Reading Local Safeguarding
Children Board

Neglect Protocol 2015
Introduction

Awareness of child neglect and its consequences on the future wellbeing and development of children has increased during the last two decades. It is notoriously difficult to evidence and research shows that it often co-exists with other forms of abuse and adversity. It is also the most common reason for child protection plans in the UK. In the year ending 31st March 2006, 43 per cent of child protection registrations in England related to children considered to be at risk of neglect (DfES, 2006a).

The purpose of this document is to raise awareness and provide direction on how agencies and professionals should deal with neglect in families. This document outlines a set of partnership commitments from the LSCB to reduce the impact of neglect on children’s lives.

Throughout this document any references to child, also include unborn children and young people.

This document was agreed by the Reading LSCB Board on 17th September 2015.

Definition

Working Together defines neglect as:

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

*It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.*
There is overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect so when working with children subject to neglectful situations an understanding of emotional abuse is also important.

Working Together defines emotional abuse as:

*Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.*

It should also be noted that child neglect is a criminal offence as set out in section 1 of the Children and Young Persons Act 1933. This provides that any person aged 16 or over who has responsibility for a child under that age commits an offence if he wilfully assaults, ill-treats, neglects, abandons or exposes that child (or causes or procures him to be so treated) in a manner likely to cause him unnecessary suffering or injury to health.

**Effects of Neglect**

Apart from being potentially fatal, neglect causes great distress to children and leads to poor outcomes in the short and long term. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity, length of exposure and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child.

**Short term effects**

Living within a neglectful environment may result in short term effects for a child or young person, many of which may reduce or disappear with support and care. These can include:

- Persistent illness or infections
- Persistent nappy rash
- Under / over weight
- Difficulty in establishing friendships / few friends
- Withdrawn
- Lack of confidence
- Lack of trust
- Bullying
Long term effects
Children who have been neglected may experience long-term effects that last throughout their life. These can be similar to the short term effects and can include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self harm, suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- failing to thrive, not meeting developmental milestones
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others
- difficulties in learning, lower educational attainment, difficulties in communicating
- behavioural problems including anti-social behaviour, criminal behaviour.

In addition children who don’t get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children. They are more likely to experience mental health problems including depression and post-traumatic stress disorder, and may also engage in risk taking behaviour such as running away from home, breaking the law, abusing drugs or alcohol, or getting involved in dangerous relationships.

Reading’s LSCB threshold criteria incorporates a range of specific indicators across the levels two to four regarding the identification of emerging to significant neglect in children’s lives. The LSCB recommends that all practitioners reference the threshold guidance document (http://www.readinglscb.org.uk/information-professionals/threshold-criteria/) when making a decision on how to best support and tackle the issues of neglect in families.

Why is this a priority for the LSCB?

Neglect is the highest category for children and young people in Reading on a Child Protection Plan and has been for some time. It has been routinely above 50% for the last three years, which is significantly above the national figure of 43%.

However reliance on the numbers of children on a child protection plan alone potentially conceals the extent of neglect and hinders attempts to understand the impact on the lives of children of measures to address it. LSCB discussed the lack of visibility of this issue and has included it in one of the 5 priorities for action and improvement.

There has been two recent publications highlight the national agenda at Government level about neglect. In July 2014, the National Institute for Clinical Excellence (NICE) published a draft scope for consultation on a social care guideline for child abuse and neglect. The Ofsted Report: “In the Child’s Time: Professional Responses to Neglect” was published in March 2014. It is based on the findings of a survey of 11 local authorities across England.
Current Learning

National Serious Case Reviews

Serious Case Reviews in relation to cases of neglect have identified a number of lessons with regard to professional practice. These should be considered when recognising and responding to neglect, and explored within supervision where possible.

Professional Accommodation: It is often observed that professionals want to think the best of families with whom they work. In cases of neglect where professionals have worked hard to establish a precarious relationship which is contributing to the maintenance of a ‘just good enough’ situation, there may be a reluctance to confront unacceptable standards for fear this would jeopardise future working. Workers can become desensitised and fail to differentiate the just good enough from the unacceptable. Practitioners should be challenging themselves (and others) when such accommodation is evident, and using reflective supervision to explore.

