



The Neglect Guide

If people understand why neglect happens, that it is often the result of parents being under significant pressure as a result of, for example, mental health problems, domestic abuse, substance misuse or past trauma [viii], they are likely to want to offer support”

Haynes, A (2015)

Maltreatment in adolescence is no less harmful than maltreatment experienced at a younger age. Indeed, quite the opposite is true given evidence that highlights the cumulative harm of risks such as exposure to domestic violence and neglect.

(That Difficult Age: Developing a more effective response to risks in adolescence: Evidence Scope (2015)

Identifying Neglect

This guide has been developed as part of the Kent Safeguarding Children’s Board Neglect strategy to help those working within Specialist Children’s Services and Early Help and Preventative Services to identify key risks and contributing factors to the likelihood of Neglect.

This guide has been developed to support staff in considering what effects Neglect has on children, the factors that contribute to Neglect and the barriers for those working with Neglect.

This guide also contains a “think about “ tool to support those working with and undertaking assessments with families where Neglect is a worry.

What is Neglect?

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 caregivers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs (Working Together to Safeguard Children 2015). Neglect frequently co-exists with other forms of abuse, and occurs among children who are regarded as children in need as well as those at risk of harm. Neglect occurs across all social classes.

Neglect is often characterised as acts of ‘omission’ rather than ‘commission’ (perhaps something a parent/carer doesn’t do for the child, rather than something that they do to the child), but the distinction is not always that clear cut because neglect and abuse often coexist and acts such as leaving the child in the care of someone unable to look after them properly can be seen both as commission and omission.



What effect does neglect have on children?

Neglect can adversely affect the development of children's health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills.

Neglected children...

- ...have some of the poorest long term health and developmental outcomes
- ...are at high risk of accidents
- ...are vulnerable to sexual abuse and child sexual exploitation
- ...are likely to have insecure attachment patterns

Signs of Neglect

Learning

- lack of exploration
- delayed speech and language
- impoverished play and imagination
- special educational needs/learning disability
- later educational failure

Relationships

- insecure/disorganised internal working model
- attachment disorders
- transmission of relationship problems to significant others for example; peers, teachers, substitute carers, professionals

Brains

- lack of nutrients
- lack of stimulation—delayed brain development
- unregulated stimulation—disordered neural circuitry

Emotions

- disturbed self-regulation
- negative self identity
- low self esteem
- clinical depression

Bodies

- foetal neglect
- delayed growth in the womb
- non organic failure to thrive
- vulnerability to illness/infection/accidents
- poor medical care
- delayed physical or sensory development

Types of Neglect

Types of Neglect	Indicators
<p>Medical neglect – failure of parents/care givers to heed obvious signs of serious illness or failure to follow a physician's instructions once medical advice has been sought</p>	<p>Children may have neglected squints and visual impairments Children with poor dental hygiene; Recurring illnesses or infections; Not been being given appropriate medicines or treatments; Missed medical appointments such as vaccinations or specialist appointments; Parents of disabled children using aids/equipment inappropriately</p>
<p>Nutritional neglect - Parent or caretaker's failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day, and no food is available</p>	<p>Begging for or stealing food; Frequently hungry - rummaging through bins for food; Gorging self, eating in large gulps; Hoarding food; Obesity - overeating junk foods; Failure to put on weight</p>
<p>Emotional neglect - The ongoing emotional maltreatment or emotional neglect of a child. It's sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them</p>	<p>Be overly-affectionate towards strangers or people they haven't known for very long Lack confidence or become wary or anxious Be withdrawn or emotionally shut down Not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc. Be aggressive or nasty towards other children and animals</p>
<p>Educational neglect – A parent's failure to perform certain duties on behalf of the child and their educational needs</p>	<p>Failing to ensure that the child receives proper educational care and attention; Failing to enroll the child in school; Allowing the child to continually miss school, be delinquent, or truant</p>
<p>Physical neglect – A parent or caregiver does not provide the child with basic necessities like adequate food, clothing and shelter, the lack of which has caused or would cause serious injury or illness</p>	<p>Dirty skin, body smells, unwashed, uncombed hair and untreated lice; Clothing that is dirty, too big or small, or inappropriate for weather conditions</p>
<p>Lack of supervision and guidance - A parent's failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. This could be when a child has been placed in a situation that requires actions beyond the child's level of maturity, physical or mental ability, or when a carer inadequately supervises a child as they are unwilling or unable (eg: carer is under the influence of drugs/alcohol, sleeps all day etc).</p>	<p>Unexplained injury Children being left home alone, observed alone out of the family home without an appropriate adult present Children being left in care of inappropriate carers (eg: other children, dangerous adults)</p>

Why do professionals find neglect cases difficult to manage?

