

# Multi-Agency Neglect Guidance for Practitioners

With kind thanks to Birmingham Safeguarding Adults Board for permission to base this document on their Child Neglect Guidance

## Contents

Introduction.....	2
Defining Neglect.....	3
Types of Neglect.....	4
What is the impact of neglect on children?.....	5
What are the signs of neglect? .....	6
What causes neglect? .....	9
Poverty and Neglect .....	12
How do we respond to neglect? .....	13
Assessing neglect.....	16
Assessing neglect – some guiding principles .....	17
Assessing parents’ motivation and capacity to change.....	18
Planning a neglect intervention .....	19
Model of Concurrent Interventions for Addressing Child Neglect.....	21
Examples of neglect interventions using the model.....	22
Working with the whole family.....	23
Reviewing Progress .....	25
Barriers and Challenges.....	26
Working with resistance .....	27
Professional Curiosity .....	29
Capturing the child’s lived experience .....	30
Capturing the child’s lived experience .....	32
Thinking about adolescence.....	33
Children with additional health or learning needs .....	34
Safeguarding children in Black, Asian and minoritised ethnic communities.....	36

# Introduction

Neglect is the most common form of child abuse in the UK and it can have a devastating effect on children's lives. While most children and young people in Calderdale live in a home where their needs are met by loving and supportive carers, we know that many families will face difficulties that impair their capacity to meet their children's needs. Neglect is the most common reason for a child to be subject to a Child Protection Plan. However, we know from research that, by the time that this threshold is reached, children may have experienced neglect for several years, causing long term harm. Therefore, it is important to address neglect at a much earlier stage as soon as signs are recognised. We also know that it can be difficult for practitioners to identify and evidence neglect or to fully understand the impact on children and, as such, guidance and training is needed.

Calderdale Safeguarding Children Partnership has kindly been given permission to amend and use this Guidance and Tools by Birmingham Safeguarding Partnership to support its updated [Neglect Strategy for 2023-2026](#). This is part of a commitment to address childhood neglect across Calderdale. By working together in a consistent way, and by taking a whole family approach, we can prevent and reduce harm to the children we work with. In order to tackle neglect, all agencies should respond as soon as a need is identified. This toolkit is designed for Practitioners and their Managers from all agencies working with children, young people and their families. It aims to support professionals in understanding, recognising, assessing, and intervening where there are concerns about neglect so that families can be supported, and children can be effectively safeguarded.

## How to use the Guidance

The Neglect Guidance has been designed to be simple for all practitioners to use. They can be read in full as a guide to working with families where neglect is a concern, or each page can be treated as a separate resource to learn more about a specific area. The sections have links to further content online where you can read or watch videos to learn about the subject in more depth. There is also an accompanying Tools library on the [website](#) with a number of practical resources that can be used when working with children and families to help assess neglect, understand the child's lived experience and support families to make positive changes.

# Defining Neglect

The most likely reason for a child in Calderdale to need support and/or protection is neglect. Neglect can cause significant and long-term harm but is hard to identify because it is caused by a pattern of repeat behaviour (persistent system failure to meet the child's needs) rather than a single incident or crisis.

All children and young people (including unborn babies) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be warm and consistently emotionally available as well as to provide them with stimulation, guidance and boundaries. Children are neglected if the things they need to develop and grow are not provided for them.

## The UK government defines neglect as:

The [Working Together to Safeguarding Children 2023](#) 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)***
- ***ensure access to appropriate medical care or treatment***
- ***provide suitable education***

*It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.*

# Types of Neglect

Jan Horwath (2007) identified six different classifications of neglect and this can support practitioners to recognise where a child's needs are not being met. For some children, all areas will be affected (global neglect) and for others it will be one or more specific areas. Understanding this can help us target interventions where they are needed most.

[Horwath, J. \(2007\) Child Neglect: Identification & Assessment, Basingstoke: Palgrave Macmillan](#)

## **Physical**

Failure to provide a child with adequate or appropriate clothing (ie for the weather), cleanliness, clean or adequate living conditions (including excluding a child from home).

## **Nutritional**

The child is not being provided with adequate calories for normal growth and development or not provided with food of good enough nutritional quality.

## **Medical**

The child's health needs are not being met or they are not provided with appropriate treatment for illnesses and injuries. This can include routine health checks, emergency treatment or long term care.

## **Educational**

Failure to provide a child with age- appropriate stimulation and learning experiences. This can include school attendance and failing to respond to special educational needs.

## **Emotional**

Failure to respond to a child's cues, to interact appropriately or provide affection and emotional warmth. Also failure to support the development of a child's self-esteem and sense of identity

## **Supervision/Guidance**

The child is not kept safe including leaving a child alone or with inappropriate carers, a lack of adequate supervision in the home or awareness of child's whereabouts in community. Also failure to provide appropriate boundaries.

# What is the impact of neglect on children?

Research tells us that the impact of neglect on children is significant and long-lasting. Children and young people who have experienced neglect often have poorer outcomes in terms of their health and development. The impact of neglect on children can be physical, for example, failure to thrive, impairment of growth and development or risk of accidents due to lack of supervision. But it can also be psychological; neglected children are less emotionally resilient, more likely to develop insecure attachment patterns, and are more vulnerable to other forms of abuse and exploitation. In the most serious cases, neglect can lead to death and this is highlighted in over 50% of Serious Case Reviews and Child Safeguarding Practice Reviews, including those in Calderdale.

## **These are some of the effects that neglect can have on children and young people:**

- Developmental delay
- Anxiety
- Low self-esteem
- Frequent illness
- Poor educational attainment
- Failure to thrive
- Poor social skills
- malnutrition
- Challenging behaviour
- premature birth
- Poor attachment
- Low birth weight
- Unregulated emotions
- Mental health difficulties
- Isolation
- Hunger
- Lack of confidence
- Tiredness
- Poor coping skills
- Higher risk of SIDS
- Unhealthy relationships
- Self-harm
- Difficulty following rules
- Drugs-alcohol misuse
- Speech delay

[Click here](#) to read more and watch a video about the effects of neglect on children

# What are the signs of neglect?

Neglect can be difficult to recognise as the signs can vary considerably. Practitioners are generally confident in identifying the more obvious physical signs of neglect but can find it harder to notice the emotional signs. There will often not be a clear indicator or definite sign that a child is being neglected but it is important to stay alert to anything that doesn't seem right, consider any changes in the child's behaviour or family's circumstances and ask questions or seek advice if you are unsure about something.

