Recognising Child Neglect

Juliet Ramage Head of Safeguarding
What is neglect?

The **persistent** failure to meet a child's basic physical and/or psychological needs, likely to result in the **serious** impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision;
- Ensure access to appropriate medical care or treatment;
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

*(Definition provided by Working Together)*
What is neglect?

‘Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being’ Social Services and Wellbeing (Wales) Act 2014

Recognises that severity and persistence are not necessarily the same and that, as with other forms of harm, single instances of neglect can be lethal
Categories of neglect

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

(Horwath 2007)
We know the categories but what does this mean for the child?

Needs of children in the family are often described in general rather than specific terms, for example, under both parenting capacity and development, social workers may write ‘parent fails to send child to school or child does not attend school’ rather than considering the consequence of not attending school, such as lack of social skills and friendships, poor writing skills, low self esteem and so on.

The Child as Object of Neglect - Horwath and Tarr (2015)
Additional Challenges – Substance Misuse

- Addiction to substances at birth
- Anxiety about the wellbeing of carers/parents
- Exposure to dangerous adults and frightening or inconsistent adult behaviour
- Exposure to dangerous substances
- Expectation to keep secrets
- A feeling of isolation from within the family home and wider community
- Involvement in the supply of substances
- Early involvement in use of substances
Additional Challenges – Disabled Children

- Parents who will not allow equipment the child might need
- Body integrity compromised
- Verbal abuse/degrading comments
- Denial of treatments/alternative harmful regimes
- Failing to provide adequate food
- Nappies/incontinence pads when not needed or appropriate
- Respite care used too frequently with ‘abandonment’ motive. Threats of abandonment/exclusion
- Locked into bedroom for long periods
- Excluded from family functions/rituals/holidays
Backcloth to Neglect

- Family violence, modelling of inappropriate behaviour
- Multiple co-habitation and change of partner
- Alcohol and substance abuse
- Maternal low self-esteem and self-confidence
- Mental ill-health
- Poor parental level of education and cognitive ability
- Parental personality characteristics inhibiting good parenting
- Low family income
- Low employment status
- Social and emotional immaturity
Backcloth to Neglect

- Health problems during pregnancy
- Pre-term or low birth weight baby
- Single parenting
- Teenage pregnancy
- Experiences of significant loss or bereavement
- Poor experience of caring behaviour in parents own childhood
- Depriving physical and emotional environment in parents own childhood
- Experience of physical, sexual, emotional abuse in parents own childhood
- Episodes in local authority care as children
Effective interventions to achieve the best outcome for the child must be based upon clear assessment processes. A growing body of research suggests that defining the causation of neglect in individual families can help to determine the most effective management response. Each intervention must be targeted and tailored to meet the individual and unique needs of every family.

- disorganised neglect
- emotional neglect
- depressed neglect

(McKinsey et al 1999)
Neglect remains one of the most complex and intractable problems in tackling child protection issues. We probably do not need any more evidence to tell us what we need to do in neglect – long term sustained and close interactions with families supported by governments and communities is fundamental.

Assessment - Neglect practice toolkit - GCP

Brings together key messages from research, case studies, an assessment tool and accompanying guidance for use where there are concerns about neglect.

Based on Maslow’s hierarchy of needs.

Helpful distinctions made between disorganised, emotional and depressed neglect, their impact and effective responses.

The neglect practice toolkit is used by practitioners to inform the process of assessment with families – adaptation of the graded care profile.

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Action for Children
Assessment - Neglect practice toolkit - GCP

• Provides a common language and baseline- plots/records change over time
• Promotes partnership with other agencies and joint assessment and planning
• Comprehensively covers all areas of care and details the areas to be targeted
• Based on observation and fact, therefore clearly presented and easier for parents to understand and act upon.
• This leads on to further explanatory discussion, how each of these areas impact on the child, supports parents’ learning, feedback from parents was often that they didn’t realise they were being neglectful
Assessment - Neglect practice toolkit - GCP

Framework supports assessment and planning – more focused and targeted. Able to work through issues systematically, this is important as tend to find that life with families where neglect is a feature, is often chaotic and eventful.