- Lack of focus on the child - given the chronic nature of this form of maltreatment professionals can become habituated to how a child is presenting and fail to question a lack of progress
- Errors of human reasoning - Neglect can in some cases be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency, enormity and pervasiveness of parenting behaviour which may make them harmful and abusive
- Working with hostile/resistant families
- Feelings of helplessness - Unlike physical abuse for example, the experience of neglect rarely produces a crisis that demands immediate proactive, authoritative action
- Anxieties about parental culpability and intent - The child may not experience neglect in isolation, but alongside other forms of abuse as multi-type maltreatment.
- Confusions about whether there need to be direct signs of neglect and evident impact on the child's development
- Professionals' fears of getting it wrong - There is a reluctance to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded (e.g. the Traveller community) or when associated with social disadvantages such as poverty or caring for a disabled child
- Failure to challenge colleagues
- Different professionals have different foci
- Role confusion
- Lack of professional curiosity
- Neglect is frequently passive
- The intent to harm is not always present
- Neglect often overlaps with other forms of maltreatment
- Professionals being afraid to challenge behaviour on the basis of cultural norms

Children more vulnerable to Neglect

The majority of children are not subject to neglect; however certain circumstances may make them more vulnerable to it. In some of the following instances greater vigilance may be required:

- Children living in poverty
- Children born to parents with maternal mental health issues, learning disabilities, drug and alcohol abuse, domestic abuse (toxic quad)
- Children born to adolescent parents
- Low birth weight babies and prematurity
- Children with disabilities
- The child perceived to be different
- Homelessness

Talking with Adults

This should include:

Giving reasons for the assessment and explaining clearly the process and desired outcomes.

Assessing each parent's/carer's physical, mental and emotional health including evidence of issues such as substance misuse, learning difficulties and domestic violence.

Asking them to share their feelings about each child over time.

Building a picture of parent-child attachment over time and the child's attachment and separation behaviour at key stages in their development such as starting school.

Establishing the identities of all adults who care for the child/

Considering parent' views about concerns relating to their parenting.

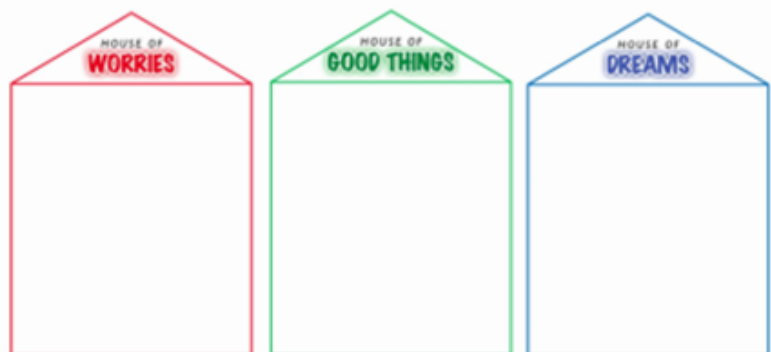
Using your planned 'best questions'.

Talking with Children

Research indicates that many children and young people caught up in the child protection system feel like they are "pawns in big people's games" and that they have little say or contribution in what happens to them (cited in Signs of Safety Workbook, page 31).

There are numerous tools that can be used with children including the three houses, the fairy/wizard tool, words and pictures explanations, child relevant safety plans etc. Any tools that are used should be carefully introduced to the child with an explanation of why the conversation is taking place and what will happen next (see SoS workbook).

Any assessment work should focus on the impact of the care being offered on the child. What is life like for this child living within this household?



Assessment Skills

Kent Specialist Children's Services and Early Help and Preventative Services have worked in partnership in learning and using the Signs of Safety model of working with children and their families.