**These are some of the signs that might tell us that a child's needs are not being met or they are at risk of neglect:**

## **Pre-birth:**

- Poor engagement with antenatal services and/or late booking
- Self-neglect
- History of neglect with previous children or in parents' own childhood
- Drug or alcohol use in pregnancy
- Parental mental health difficulties
- Parental learning disability

## **Infant stage (age 0-2 years):**

- Growth & developmental delay
- Failure to thrive
- Recurring nappy rash
- Increased infections & injuries
- Routine appointments missed
- Self-soothing behaviours (eg rocking, head banging)
- Child presents as unusually clingy or withdrawn

## **Preschool stage (2-4 years):**

- Speech & language delay
- Difficulty in managing emotions/behaviour
- Delay in toilet training
- Under or overweight
- Increased infections & injuries
- Withdrawn or over-familiar with strangers

# What are the signs of neglect?

It's important to note that none of these signs alone can tell us that a child is being neglected or what the extent of any neglect is, but they are things to look out for and explore further to determine the cause of any concern. [Click here](#) to learn more about recognising neglect.

**These are some of the signs that might warn us that a child's needs are not being met or they are at risk of neglect:**

## **Primary School (age 5-11 years):**

- Poor hygiene and presentation
- Low school attendance
- Dental decay
- Under or overweight
- Difficulty managing emotions and/or behaviour
- Poor social skills
- Difficulty following rules and routines
- Limited attention span

## **Adolescence (12-17 years):**

- Poor school attendance
- Poor concentration
- Withdrawn or disruptive in school
- Self-harm
- Involvement in criminal or antisocial behaviour
- Increased risk-taking activity or concerns of exploitation
- Missing episodes (particularly when unreported by parents)

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# What causes neglect?

## Vulnerabilities

In some cases parents do intentionally neglect their children, for example deliberately not feeding a child when food is available. However, in most instances neglect is caused because the parents' own needs are significant and they are unable to put their child's needs first. There can be many reasons for this, and parenting capacity can be impacted on a short-term, long-term or cyclical basis. Vulnerabilities and risk factors do not mean that parenting capacity will inevitably be reduced but they do need to be considered. Families can often be experiencing number of vulnerabilities, and this is likely to increase the likelihood of a child's needs becoming secondary to parents' needs.

### **These are some of the factors that have been linked with child neglect:**

- Poverty/homelessness/long-term unemployment
- Parents with mental health difficulties
- Parental substance misuse
- Domestic abuse in the household
- Parents with learning disability
- Parents or children with chronic ill health/disability
- Poor relationship between parent/step-parent and child or where a child is deemed by parents to be particularly 'difficult' to manage
- History of neglect and abuse in parents' childhood
- Lack of effective support networks

## Strengths

Protective factors and strengths are also important to recognise and build on. Similarly to risks not always leading to inadequate care, strengths in parenting do not always mean that a child's needs are consistently met but it is important to consider these.

### **These are some protective factors associated with child neglect:**

- Parents have a good understanding of child's needs and how to meet these
- Good support networks who can address any shortfall in parenting
- Strong relationships/bond between parent and child
- Parents have motivation and capacity to change
- Parents have positive childhood experiences or a good understanding of an adverse childhood experience
- Parents engage well with professionals
- Stability in terms of carers, housing, employment, education, support networks etc

All assessments should take into account the family's vulnerabilities and strengths as well as their history and consider the impact of these on the care of the child. Specialist advice and intervention should be sought where appropriate.

To read an NSPCC report about risk factors for neglect [click here](#)

# What causes neglect?

These are some of the most common factors which can contribute to or increase the risk of child neglect. Specialist assessment and support may be needed to understand and address any underlying issues in order to reduce the risk. It is important to ensure that the child's needs do not become secondary in circumstances where parental needs are high.

## Poverty

Nationally, poverty rates are rising with the cost of living. In [Calderdale around 20% of children under 16 live in poverty](#). This can leave children vulnerable to neglect as the family may struggle to meet the child's basic needs and parenting becomes more challenging. It is important to understand family's individual financial circumstances, to ensure they are receiving all the support they are entitled to and to differentiate between poverty and neglect. Practitioners must avoid excusing or minimising neglect where it is identified. Neglect can occur regardless of financial situations although most parents are able to bring up their children successfully despite limited financial resources.

## Substance Misuse

There is a strong link between chaotic drug / alcohol misuse and neglect. Problematic drug and alcohol use can prevent parents prioritising children's needs, causing inadequate or inconsistent care. This can affect the child's physical and emotional development. Drug and alcohol use can / impact on family finances, increasing vulnerability. It is important to work alongside substance misuse services to assess how significant the issue is and if parents are ready and able to engage with treatment. If there is a parent or other family member in the household who is not misusing drugs or alcohol, they can be a protective factor, although this can be stressful.

## Mental Health Difficulties

Parents whose mental health is difficult to manage, can struggle to consistently prioritise the needs of their children. This can lead to physical neglect where parents may be unable to provide basic care due to their illness and own needs or a child may experience emotional neglect, where parents struggle to consistently respond to a child's cues or may be unable to manage their own emotions in the presence of their child. Mental health difficulties often co-exist with drug and alcohol misuse (dual diagnosis). Where this is the case, the risk of neglect to children increases and specialist support is likely to be needed.

## Domestic Abuse

Living in a household where there is abuse and violence can significantly impact on a child's health and development and place them at risk of physical and emotional harm. Professionals should work alongside victims of domestic abuse, recognizing that they are generally doing all they can to keep themselves and their children safe, although the psychological impact can be significant. Responsibility for neglect and emotional harm sits with the perpetrator of the abuse. Financial abuse or the need to flee a perpetrator could mean that the children face poverty even where the family income appears adequate.

## Learning Disability

Parents with a learning disability may require additional support to meet their children's needs. This may be from within the family or external agencies. When adequate support is not available, children are far more likely to experience neglect. Families where one or more parents have a learning disability are more likely to be living in poverty and to be experiencing other vulnerabilities such as substance misuse or mental health difficulties. Additionally, adults with learning disabilities are more likely to have experienced abuse in their own childhood than the rest of the population. This can also impact on their parenting capacity.

