on quality parenting and family support, the voluntary sector will be able to offer children and parents / carer's positive opportunities and experiences. The voluntary sector has a duty to refer appropriate cases of neglect to Children's Services.

13.12 Responsibility across the agencies

All agencies within Cardiff & Vale of Glamorgan, whether in the statutory or voluntary sector, have a duty to share information about children who are suspected to be at risk of harm from neglect and to make a contribution to the assessment process and attend multi-agency meetings. Cardiff and the Vale of Glamorgan LSCBs have Information Sharing Protocols which set out when and how information should be shared between agencies.

14 References

Welsh Assembly Government (2006), *Safeguarding Children: Working Together Under the Children Act 2004*.

The Bridge Consultancy (1995), *Paul: Death through Neglect*. The Bridge Consultancy

Department of Health (2000), *Framework for the Assessment of Children in Need and their Families*, The Stationary Office

McKinsey P et al (1999), *Child Neglect: Causes and Contributors*. Neglected Children: Research, Practise and Policy, Sage Publications

Special mention should be made to the following LSCBs / ACPCs whose work on neglect has been used as the basis for this guidance and the assessment tool:

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- (1) Neglect Policy. *Swansea ACPC. July 2003*
- (2) Child Neglect: Practice Guidance for all agencies. *Nottinghamshire and Nottingham City ACPCs June 2003*
- (3) Management of neglect cases in North East Lincolnshire: Protocol and practise guidelines. *North East Lincolnshire LSCB. February 2005*
- (4) Assessment Tool for Neglect. *North East Lincolnshire LSCB. February 2005*