Both assessment tools, the Early Help assessment and the child and family assessment should ensure that the Signs of Safety model underpins the work being completed alongside the family.

Central to the Signs of Safety model is the principle of establishing constructive working relationships and partnerships between professionals and family members, and between professionals themselves. Working in this way with families is considered crucial so that responsibility to solve problems is a shared responsibility, rather than just ideas coming from the professional.

It should be assumed that children, young people and their families and friends come with their own solutions and they must be empowered to assume as much control over their lives as possible. There is also a belief that by having effective partnerships, good working relationships and cooperation from families will follow and this will impact on outcomes.

Effective management oversight and supervision of staff will support good quality decision making and intervention.

It is important that neglect be considered in the context of the family's structure and functioning, and who contributes to the parental care of the child. Exploration of the friend and family safety network is vital, in order to build on strengths, break any secrecy that typically surrounds situations of child abuse and ensures a shared understanding of the concerns, the bottom line and the safety goals.

All assessments should be underpinned by the Signs of Safety framework; at its simplest, this framework can be understood as containing four domains for inquiry:

1. What are we worried about? (Past harm, future danger and complicating factors)
2. What is working well? (Existing strengths and safety)
3. What needs to happen? (Future safety)
4. Where are we on a scale of 0-10 when 10 means it is certain that the parent/carer is able to meet the needs of the child at a good enough level so that Specialist Children's Services can close their involvement and 0 means it is certain the child will be abused/re-abused (Signs of Safety workbook).



Building a Chronology of Events

When families are being worked with, their patterns of behaviour and agency interventions should always be recorded as a chronology, and this should be reviewed and updated regularly to consider significant events. This will guard against 'start again' syndrome which involves a succession of assessments at crisis points which do not take into account the findings of previous assessments (Brandon et al, 2009).

Observations

This includes observations of each individual carer and their verbal and nonverbal interaction with each child. Observation of interactions is as critically important as are the way they are described by the adults involved.

Observations need to cover the following:

- how the parent or carer talks to the child
- how/whether they show affection and warmth
- how they set boundaries and offer guidance
- what is your 'professional instinct'? Is something wrong? What?



Analysis

A sound analytical assessment will provide a good picture of the child, their parent/s/carers and their story. Be clear about the individual child's needs and how the parent is meeting those needs now and the likelihood of the parenting being "good enough" in the future.

Consider the seriousness of the needs identified and be clear about what success will look like and what will happen/impact on the child if the parenting remains of a poor quality or returns to a poor quality (danger statement). State clearly what work has been done and could be done to support the family to make the changes they need to make.

Base these thoughts around a signs of safety approach, what are we worried about? What is working well and what needs to happen? What might 'get in the way' of success (complicating factors).

Use your analysis to show your understanding of the family history (chronology) and the way that the history may have contributed; include an analysis of what we don't yet know and adopt an open-minded and questioning approach – ie: is this the only way of understanding this? Make explicit the underpinning knowledge (ie: child development knowledge, attachment etc) and the prediction about the likely impact on the child if the identified needs are not met.

Show 'your workings out'; how you have used the information available to reach certain conclusions? And be free of jargon, especially words and phrases that will mean little to the family.

Helpful Resources

NSPCC website – Signs, Indicators and Effects (includes core information leaflets linked to specifically aged children)

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/signs-symptoms-effects-neglect/>

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/child-neglect-facts-statistics/>

Action for Children - Neglecting the Issue, impact, causes and responses to child neglect in the UK

https://www.actionforchildren.org.uk/media/3237/neglecting_the_issue2.pdf

NSPCC—Neglect: Learning from Serious Case Reviews

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/neglect/>

Research in Practice website – includes a huge amount of resources regarding working with families where Neglect is an issue

<https://www.rip.org.uk/>

Signs of Safety is an evidence based systemic model of practice supporting child protection and safeguarding professionals through comprehensive risk assessment and collaborative working. The model has been chosen as the preferred option to be rolled out across Kent's children's services and will support and underpin the transformation agenda.

<https://www.signsofsafety.net/>

Childhood trauma isn't something you just get over as you grow up. Paediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain.

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime