

Neglect Practitioner Guidance on Assessment of Neglect

June 2018

1. Introduction

Working Together to Safeguard Children 2018 defines Neglect as "the persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect the 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. Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years".

Neglect can also be present during adolescence and is as damaging as other forms of maltreatment - increasing the risk of arrest, offending and violent crime in late adolescence, and the risk of arrest and drug use in early adulthood. Around 1 in 7 had been neglected in relation to at least one form of parenting, twice as many boys reported supervisory neglect than girls and 28% of those whose parents had not been supportive around their education said their health was 'bad' or 'very bad'. Children's Society 2016.

Research in Practices paper "Child neglect and its relationship to other forms of harm - responding effectively to children's needs" states that when taken together and considered critically, the evidence shows that neglect can be closely intertwined" with CSE, Harmful Sexual Behaviour and Adult-perpetrated Intra-familial Child Sexual Abuse. For guidance on tools to use to consider these aspects visit the [NSCB](#) website.

Disabled children are at significantly greater risk of neglect than non-disabled children NSPSS 2014. With this group those at greatest risk of abuse are those with behaviour/conduct disorders. Communication impairments may make it difficult to tell others what is happening, being isolated and not receiving regular services may increase the likelihood of neglect for this group.

2. Identifying Neglect: Signs and Indicators

The first step in working with neglect is identifying those children who may be at risk and being able to provide the evidence base for this. Concerns at this stage may have arisen from a one-off event (e.g. a young child being left unsupervised); a concern over a change in behaviour or presentation of the child, or it may be that concerns have been niggling away for some time. Assessing neglect is often dependent on collating seemingly small, un-dramatic pieces of factual information, which when collated may present an overall picture of a child who is being neglected. For a disabled child practitioners will need to distinguish between what is a result of disability and what are signs of neglect. The practitioner should use the [Neglect Screening Tool](#) to help identify this and seek relevant information from other involved agencies. See the flowchart in [Appendix 1](#). Possible decisions following the identification of neglect may include:

- Talking about your concerns with the family and continuing to support and monitor the situation as a single agency;
- Seeking advice from your supervisor/manager;
- Referring for additional support services and providing this via the Early Help Assessment (EHA) ;
- Consultation with MASH to request support from Early Help;
- Consultation with MASH as Child in Need; or
- Consultation with MASH as Child Protection.

If you suspect abuse or harm or a criminal offence to a child you must immediately discuss this with your Named/Designated Child Protection Officer and consult with MASH. MASH will ask for you to provide a [Neglect Screening Tool](#) to evidence your concerns.

3. Can you provide the additional service needed?

If the [Neglect Screening tool](#) has identified that your agency can provide the services required then follow your single agency procedures.

If the answer is no or not sure then work with the family to complete the [Grade Care Profile](#) (GCP). This provides an objective way of assessing when inadequate care could put a child at risk of harm. It helps to:

- provide a clear objective framework for evaluating a family's strengths and weaknesses;
- parents to understand the practitioner's concerns;
- practitioners identify risks and potential harm more effectively;
- to promotes a child-centred approach; and
- make neglect more visible.

If the GCP indicates that more than one agency is required to deliver support then it can be used in conjunction with the Early Help Assessment (EHA) to enable working together effectively to deliver support. These assessments should include consideration of diversity including family structures, culture, religion and ethnic origin.

The [GCP](#) should be repeated to review and measure progress against the assessed deficits.

4. Indicators

Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. It is repeated, persistent neglectful behaviour that causes incremental damage over a period of time.

It is important to avoid 'start again' syndrome. Neglect should not only be measured by the most recent set of events but should be judged by the cumulative impact on the child or adolescent of any previous incidents.

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

- The basic needs are for food, shelter, clothing, warmth, safety, stimulation, protection, nurture, medical care, education, identity and play;
- Adequately means sufficient to avoid harm or the likelihood of Significant Harm;
- Failure to meet the child's or adolescents needs does not necessarily mean that the parents/carers are intentionally neglectful, but it points to the need for intervention;
- Behaviours exhibited by adolescents may be interpreted by others as a lifestyle choice, risk taking behaviour or 'acting out' when they may in fact be an indicator of neglect;
- It is essential to monitor the outcome of intervention – are the child's needs being adequately met after the intervention and is there a sustainable improvement?