# Poverty and Neglect

It's important not to ignore poverty when working with families. Poverty can be 'the elephant in the room' if practitioners do not acknowledge its impact.

Child poverty in the UK has been rising in recent years and the impact of the covid-19 pandemic and the current cost of living are likely to make things much more difficult. In Calderdale, poverty has remained fairly static in the last five years. By Government child poverty statistics, around 8,200 ([20% children under the age of 16 in Calderdale live in poverty](#)).

Research suggests practitioners can become 'poverty blind' when working in deprived areas, leading to neglect being missed. Poverty impacts children in many ways; this can be physical such as not having a nutritious diet or warm clothing, but also emotional because of the stress, shame and stigma attached. The stigma associated with poverty means that often families won't ask for help or access support they are entitled to, such as free school meals.

Children who are experiencing poverty can be disadvantaged on multiple levels. For example, low income households are more likely to be affected by issues such as domestic abuse, substance misuse, and mental health difficulties.

Poverty does not necessarily lead to neglect and the majority of parents are able to meet their children's needs despite reduced financial circumstances.

It is also important to remember that children living in more affluent families can also experience neglect. This is more likely to be emotional than physical and may be harder to identify.

The [Calderdale Assessment of Neglect Toolkit](#) can be a useful tool to assess and understand children's experience of neglect and where support is needed.

"Living on a low income in a run- down neighbourhood does not make it impossible to be the affectionate, authoritative parent of healthy, sociable children. But it does, undeniably make it more difficult". (Utting 1995)

To read a review of recent research into the link between poverty and neglect click [here](#)

For national and local child poverty data Click [here](#)

# How do we respond to neglect?

Research into neglect tells us that the earlier we can respond to concerns, the more chance of success an intervention will have. By the time a case has reached the threshold for Child Protection procedures, the likelihood is that the neglect will have already caused the child significant harm. This is because neglect is cumulative, and the impact is often not apparent until many months or years after the problems began. Therefore, it is important for agencies to try and support families wherever possible as soon as a concern is noticed rather than waiting until a referral to MAST is needed.

[Calderdale's Continuum of Need](#) sets out five levels of support that may be needed for children and families. In terms of neglect, these are some of the concerns you might see at each level:

## Tier 1

- Needs Met, Services provided to all children and families
- No concerns about neglect identified – care provided to child is good overall

## Tier 2

- Single Agency, Single Need
- Children with additional needs that can be met by targeted support by a single practitioner or agency - universal services
- Pattern of absences from school.
- Concerns about diet, hygiene or clothing.
- Missed appointments for immunisations and developmental checks.
- Slow to reach developmental milestones.
- Responding to child consistently.
- Limited support network.
- Child caring for parents or siblings.
- Inconsistent routines and boundaries.
- Parental needs impacting care of child.

## Tier 3

- Multiple Needs, Multiple Agencies
- Coordinated multi-agency support for children and families who require a more intensive package of support. Consistently poor school attendance or not in education.

- Health/dental concerns not being addressed.
- Not meeting Developmental milestones .
- Lack of positive stimulation.
- Parental mental health or substance misuse affecting care of child.
- Significant financial problems impacting on ability to meet basic needs.
- Child going missing or being placed in risky situations.
- Continually struggling to meet child's needs despite support.

**Tier 4**

FIT/Social Care led plan

Children whose health or development is being impaired Multiple agencies have not met the needs identified or reduced the concerns

Similar signs to Tier 3 but where agencies have been unable to affect change

**Tier 5**

Children's Social Care lead

Children at risk of, or who have experienced, significant harm

Child has significant health problems, developmental delay or disability and treatment is not being sought followed.

Failure to thrive in a baby.

Child frequently hungry/unclean/smelly.

Child significantly under/overweight without organic cause.

Repeat dental extraction or other health concerns.

Previous children removed from home due to neglect.

Parents consistently unable to meet child's needs despite support being provided at an Early Help level.

Repeat concerns of neglect after intervention completed.

# Assessing neglect

An assessment of a child's circumstances where there are concerns of neglect should consider all three domains of the DoH Assessment Framework. The framework is a triangle which identifies clear assessment areas to safeguarding and promote the welfare of children by assessing three areas. One, the Child's Development needs around health, education, emotion and behaviour, identity, family and social relationships, social presentation and selfcare skills. The second, parenting capacity, looking at basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. The third is family and environmental factors such as family history and functioning, wider family, housing, employment, income, family social integration and community resources.

This will help you to understand the child's needs and if these are being met, the parents' capacity to meet those needs and the wider family and community context. Assessments should be based on information from a variety of sources and on inter-agency collaboration. Assessments should include an analysis and inform a plan to help the family move forward. In order to assess neglect effectively it is important to understand the early indicators and impact of neglect. It is also important to have a good understanding of child development and what would be reasonable to expect for that child.

Information to gather:

- Observations of the child including their behaviour.
- Observations of interaction between parent and child.
- Physical care of the child and their home environment.
- Family's current circumstances.
- Any relevant history for the family.
- Any history/patterns of concerns of neglectful care.
- An understanding of any parental issues that could impact on their care of their child.
- The child's views.
- The day-to-day lived experience of the child.
- The parents' views regarding their child and any concerns raised.
- Views of other family members where appropriate (don't forget fathers!)
- Any relevant information held by other professionals.

To learn more about using the assessment framework triangle click [here](#)



# Assessing neglect – some guiding principles

## **Focus on the child**

Parents who are struggling to meet their children's needs are likely to have many needs of their own (see p9-10). It is important to offer support and services to parents which will ultimately improve the care of their children, however this must not compromise keeping a clear focus on the needs of the child. Where family circumstances are chaotic it is important to ensure the child is seen and that their needs are a priority.

## **Be open with parents**

It can be hard to raise concerns of neglect with parents, it means addressing issues which are personal and difficult to hear, eg, smells, dirt, or hazards in the home. It is important to ensure parents understand concerns and it is explained clearly, honestly, and sensitively.

Intervention is more likely to be successful if they understand why professionals are worried and what the expectations are of care of their children.