Promotes partnership and participation of parent with other disciplines, assessment that they have contributed to can be presented at multi-disciplinary meetings.
<table>
<thead>
<tr>
<th>Area of Physical Care</th>
<th>Nutrition, housing, clothing, health and hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Care &amp; Safety</td>
<td>Level of awareness, home environment, care arrangements, exposure to inappropriate adults/situations; traffic and safety features</td>
</tr>
<tr>
<td>Area of Care, Love and Relationships</td>
<td>Verbal interaction, warmth/affection, acceptance, stimulation, age appropriate social skills, learning social rules, interactive play</td>
</tr>
</tbody>
</table>
### A. Area of physical care | Housing

#### Carer(s) name(s):

**Date:**

<table>
<thead>
<tr>
<th>2. Housing</th>
<th>No concern</th>
<th>No or low concern</th>
<th>Prevention/additional services required</th>
<th>Child protection/social work/involvement</th>
<th>Child protection plan as a minimum</th>
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<tbody>
<tr>
<td><strong>Maintenance</strong></td>
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<tr>
<td>□ Well maintained, safe, warm and clean.</td>
<td>□ Generally well maintained and safe. No known accidents to child in home.</td>
<td>□ Some repairs outstanding. Not always proactive in addressing these issues.</td>
<td>□ State of repair is inadequate and unmotivated to address issues. Conditions have resulted in an accident to a child in the home.</td>
<td>□ Dangerous disorder which is not being addressed (e.g. exposed nails, live wires). More than one accident to child in home/garden.</td>
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<td><strong>Décor</strong></td>
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<tr>
<td>□ Well decorated throughout home, child’s tastes reflected in their bedroom.</td>
<td>□ Mostly well decorated throughout and evidence of child’s needs/preferences being considered.</td>
<td>□ Some rooms in need of plaster/decoration (e.g. holes/marks on walls).</td>
<td>□ Dirty/chaotic environment (e.g. dirty, sticky walls, peeling paper, marks on walls).</td>
<td>□ Squally, bed odour, exposure to hazards within the home.</td>
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<td><strong>Facilities</strong></td>
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<tr>
<td>□ Essential and additional amenities, good heating, showers/bath, beds and bedding provided.</td>
<td>□ All essential amenities, effort to maximise benefit for the child if lacking due to practical constraints (child comes first).</td>
<td>□ Essential to bare, no effort to consider the child.</td>
<td>□ Essential to bare (e.g. inadequate bedding, lack of warmth, unclean, no working heating system, dirty toilet and bath, does not have own bed/bedding).</td>
<td>□ Child dangerously exposed or not provided for.</td>
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**Note:** Discount any direct external influences like repair done by another agency but count if the carer has spent a loan or a grant on the house or has made any other personal effort towards house improvement.

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2. Housing
Prompt questions

**Maintenance**
- The outside doors are badly fitted/do not work.
- Inside doors are left unfitted and damaged.
- Windows have been left broken/uncovered.

**Décor**
- The house has a bad smell.
- The furniture is broken or unhygienic.
- There is no covering on the floor.
- The bedroom window lacks curtains/blinds.
- Conditions in the carer’s bedroom are very superior to those in the child’s bedroom.

**Facilities**
- The home lacks showering/bathing facilities which work and are available for washing.
- The home lacks a toilet which works.
- The toilet and wash basin are dirty.
- The kitchen is dirty.
- The kitchen equipment is unwashed.
- The house lacks a working heating system.
- The child has inadequate bedding (e.g. insufficient, dirty, stained and/or wet).
- There is no clean working fridge.
- Toothpaste, soap, toilet rolls, towels are unavailable/inaccessible.