The essential factors in demonstrating that a child is being neglected are:

- The harm, or risk of harm, arises because of the failure of parents or carers to meet the child's needs; or
- Over time, the harm or risk of harm has become worse, or has not improved to the point at which the child is consistently receiving a "good enough" standard of care;

Having one of the indicators above doesn't necessarily mean that a child is being neglected. But if you notice multiple, severe or persistent signs then it could indicate there's a serious problem and that the threshold for Level 4; Children with Acute/Specialist Needs is met and an assessment by children's social care is required.

In supporting a family in which neglect is an issue care must be taken to resist the pressure to focus on the needs of the parents/carers: intervention should concentrate on ensuring that the child or adolescents needs are being met. This may require action to ensure that the parents/carers have access to specialist (and if necessary independent) advice and assistance, including assistance in communicating with professionals.

Neglect may arise from lack of knowledge, competing priorities, stress or deprivation. It may also be linked to parents/carers who retain cultural behaviours which are inappropriate in the context in which the family is living.

Neglect often occurs in a context in which parents/carers are dealing with a range of other problems such as substance misuse, mental ill-health, learning disability, domestic violence, and lack of suitable accommodation. Or what is observable behaviour of adolescents may closely intertwined with neglect.

5. Issues

Neglect is characterised by a cumulative pattern rather than discrete incidents or crises, and so drift is always a potential problem. Drift may result in a loss of focus on the needs of the child, and a change in professional expectations of what an acceptable level of care might be.

- Accurate, detailed and contemporaneous recording by all professionals, and sharing of this information, are crucial to the protection of the child. In any service, professionals should work from a single set of records for each child. All entries in case notes should:
 - Be factual and evidence based;
 - Rigorously separate fact and opinion;
 - Be dated and timed;
 - Give names and agencies in full; and
 - State agreed responses and outcomes.

Records should include a detailed Chronology of what has been tried, and to what effect.

There is a risk of confusion about the difference between style of care and standard of care. Styles of appropriate care vary widely, influenced by gender, class, culture, religion, age etc. It may be difficult to see why the care offered by a particular family does not lie within this range. The common factor in all styles of appropriate care is that they address the needs of the child. Neglectful care may have a host of common factors with various styles of appropriate care, but it fails to address the child's needs and falls below an acceptable standard.

When reviewing progress in cases of neglect it is important to look for evidence of sustained improvement in the child's health and development. Where there is a pattern of short-lived improvements, the overall situation remains unsatisfactory - if adequate standards of care cannot be sustained, the child may remain at risk of significant harm. The assessment should be repeated to review and measure progress against the assessed deficits.

Professionals must resist the temptation to "start again" at key points such as the birth of a new child or a change of worker. It is important to see current events in the light of the full history of child protection issues, including previous responses to support. The family histories of neglectful families are often complex and confusing, and professionals may be tempted to set them aside and concentrate on the present. This can result in an over-optimistic approach to a family with deeply entrenched problems.

As noted above, neglectful adults are often enmeshed in a complex network of problems. The clamour of the parents'/carers' needs tends to draw professional attention away from the unmet needs of the children. If adult services are supporting the parents/carers, it is important to stress the need for them to notify children's practitioners if the parents/carers fail to engage with the services offered.

If there is a vulnerable adult living in the same household as a child whose needs are neglected, then their needs may also be neglected or unmet. A vulnerable adult is any adult who is at risk of the following abuse:

- a violation on individuals' human or civil rights by another person or persons;
- may consist of a single act or repeated acts;
- can occur in any relationship or setting; or
- may result in harm to, or serious exploitation of, the person subjected to it

Practitioners should report any concerns about the welfare of vulnerable adults, to [Adult Social Care](#).

Appendix 1 - Neglect flow chart