## **Observe**

Observations can inform assessments of parent- child interaction and the relationships between parents and child, and child and other siblings. It can also help you to assess the child's development, their behaviour and social interactions, and the environment in which they are living. This can take place in their home as well as other settings such as school or nursery

## **Treat each child as an individual**

In some cases, not all children in a family will be treated the same. eg. one child may be perceived to be different, perhaps due to age or needs, if they were an unplanned child or a stepchild, or there has been a change in the family's circumstances. Negative feelings may be projected onto one child but not others in the family and it is important for an assessment to capture this and address each child's needs separately.

## **Avoid drift & delay**

A lack of direction or drift can be a feature of neglect assessments due to poor engagement from parents, a lack of understanding about the seriousness of neglect and a failure to prioritise neglect over more 'visible' issues. This can lead to children being left in a neglectful situation for longer than necessary. To avoid this, it is important to plan the assessment and have clear time-scales for any piece of work.

## **Recognise the impact of trauma**

Adverse Childhood Experiences (ACES) is often used to describe stressful or traumatic experiences children can be exposed to growing up. Neglect is one such experience and children and young people may exhibit trauma and stress-related behaviour and struggle to manage their emotions. It is important that this is recognised through the assessment process as well as the impact of any trauma the parents may have experienced.

## **Avoid becoming desensitised to neglect**

Practitioners who work regularly with families where there is neglect can become desensitised and may minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. It is important to be aware of this, to reflect, and to remain alert to neglect. It can be helpful to discuss the family with your supervisor and with professionals from other agencies to share concerns and gain another perspective.

## **Use assessment tools**

Assessment tools such as the Neglect Toolkit should be used to understand and evidence concerns, and support planning interventions. They can highlight where more in-depth work is needed as well as the family's strengths. Assessment tools should be used alongside your professional judgement, understanding of the individual child's needs, and knowledge of the family's history and current circumstances.

# Assessing parents' motivation and capacity to change

Neglect is often long-term, resulting in repeat periods of intervention and can even be intergenerational, with children growing up without gaining the skills they need to parent their own children. Therefore, it is really important to understand whether parents have the motivation and capacity to make the changes needed in order to meet their children's needs. Research shows that issues like substance misuse, mental health difficulties and learning disability can undermine parenting capacity and increase the likelihood of harm to children, particularly when there are multiple risk factors. Parents are also impacted by vulnerabilities within the wider environment and family, such as poor housing, poverty, and unemployment. These can make parenting more challenging and increase the likelihood that difficulties will arise. Assessment of parental capacity to change should be an ongoing process due to the cumulative and long-term nature of neglect but should not be indefinite, leading to delay for the child. It should include identifying strengths and weaknesses, agreeing targets, providing support and intervention, and monitoring progress over a set time period.

Practitioners working with child neglect should avoid being overly optimistic about the potential for parents to make lasting changes and consistently provide 'good enough' parenting. Change is not always possible or not sustained over long periods of time. Families may work with professionals to make changes because they are motivated by the intervention but may struggle to maintain this without support. This is referred to as "first order change" and tends not to be supported by greater understanding of why change is needed.

When assessing change, the most important considerations are the outcome for the child and whether improvements can be made in a timescale that is acceptable for the child. Practitioners can often be over-optimistic about parents' capacity and can be reluctant to consider possible signs of abuse because the parents are perceived to be making improvements. Practitioners should also be mindful of 'start again syndrome' with families and recommence assessment work where there is a change such as a new worker, a new referral, or an incident in the family, without taking into account the history. This can cause delay for the child and reduce the effectiveness of an assessment or plan.

A helpful tool for practitioners assessing neglect is the cycle of change. Prochaska and DiClemente's Stages of Change incorporates six key stages of change and can support assessment around parental motivation and sustaining change. It is important to recognize people can relapse or become stuck at any stage of change and can move backwards as well as forwards. To learn more about the model [click here](#)

# Planning a neglect intervention

It is important to plan any intervention for children who are experiencing or at risk of neglect. This will ensure support is targeted and progress can be regularly reviewed to avoid drift. The plan should be created alongside the family (and child where appropriate) and include any agencies involved. Plans should include support offered by professionals and any extended family or friends where available but should also empower the family to work towards the goals without over-reliance on external agencies. The plan should be SMART (see below). It is also important to have a contingency plan in case the outcomes are not achieved.

## **Specific:**

Set out exactly what you want the plan to achieve. Be clear and specific, avoiding vague or universal statements. This makes expectations much clearer for parents to understand especially where there is room for subjectiveness. The goal is the kitchen needs to be clean. So, the plan is the kitchen work surfaces to be wiped down daily and the floor washed weekly. Worker will support parents to make a schedule.

## **Measurable:**

Make sure any targets on the plan have set criteria that can be easily measured. This ensures progress can be monitored and action taken if there are no changes. The goal is the children have never been to a dentist, parents to take them for a check up. The plan will be parents will register the family with a dentist within two weeks and the children will have had a check up within two months.

## **Attainable:**

Any actions on a plan need to be realistic and achievable for the family. Start with small incremental changes if needed and build up to work towards the goal. Set out who will support the family with these. The goal is school attendance must be 100%. So the plan is to improve from 50% to over 75% by the end of Summer term. A place will be provided at breakfast club by school to support with this

## **Relevant:**

Make sure that any actions on the plan are relevant to addressing the concerns identified and to achieve the desired outcome for the child. They also need to be things the family are willing to work towards. The goal is for dad to stop drinking alcohol. The plan is that dad will not drink alcohol when he has sole care of the children to ensure they are safe. If he has been drinking, maternal aunt will look after the children while mum goes to work.

## **Timely:**

Any actions on the plan need to have deadlines for completion to avoid drift and delay. These must be within the child's timescale rather than the parents or professionals. The goal is the child's bedroom to be cleared so she can sleep in it. The plan is for parents to clear clutter from bedroom within two weeks. Worker to apply for funding for a bed and this to be in place within one month. Any plans to address neglect should include:

- The outcome for the children that the plan is working towards and actions setting out how the outcome will be achieved.
- Who is responsible for each action and when the targets will be completed?
- What will happen if the goals are not achieved (contingency).