Produced by Action for Children © 2019.
### 2c. Traffic light score sheet

#### Area of physical care

<table>
<thead>
<tr>
<th>Sub-area overall score*</th>
<th>Nutrition</th>
<th>Housing</th>
<th>Clothing</th>
<th>Health</th>
<th>Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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#### Area of care and safety

<table>
<thead>
<tr>
<th>Sub-area overall score*</th>
<th>Home safety</th>
<th>Supervision</th>
<th>Out and about</th>
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<tbody>
<tr>
<td>1</td>
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</table>

#### Area of love, relationships and self-esteem

<table>
<thead>
<tr>
<th>Sub-area overall score*</th>
<th>Attachment</th>
<th>Mutual engagement</th>
<th>Learning and development</th>
<th>Praise and reward</th>
<th>Boundaries</th>
<th>Acceptance</th>
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</table>

#### Date of scoring:

- No concern
- Low concern
- Prevention/additional services required
- Child protection/social work involvement
- Child protection plan as a minimum

*Obtain a score for a sub-area. The highest score for any of the elements will be the overall score for that sub-area. Therefore, if one element scores at 6 while others score at 2, then the overall score for that sub-area will be 6.
## 2c. Action plan

<table>
<thead>
<tr>
<th>Name(s) of carer(s):</th>
<th>Staff name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are we now?</td>
<td>What needs to happen?</td>
<td>Who is going to do it?</td>
</tr>
<tr>
<td>Our timescales change</td>
<td>What progress has been made?</td>
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</tr>
</tbody>
</table>

Growing up Neglected: a multi agency response to older children

Learning from Joint Targeted Area Inspection

- Neglect of older children sometimes goes unseen
- Work with parents to address the neglect of older children does not always happen
- Adult services in most areas are not effective in identifying potential neglect of older children
- The behaviour of older children must be understood in the context of trauma
- Tackling neglect of older children requires a coordinated strategic approach across all agencies
Neglect of the neglected adolescent

Some older children we saw had been neglected by their parents over many years. These children are incredibly vulnerable. They can seem ‘resilient’ and appear to be making ‘lifestyle choices’, when they are in fact finding unsafe ways of coping, like getting involved in gangs or misusing drugs and alcohol.

Yvette Stanley, Ofsted’s National Director for Social Care
Neglect of the neglected adolescent

It is more difficult to identify neglect in older children as it presents with a wide range of issues- there are so many lenses through which to view a young person, for example mental health, CSE, Substance Misuse etc so often the last one to be considered and viewed is neglect.

Many of the older children we reviewed had experienced multiple forms of abuse, not only neglect but domestic abuse, parental substance misuse, sexual and physical abuse, sexual and/or criminal exploitation and serious youth violence.

Therefore, many were experiencing trauma and, in some cases, post-traumatic stress. Sometimes the trauma was recognised and sometimes it wasn’t.
Choosing a lifestyle?

‘Professionals across all agencies must challenge any notion of older children being described as ‘choosing a lifestyle’. They must challenge the idea that because a child appears resilient this means they do not need help. We have seen during these inspections that choices older neglected children appear to be making are often their way of trying to cope in an unsafe world but in fact put them at more risk.’

‘Behavioural issues must, of course, be dealt with. But unless local agencies consider the role of neglectful parenting, and take action to address it, as well as supporting children in a way that recognises the impact of their traumatic childhood, then their chances of a successful future will continue to be low.’

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Resources

Growing up Neglected

Appropriate Language Toolkit

Understanding adolescent neglect
https://www.childrenssociety.org.uk/what-we-do/research/understanding-adolescent-neglect

Troubled Teens: A study of the links between parenting and adolescent neglect

Action for Children
Resources

NSPCC Core Information

Responding to child abuse and neglect – a view from NICE
Resources

Action on Neglect Resource Pack

Training Resources on Childhood Neglect
http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/childhoodneglect/b00209825/training-resources-on-childhood-neglect

Action for Children Report - Revolving Door Part I and Part 2
https://www.actionforchildren.org.uk/media/10540/revolvingdoor_pt2_final.pdf

The child as object of neglect
http://www.reconstruct.co.uk/public/docs/The%20Child%20as%20Object%20of%20Neglect.pdf
Thank you

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