**What is it?**

“**Child neglect** is a failure on the part of the caregiver or pregnant mother to complete the parenting tasks required to ensure that the developmental needs of the child are met, taking into account age, gender, culture, religious beliefs and particular needs and circumstances of the individual child. This failure may be associated with parenting issues despite reasonable resources being available to enable the carer/s to complete the parenting tasks satisfactorily”[[1]](#footnote-1). It can include failure 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.

and is 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[[2]](#footnote-2). It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. Whatever the behaviour of the caregiver which results in the child experiencing neglect, there is an underlying emotional aspect. Neglect is bound up inextricably with relationships and with attachment. This is the case irrespective of whether the neglectful behaviour of the carer(s) is a one-off episode or a chronic process.

**How many children are involved?**

Studies suggest that one in ten children in the UK experience some form of neglect (Action for Children, 2009). Neglect is also the most prevalent child protection concern across the UK and is a growing problem. Children under the age of four experience neglect more than any other age group (NSPCC) and are also the most likely to suffer the most devastating consequences or die as a result but increasingly it is recognised that neglect has consequences for older young people, and that the notion that adolescents are old enough to protect themselves from neglect is simply a myth; neglect has damaging consequences from birth to adulthood.

**What are the difficulties in working with neglect?**

* Neglect is complex, often present because of a number of factors resulting in a range of consequences. Calderdale categorise neglect as: Depressed; Disorganised; Emotional; Severe Deprivation
* Public and professional perceptions of neglect are often different. For example, the perceived presence – or absence – of intent can shape perceptions of the gravity of concern and influence intervention and outcomes.
* Professional understanding of thresholds and application of standards within and across services are sometimes unclear and inconsistent, as neglect is not usually a static, single event but a cumulative process that occurs over time.
* Despite high profile child deaths, neglect is often not considered to be life-threatening or fatal.
* The neglect experience may be normalised by the child/ren involved and be viewed as normal within the particular community. In some cases, it is thought that if nothing appears to have got worse then things have actually got better; when in fact initial concerns remain and little (if anything) has meaningfully changed.
* Some professionals not only struggle with exercising professional authority in circumstances where it is required but also place greater focus on the needs of the adult carers over those of the child/ren.
* It is sometimes difficult to justify statutory intervention where the level of care at home is not quite good enough to meet the child’s needs but does not meet the threshold of ‘significant harm’.

**What should practitioners do?**

* Neglect is more a process than an event; there is rarely a single incident to trigger a child protection enquiry. As such it requires an understanding of the root cause of behaviours and presenting social characteristics along with insight of the potential developmental consequences (sensory, physical, communication, interaction, cognition, learning, social, mental and emotional health) for the child, both immediately and over time.
* Assessment of neglect is fundamentally about what constitutes “good enough”, and is often dependent upon subjective values. It also requires a robust understanding of [**child development**](http://www.calderdale-scb.org.uk/wp-content/uploads/2017/06/Child-Development-toolv2.docx), theories of attachment and what research has said about consequences where care is not “good enough”. Fundamentally, all practitioners should use available tools to inform assessments – gathering information, weighting its relative significance, actively considering current and possible projected circumstances, etc, as well as considering factors that may lead to the prospect of positive change for the child. The [**Assessment of Neglect Tool**](http://www.calderdale-scb.org.uk/wp-content/uploads/2016/08/Assessment-of-Neglect-toolkit-2016.docx) and [**Thresholds tool**](http://www.calderdale-scb.org.uk/wp-content/uploads/2014/08/Thresholds-Tool.docx) may help with this discussion.
* The [**Assessment of Neglect Tool**](http://www.calderdale-scb.org.uk/wp-content/uploads/2016/08/Assessment-of-Neglect-toolkit-2016.docx) will help practitioners to identify those areas of unmet needs and risks; and aspects of the child’s life and experience of being parented that are positive.
* It is important that professionals working with neglected children intervene early and use clearly focused resources to maximise the potential for successful outcomes. Intervention in cases of neglect is likely to be long term and the need to work to agreed timescales, avoid drift or collusion with negative adult agendas and establish the criteria for and evidence of change needs to be clearly agreed at the outset. If unmet needs of the carers are identified, or if the adult is ‘at risk’, support from [**adult services**](http://www.calderdale-scb.org.uk/wp-content/uploads/2017/05/Referral-process-for-children-and-adults-services-Final-March-2017.doc) may also be required.

**If you are concerned…**

Unless the child is at ‘significant risk of harm’ complete a [Child and Family (Early Intervention Single Assessment EISA)](http://www.calderdale-scb.org.uk/wp-content/uploads/2015/07/Child-and-Family-EISA-July-2015-V1.docx) and contact the relevant **Early Intervention Panel**

* **Upper Valley** and **Halifax Central** – Both panels 01422 392510 [eis.uppervalley@calderdale.gov.uk](mailto:eis.uppervalley@calderdale.gov.uk) or [eis.halifaxcentral@calderdale.gov.uk](mailto:eis.halifaxcentral@calderdale.gov.uk)
* **Halifax North and East** and **Lower Valley** – **Halifax North and East** and **Lower Valley** – Both panels on 01422 394094  [eis.northandeast@calderdale.gov.uk](mailto:eis.northandeast@calderdale.gov.uk) or [eis.lowervalley@calderdale.gov.uk](mailto:eis.lowervalley@calderdale.gov.uk)

If concerns relate to ‘significant harm’

Call **MAST** (Multi-Agency Screening Team): 01422 393336 (in normal working hours)

Out of hours call the **Emergency Duty Team** (EDT) on: 01422 288000

1. Adapted from Horwath, 2007; [↑](#footnote-ref-1)
2. Adapted from Working Together 2015 [↑](#footnote-ref-2)