# Model of Concurrent Interventions for Addressing Child Neglect

Research has not identified any one intervention that is effective in all circumstances. Neglect is complex and difficult to resolve. It is important to understand the cause and impact on the child in each situation and then target interventions to these factors. Interventions are more likely to succeed if they target a range of needs, for example supporting a parent with addressing their substance misuse whilst also tackling practical issues such as debt or housing. Support should also be considered to support the children to reduce the impact of neglect, prevent isolation, and build resilience such as community or school activities. An effective intervention for neglect is unlikely to be short term and will have more chance of success where support is provided to help parents sustain any changes that have been made.

The model highlights key areas to be addressed to achieve better, more positive outcomes for children. Interventions should be focused on all three domains of the Assessment Triangle, to bolster these and take into account all of these areas of need.

As described above the assessment framework is a triangle which identifies clear assessment areas to safeguarding and promote the welfare of children by assessing three areas. One, the Child's Development needs around health, education, emotion and behaviour, identity, family and social relationships, social presentation and selfcare skills. The second, parenting capacity, looking at basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. The third is family and environmental factors such as family history and functioning, wider family, housing, employment, income, family social integration and community resources.

The model of intervention introduces direct work with children to reduce harm in respect of the child's development needs. Direct work with adults to achieve and sustain change and increase motivation and aspiration in respect of parenting capacity. Reduce isolation and increase social support as well as ensuring the family has adequate resources to support with family and environmental factors.

# Examples of neglect interventions using the model

<p>Ensure family have adequate resources.</p> <p>Families struggling with issues such as debt, unemployment, poor housing, and low income may struggle to meet their children's basic needs. Ways to support them could include:</p> <ul style="list-style-type: none"> <li>• Referral for debt advice</li> <li>• Budgeting/benefits support</li> <li>• Signpost to food bank or community pantry</li> <li>• Support from charities to buy things like beds, washing machine, cooker, clothing.</li> <li>• Contact with Together Housing/landlord for home repairs/bid for a property.</li> <li>• Support in decluttering, cleaning, organising</li> <li>• Help with accessing things like free school meals, funded nursery place.</li> </ul>	<p>Reduce isolation and increase social support.</p> <p>Families who are isolated won't have a support network to help with everyday parenting or in a crisis. Ways to support could be:</p> <ul style="list-style-type: none"> <li>• Signpost to local children's centre and encourage participation.</li> <li>• Encourage engagement with other professionals.</li> <li>• Family Group Conference.</li> <li>• Use genograms and ecomaps to identify family members, friends and other sources of support.</li> <li>• Support engagement with activities and groups outside of the home.</li> <li>• Employment support.</li> <li>• English classes for parents who do not speak English or would like to improve.</li> </ul>	<p>Increase motivation and aspiration.</p> <p>Parents may not be aware that their child is experiencing neglect and may need support to understand this. They may need help to begin the process of change. Encouraging parents to make and sustain positive changes to their parenting could include:</p> <ul style="list-style-type: none"> <li>• Use of Motivational Interviewing strategies.</li> <li>• Highlight strengths in the family and promote what they are doing well.</li> <li>• Identify manageable goals and celebrate small steps forward.</li> <li>• Break down tasks and set deadlines (eg cleaning one room at a time rather than whole house)</li> </ul>	<p>Direct work with adults to achieve and sustain change.</p> <p>It is important to work with the adults caring for children to improve their parenting skills and address any underlying issues which might lead to neglect. Examples might be:</p> <ul style="list-style-type: none"> <li>• Parenting courses such as Triple P.</li> <li>• Access to specialist support for issues like substance misuse, domestic abuse or mental health difficulties.</li> <li>• Providing advice and support with nutrition, child care or household routines.</li> <li>• Modelling positive parenting, for example playing and interacting with children.</li> <li>• Supporting parents to understand the impact of their behaviour on their children.</li> </ul>	<p>Direct work with children to reduce harm.</p> <p>Working directly with children will not prevent the neglect but it can enhance protective factors, boost self-esteem and help them build resilience. Ways in which to do this could be:</p> <ul style="list-style-type: none"> <li>• Give children opportunities to share feelings and express themselves with a trusted adult</li> <li>• Access to social activities outside of home; after school clubs, youth clubs, faith groups</li> <li>• Encourage interests by supporting participation in sports, music, creative activities</li> <li>• Help children learn age-appropriate self-care skills such as brushing their teeth and hair</li> </ul>
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# Working with the whole family

When thinking about neglect, it is important to consider the family holistically because neither the children nor the adults exist in isolation. A whole family or systemic approach means working with the family to achieve shared goals as well as responding to individual needs within the family. This will usually require a coordinated multi-agency response from those working with children and adults.

Neglect is very often a result of the parents' vulnerabilities and these need to be addressed in order for the neglect to be tackled effectively. The adults in the family may be experiencing issues such as drug or alcohol misuse, mental health difficulties, domestic abuse, poor physical health, poverty learning disability or coping with their own childhood trauma. Some parents may have grown up in a neglectful home and may not have acquired basic parenting skills as a result. Specialist support should be offered to the adults where risks are identified as this will help parents to meet their child's needs.

Although the whole family should be considered, the focus should always be on improving outcomes for the child.

## **Build on strengths**

In all families there will be things that are going well. It is important to recognise this, to promote resilience and help build their capabilities. For example, a family may be living in very poor conditions which need addressing but are providing their children with a high level of emotional warmth.

## **Share information**

Neglect is cumulative in nature and because of this, it is important for agencies who are supporting adults as well as those working with children to share any concerns in a timely way. Where agencies work in silos and do not collaborate, risks to children can be missed and support can be disjointed and less effective.

## **Be aware of environmental factors**

As well as vulnerabilities and protective factors in the family, it is important to consider the influence of the community and the circumstances in which the family is living. This could be things like employment, finances, housing, community resources and access to services.

## **Look out for 'Invisible Men'**

Recent research shows that fathers and other men involved in children's lives are often ignored by professionals who can focus on the care provided by the mother. Thus a protective factor, e.g. a father not living in the home but capable of caring for the children can be overlooked. It can also mean that those who may pose a risk to children are not assessed. To read more [click here](#)

## **Don't forget extended family**

As well as identifying vulnerabilities and risks, professionals should consider any support available from wider family and friends as well as any risks they may pose. Using tools like a chronology and genogram can help understand the family as a whole.