Drift: This is closely allied to professional accommodation. Drift can be identified as a loss of interest or a loss of purpose in a particular case, and it is a particular danger in long term cases of neglect, where much of the necessary work may be repetitious. Supervision, consultation and clear planning with specific objectives are essential to counter this. In addition to the consideration of the need for an “outside perspective” from another agency or professional, it may be beneficial to provide a fresh set of eyes from within the team, e.g. for another colleague, Team Manager, Advanced Practitioner or Safeguarding Lead to undertake joint visits with the long term worker.

Provision of Resources: It is dangerous to assume that the provision of material resources will alleviate neglect. This may on occasion be a necessary and appropriate part of a plan of work, but it may also be an inappropriate alternative to confronting more fundamental problems in patterns of care and family relationships. It is essential to analyse the impact of the provision of material resources. (E.g. if a fridge has been provided, has this in fact led to the children being better fed? If a washing machine has been provided, has this led to an appreciable improvement in the presentation of the children?). If a family is in receipt of regular Section 17 payments the Children’s Social Work Service the chronology should include an analysis of the impact of this provision. For other services records should reflect some consideration of the impact on the child. Ideally views from the different agencies working with the families where neglect is thought to be an issue should share their opinions on the impact of resource provision.

Focus on the Child: In cases of physical or sexual abuse practitioners are used to talking to even young children about their experience of what has happened to them. Neglect cases, by contrast, virtually never start with an allegation from a child; invariably they are from an observation by a professional, or perhaps a member of the community.

The focus is not on what has been done to the child, but on the standard of care provided to him or her. However to understand the impact of that standard of care it is essential that the child is spoken to, and his/her experience explored. For children who cannot verbally communicate their experiences, feelings and wishes should still be gathered using
alternative methods. Neglect needs to be understood from a child centred perspective, focusing on the child’s unmet needs, and on the consequences for the child of parental behaviours e.g. is the child bullied or ostracised at school because of poor hygiene.

In situations whereby external factors such as domestic violence or substance misuse are creating or impacting upon a neglectful situation, although responses should be considered within a Think Family, Work Family approach, the needs and voice of the child should not be lost.

**Local Learning**

Local learning from a LSCB Multi-Agency Neglect Audit has identified the following key points:

- Lack of evidence of holistic assessments being undertaken led to gaps or inconsistencies in assessments.
- Inconsistent use and standards of chronologies had a direct impact on the outcome of assessments.
- Lack of coordination between agencies and lack of escalation at an earlier stage led to drift in some cases.
- Voice of the adult appeared to overshadow the voice of the child which resulted in over optimism of parents and disguised compliance.
- Inconsistent communication between agencies particularly prior to cases escalating to the child protection process led to delay.

Further information can be found on the LSCB website: [www.readinglscb.org.uk/training/learning-audits/](http://www.readinglscb.org.uk/training/learning-audits/)
LSCB Recommendations

Based on the learning above, the LSCB recommends that:

- A regular review of the LSCB threshold document is undertaken to ensure the inclusion of new signs and symptoms of neglect from research or Serious Case Reviews

- That key agencies ensure that their safeguarding policy and protocol adequately addresses the risks related to neglect and the need for timely and proactive intervention

- That all agencies provide access to training for staff in their organisation to assist with the identification and response to neglect.

- That all agencies ensure that staff are briefed or trained on the importance of listening to the voice of the child and mindful of the risks of the child’s voice being overshadowed by adult opinion or circumstance.

- That all agencies ensure that there is a record of significant events over time in the form of a chronology or log on order to assist with the identification of neglect and its impact on the child.

- That all agencies ensure that staff understand how to escalate concerns and are confident in the escalation process

- That all agencies fully participate in multi-agency assessments including the CAF and single assessment

Specific to Reading Borough Council:

- That RBC ensure that CAT and CSC staff are upskilled to be ‘experts’ in assessing the impact of neglect

- That RBC staff are trained in the use of the’ graded care profile’ assessment tool.