Family Group Conferences can be a good way to empower a family to find a solution to a problem.

**Work together**

Using a 'Think family' approach we can promote joined up support between services for adults and children as well as take family circumstances into account e.g. a service supporting a parent with their drug use should be aware of the impact on their children not only focusing on treating the presenting issue. To read more about the whole family approach [click here](#)



# Reviewing Progress

Regardless of what level you are working with a family – from Early Help to Child Protection – it is important to regularly review and evaluate any plan to see if progress is being made. If you have used the [Neglect Toolkit](#), this can also be reviewed at regular intervals to measure whether the care has improved or if any changes have been sustained. If there are changes to the family circumstances or new concerns raised, further assessment may be needed, and the plan updated to take this into account.

Reviewing the plan can take place with the family and other professionals in a formal meeting such as a Core Group or Early Help Pathway meeting, but actions should also be reviewed during visits and conversations with the family to ensure everyone remains focused.

All agencies should ensure that neglect cases are regularly reviewed in supervision. Working with families where there is neglect can be overwhelming for practitioners and it is important to acknowledge this. Supervision should also ensure that the focus remains on the child, help the practitioner objective and give direction to avoid delay. Good supervision can help practitioners to 'step back' from the case and reflect on the family's circumstances and the child's experience. Supervision can be used to explore any assumptions and hypotheses, look at evidence and challenge any subjectivity and bias. Regular supervision can help move a case forward by focusing and identifying a way forward.

How will I know when progress has been made?

If your plan has SMART actions you can measure whether goals have been achieved within the timescales.. You can work with the family to set more goals if necessary or decide how the family will be supported to sustain any changes already made.

To evidence significant and sustained progress you will be looking for:

- Parents recognising the child's needs and putting them before their own
- Parents being accountable for their actions and accepting they are responsible for their child's care and safety
- Child being provided with consistent physical and emotional care and a clean, safe environment

What if there is little or no progress?

Neglect take time to address, however, it is important to avoid drift and so any lack of meaningful engagement should be challenged. If targeted support has been offered and there continues to be little or no change escalating the case should be considered.

The following should be taken into account when considering escalation of intervention:

- Where there has been limited or no progress against the plan over a 3-6 month timescale (depending on severity of concerns)
- Where parental response to concerns is avoidant, tokenistic, or hostile and this has not improved despite support offered.
- Where the child is at risk of significant harm due to neglect (for example lack of supervision, extremely poor home conditions)
- When considering escalation, always seek advice from a supervisor and refer to the Continuum of Need document.

# Barriers and Challenges

Neglect can sometimes be difficult to identify and there are challenges that can prevent professionals from responding at an early enough stage. Having an awareness of these can help us to intervene in a more timely and effective way, leading to better outcomes for children and families. These barriers have all been identified in Serious Case Reviews and Child Safeguarding Practice Reviews, both locally and nationally.

## Professional Factors

Neglect is an omission of care rather than an act towards the child – meaning it can be hard for professionals to see what isn't there. What is considered 'good enough' care can be subjective, and views can differ. Professionals often feel uncomfortable having conversations with carers about the care of their children, meaning the issue of neglect is not addressed or is not explicitly explained. Professionals can be over-optimistic about parents' capacity to change and not consider the family history (sometimes called 'start again' syndrome). Professionals tend to be good at identifying some indicators of neglect such as poor home conditions or unkempt children but, where the children and home are well presented, signs of emotional, medical or educational neglect can be missed.

## Organisational Factors

Gaps in information sharing between agencies means that neglect is not always identified. The nature of neglect often leads to a number of 'lower level' concerns which may be noticed by different people but not shared to build a picture. Neglect can be missed where practitioners have not had adequate training in recognising and responding to situations. Often neglect is not seen as being as serious or urgent as other forms of child abuse. Neglect is cumulative and rarely presents in a crisis therefore can be overlooked or not prioritised by management. In organisations where workloads are high and support is limited, neglect can be seen as less important than other issues or not noticed at all.

## Family Factors

Poor engagement, resistance or non-compliance can be common in neglect cases with families being avoidant of professionals or presenting with superficial engagement. This can prevent practitioners gaining a full picture of the child's experience.

Hostility from parents can make it more difficult for professionals to build relationships with them and parents may be mistrustful of professionals, particularly if they have experienced neglect and abuse in their own childhood or the family has had previous professional involvement.

Neglect is often caused by adults' needs being prioritised over the child's. Professionals often focus on supporting the adults and forget the child's experience. Families where neglect is present can be chaotic and it can be difficult to prioritise the child.

# Working with resistance

Resistance is used to describe a range of parental behaviours which can prevent professionals from being able to assess neglect and intervene. This can be very challenging for practitioners to work with and can leave children at risk of harm. The majority of serious case reviews report a lack of cooperation from families or superficial engagement.

Parents and carers can resist professional intervention for many reasons, and it is helpful to try and understand this. For example, they may not understand the concerns, they may feel they are not to blame for the issues raised, or they may be fearful or mistrustful of authorities due to past experience. It is important to consider our own practice, our values and how parents perceive us and our agencies and whether we can do something differently to promote better engagement.

Resistance can be categorised in four types:

## 1. Denial/avoidance

Some parents may feel overwhelmed, hopeless, or upset by the prospect of change. They may resent professional interference or be seeking to hide something.

Behaviours you might see are negativity, tearfulness, unwillingness to acknowledge neglect concerns, purposely avoiding practitioners, missing appointments, or cutting them short.

Ideas to address denial are to ask the family why they think you are involved and use the response to discuss issues, try a joint visit with another agency, try to engage family by highlighting their strengths, involve extended family if possible as positive role models who are not professionals, record any missed appointments, plan visits to think about what you want to achieve and how you can do this.

## 2. Ambivalence

Ambivalent parents may have mixed feelings towards professional involvement, the individual worker or about the concerns raised. They may be unsure as to whether they need to make changes. This can cause them to be 'stuck' and unable to move on and make the changes asked of them.

Behaviours you might see are avoidance of professionals, lateness or missing meetings and appointments, undertaking tasks superficially.

Ideas to address ambivalence are to ensure concerns are explained clearly so parents are able to understand, look at what has worked in the past with the family, encourage family to talk about any changes they would like to make rather than what they feel professionals have imposed on them, break down tasks into small manageable parts.

## Hostility/aggression

Parents may be actively hostile and intimidating towards professionals in order to distract or to prevent further involvement. This can be obvious or covert behaviour. Hostility may stem from fear, mistrust or other dynamics within the adult relationships.

Behaviours you might see are threatening behaviour, silence, bombarding professionals with phone calls, entering personal space, use of derogatory language, shouting and swearing.

Ideas to address hostility are to remain calm but be clear about your involvement and any expectations and boundaries whilst acknowledging their distress, carry out joint visits or co-work the case to ensure children can still be seen safely, plan visits to take into account who will be at home and what time of day is best, consider meeting at a neutral venue where possible, consider escalation if situation does not improve.

### 3. Disguised non-compliance

Disguised compliance can be better understood as disguised non-compliance. It is where parents give the appearance of cooperation to reduce professional concerns but in reality are not engaging with an intervention or are engaging on a superficial level. Cases where parents deliberately manipulate professionals to facilitate intentional harm to children are rare although professionals regularly encounter different forms of resistance and may struggle to engage with families for a range of reasons.

Behaviours you might see are parents agreeing to make changes but no results observed, child's report of situation not matching parents, visits frequently cancelled or rearranged, changes made for a short time but not sustained.

Ways to address disguised non compliance are to focus on the child; observe and listen to them, check what parents say rather than taking this at face value, document missed appointments share information with other professionals, use professional curiosity.

To watch a short video about working with resistant families click [here](#) or click [here](#) to watch a longer webinar

# Professional Curiosity

What is it?

Professional curiosity requires practitioners to explore and try and understand what is happening within a family rather than making assumptions or accepting what is presented. This can also be described as 'respectful uncertainty', maintaining an open mind and thinking critically about any information received. Does what the family are telling us make sense? Curious practitioners may need to think beyond their usual role and consider families holistically.

How can I be more curious?

Ask questions and respectfully seek clarity observe the family dynamic. Be aware of inconsistencies and conflicting information. Consider who is living in the home and who else has a role in the child's life. Look for evidence to back up what is presented. Speak to other professionals involved. Look at the family history. Speak to your supervisor or an appropriate colleague about your concerns. Be willing to 'think the unthinkable'

What is 'disguised non-compliance'?

This is where parents or carers give the appearance of cooperating with professionals or cooperate on a superficial level in order to allay professional concerns. This can be for many reasons such as parents' anxiety about professional involvement or coercion and control within the adults' relationship but, in the most serious cases, it could be to intentionally conceal abuse or neglect. In these cases it is important to try and build positive relationships with the family but to ensure that the adults' needs or behaviour are not distracting from the child's needs.

Why is it important?

Professional curiosity is really important in cases of neglect where the signs may be difficult to spot at first glance. Case reviews have shown that concerns have been missed by professionals accepting what is told to them and not asking relevant questions. This means children may not receive the right support and can be at risk of harm. In families where neglect is a concern, different agencies often hold different pieces of information so it is important to work together to build a full picture.

What can limit our curiosity?

Over-identifying with carers and losing focus on the child. Over-optimism about parents' capacity to change. Unconscious biases and judgements. Confirmation bias – an unwillingness to change our initial assessment even when we receive new information. Being afraid to have difficult conversations with families. Making assumptions. Time and workload constraints.

To read more about disguised non-compliance click [here](#)

# Capturing the child's lived experience

Children who are experiencing neglectful care rarely disclose this to professionals directly. This can make it difficult to identify which children are vulnerable. Children may be unable to share their experiences directly for a number of reasons.

Serious Case Reviews and Child Safeguarding Practice Reviews repeatedly highlight that the 'voice of the child' was missing. It's not enough to record that a child did not make a disclosure or did not want to speak to you. As professionals we need to be creative and find other ways to capture the child's lived experience. The factors that can lead to neglect often mean that a parent/carer can struggle to put the child's needs ahead of their own. It is easy for professionals working with a family to become distracted from the child's perspective by these issues. Practitioners need to ensure the child is central to any assessments or decisions about their care. Thinking about the 'lived experience' of a child rather than the 'voice' of the child helps us move away from only capturing what the child has said. Instead, we should focus on how the child is feeling, what they are thinking, and how they respond to the world around them. By doing this, we can put ourselves in the child's shoes and ask, "what is life like for this child now?"

## How do I find out how a child is feeling?

- Use of direct work tools such as 'day in the life'/'three houses'/'my family' ([see tools section](#))
- Role play/'small world' activities
- Drawing/craft activities
- Observations – of play, interactions with family, everyday activities
- Speak to children alone
- Build trusting relationships with children
- Ask other professionals (eg nursery staff, health visitor, teachers)
- Be curious about children's home life and ask open questions
- Observe their non-verbal communication such as their behaviour
- See a child in different environments if you can (eg home, school, nursery)
- Use all your senses – what do you see, hear, smell when you are in their home?
- Imagine what it feels like to be the child using all the information you have about their life

## Some quotes from children

- I am embarrassed to talk about my home life because I feel different to my friends.
- My life is normal to me – I don't know any different - so I don't know if my care is good enough or not.
- I'm scared I will be taken away from my family if I tell you anything.
- I am embarrassed to talk about my home life because I feel different to my friends.
- I'm too young to talk yet.
- My parents take up all the professionals' time and usually talk for me.

# Capturing the child's lived experience

If a child is unable to tell you directly how they feel, it may be down to you to observe and reflect and express what they would say. What is going on in their life? What might children tell us about their experience of neglect, how it feels and affects them?

## **Babies and toddlers**

- I'm crying and nobody comes to me. I'm in distress but I'm learning that crying doesn't work.
- I have no toys and nobody cuddles or plays with me.
- No one plays with me and I don't know how to play with other children because I haven't been taught.
- Sometimes I am cold because my clothes aren't warm enough when we go out.
- I'm left in my pushchair for a long time. I'm uncomfortable because my nappy is wet, and nobody has changed it.
- I watch TV or a tablet all day and no one sings to me or tells me stories.