- For RBC Children’s Services to consistently use chronologies in assessment, analysis and decision making.
Appendices

1. Recognition of Neglect

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child’s neglected appearance, other signs may include:

- Short stature
- Faltering Growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided
- Severe and persistent infestations (for example, scabies or head lice) in a child
- Parents or carers who have access but persistently fail to obtain NHS treatment for their child’s tooth decay
- Parents or carers who repeatedly fail to attend essential follow up appointments that are necessary for the health and well-being of their child
- Medical advice is not sought, compromising the health and well-being of a child, including if they are in ongoing pain
- A child who is persistently smelly or dirty particularly if the dirtiness is ingrained.
- Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening
- Child or young person is not being cared for by a person who is able to provide adequate care
- If parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm
- Repeated observation or reports of any of the following home environments that are in the parent’s or carer’s control
  - Poor standard of hygiene that affects the child’s health
  - Inadequate provision of food
  - Living environment that is unsafe for the child’s developmental stage
  - Re/purple mottled skin, particularly on the hands and feet are seen in the winter due to cold
  - Swollen limbs with sores that are slow to heal, usually associated with cold injury
  - Abnormal voracious appetite (at school or nursery)
  - Dry sparse hair
  - General physical apathy
  - Dental Decay
  - Childhood Obesity
  - Unresponsiveness or indiscrimination in relationships with adults (may be attention-seeking or seek affection from any adult)

2. Causes of Neglect

It is not easy to say what causes a person or persons to neglect someone. An individual may purposefully choose to neglect another, or it may be the result of other contributing factors such as parental ill-health, parental learning disabilities, substance misuse, domestic abuse, unemployment and poverty. It is the presence of one or more of these factors which impacts on the ability to parent a child and which may result in neglect. In addition neglect may be contributed to by factors which relate to the child rather than the parent / carer, but which may still impact on parenting capacity, for example illness or disability.

The relationship between poverty and neglect is problematic. It is important to separate material impoverishment and emotional impoverishment. It may be difficult to distinguish between neglect and material poverty. However, care should be taken to balance recognition of the constraints of the parents’ or carers’ ability to meet their child’s need for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs. Neglect can be viewed as a persistent failure to meet the essential needs of a child by omitting basic parenting task and responsibilities despite parents having the economic resources to meet the needs.

Situations of neglect can also be heightened as a result of the carers response to those who recognise it and offer support. For example a parent / carer who refuses to engage in support, or change neglectful actions will be adding to the situation. Practitioners should be aware of non-engaging behaviours (for example disguised compliance, non-engagement with services [adult or childrens]) and how to respond to them.

3. National Publications

Two recent publications highlight the national agenda at Government level about neglect. In July 2014, the National Institute for Clinical Excellence (NICE) published a draft scope for consultation on a social care guideline for child abuse and neglect. NICE has been asked by the Department of Health (with approval from the Department for Education) to develop this guidance. In March 2014, Ofsted published a summary of a thematic inspection on the quality of professional responses to neglect. The Ofsted report makes a number of recommendations to Government, LSCBs and Local Authorities.

The Guideline Scope from NICE notes that the common parental and socio-economic factors associated with neglect are parental alcohol and drug misuse, parental mental health problems, domestic abuse, poverty and residential instability (particularly in combination). These factors are common features of the lives of the population of children in Reading who become the subject of child protection plans or who are children in need.

NICE anticipates that its guidance will enable practitioners to determine more effectively the seriousness of need and risk experienced by children and young people. Areas and issues that will be covered include recognition, multi-agency assessment, preventative and targeted interventions. The focus will range from early help preventative interventions to more intensive social work led interventions. It should be noted that the guideline is intended to be published in September 2017.
The Ofsted Report: “In the Child’s Time: Professional Responses to Neglect” was published in March 2014. It is based on the findings of a survey of 11 local authorities across England.

The key findings of the survey are:

- Variable quality of professional practice
- Insufficient account of history or consideration of impact of neglect on the child
- Good support - meeting short-term needs
- Lack of use of models measuring extent of neglect: underestimation of extent and reduced capacity to measure the effectiveness of interventions - at an operational and strategic level
- Inconsistent approaches by practitioners across services in use of effective strategies and evidence based practice to address neglect.

The report challenges local authorities, partners and LSCBs to review the current approaches to neglect and ensure more effective responses are in place.