## **4-11 year olds**

- I haven't had breakfast before school and I can't concentrate because I'm hungry.
- My teeth hurt and I haven't been taken to the dentist.
- I'm worried about my mum because she's always upset and stressed.
- Nobody helps me with my reading at home and I'm often late for school so I'm not learning as fast as the other children.
- Other children say that I'm dirty and smelly and that makes me feel sad.
- I hurt myself when I was making food for myself and my brothers and sisters.

## **12-17 year olds**

- I miss a lot of school because I'm looking after my younger siblings.
- Nobody cares if I don't do my homework and no one helps me with it. I'm learning that school isn't important.
- When I go out nobody checks where I am, who I am with or when I will be home.
- I wish I had clean clothes that fit me and looked nice.
- I find it really hard to make friends and keep them. I don't feel like I fit in.



# Thinking about adolescence...

Neglect in the teenage years is no less harmful than it is to younger children, yet it is often overlooked or misunderstood by professionals. Young people from 11-17 are going through a period of rapid growth and development in their bodies and brains. They still need a lot of support and attention, although this is different in many ways to the care a younger child would need. Often, parents take a step back and provide less care to children at this age and this can make them vulnerable to harm outside of the home. Research shows a strong link between young people being pulled into risk-facing activity outside the home and not having their emotional needs met at home (push factors). Older children and young people can often meet their own basic needs so physical neglect might not be obvious. Instead, supervisory neglect and lack of boundaries are the most prevalent forms of neglect in older children. This includes a lack of online supervision which can place young people at risk. A creative and collaborative approach is needed to address adolescent neglect which should include the young person, parents and all agencies working with the family.

NSPCC 2020 quote - Adolescents living in situations of neglect may be particularly vulnerable to having their needs and the risks they face overlooked.

NSPCC research found that 20% of young adults reported having experienced inadequate supervision as teenagers such as staying out overnight without parents knowing where they were.

How can neglect impact on older children?

- Low self-esteem, anxiety, depression
- Difficulty solving problems
- Easily frustrated or angry
- Antisocial or criminal activity
- School absences/dropping out of school
- Poor school attainment
- Drug and alcohol misuse
- Early sexual activity
- Vulnerable to exploitation

To read an Ofsted report about responding to adolescent neglect click [here](#)

# Children with additional health or learning needs

Compared with their peers, children and young people who are disabled or who have SEN are considerably more likely to be at risk of poorer outcomes. They are less likely to achieve well at school and are four times less likely to participate in higher education. Looked after children are three-and-a-half times more likely to have SEN compared with all children. (D of E 2007)

## **Why are children with additional needs vulnerable to neglect?**

Research suggests they are up to four times more likely to be neglected. Their needs can be difficult for carers to meet because of impaired ability to communicate and to understand what is happening to them. In some cases, the care provided to non-disabled siblings may be compromised by the needs of a disabled child.

Children less able to do things for themselves rely more on adults for their care. The caring for a child with complex needs can cause stress for a family. Children with disabilities may also be receiving care from a number of carers, increasing the possibility of neglect or abuse.

When working with children with additional needs it is even more important to ensure their experience is captured. Any speech and language needs should be taken into account and specialist advice sought to understand the child's needs where appropriate.

## **What should I look out for?**

A child with additional needs or a disability may experience the same issues as other children but they can also be at risk of other types of harm. These can include:

- Failure to provide medication or other prescribed treatment.
- Failure to meet the child's communication needs.
- Not using equipment that has been provided or allowing adaptations a child may need.
- Not following a special diet or feeding advice
- Denying the child access to play or stimulation
- Having expectations that are too high/too low for the child.

## **How can I work with children who have additional needs in the context of neglect?**

Try to understand the child's lived experience, depending on a child's abilities / development they may not be able to verbally communicate their experience. It is important to use non-verbal communication and observation.

Don't forget any other children in the family as siblings will be impacted by the needs of a disabled child in the family

Gain an understanding of the child's needs and the care they should be receiving. It is important to understand whether a child with additional needs is being cared for in a way that supports their health and development. E.g. are they provided with any medication or aids that they need /

attending health appointments?

Don't rely solely on information provided by parents/carers: seek advice from other professionals and use your own observations of the care provided.

Don't confuse indicators of neglect with symptoms of a disability. Learn about the child's needs and seek specialist advice if needed to ensure you can understand what should be expected for the child.

Consider whether neglect has contributed to the child's developmental delay and/or behavioural difficulties. Where there is emotional neglect and children have not received adequate stimulation, they are more likely to experience learning difficulties, emotional and behavioural difficulties, speech delay and problems with attention span.

To read more click [here](#). To read research from the Council for Disabled Children click [here](#)

# Safeguarding children in Black, Asian and minoritised ethnic communities

We know that many children who come from Black, Asian and minoritised ethnic communities experience racism, discrimination, bias, stereotyping and misunderstanding. This can happen on a community, societal or individual level. It can result in some children coming to the attention of services unnecessarily whilst other children may not receive the support they need.

NSPCC guidance sets out several key things that practitioners can do to try to ensure that children from black, Asian and minoritised communities are supported appropriately:

- Understand the families' story and the challenges they face around racism, discrimination etc
- Build trusting relationships with families
- Take appropriate action to keep children safe
- Take a strengths-based approach to empower parents and carers from these groups to keep their children safe

Anti-discriminatory practice means being aware of and challenging your own values and beliefs and where the pitfalls may be, eg making assumptions about certain behaviour; stereotyping certain groups eg immigrants.

Use supervision or a 'critical friend' to help your thinking. Learn about different cultures and practices and what this might mean or look like.

Focus on the individual child and their needs.

Challenge racism or organizational responses which exclude or further disadvantage children.

Communication tips.

Use an interpreter when talking with families whose first language is not English. Don't rely on children or other families to support.

Be aware of the complexities around interpreters including dialect, confidentiality concerns or shame.

Seek to understand the underlying reasons for people's behaviour – it may not mean what you think it means.

Consider what cultural barriers may impact on what children and parents feel able to share with you, including issues such as shame, honour, community reputation and mistrust of authority.

Think about how you can develop trust to support communication and understanding.

Develop your cultural competence. This means developing your interpersonal skills such as openness, respect and willingness and working in a sensitive, positive way to develop a deeper understanding of families' beliefs, attitudes, and cultures.