



South East Wales Safeguarding Children Board
Working Together For Children

Child Neglect Practice Guidance

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1. Introduction

- 1.1** This multi-agency practice guidance is for practitioners whose work brings them into contact with children and their parents/carers. The aim of this multi-agency practice guidance is to establish a common understanding and a common threshold for intervention in cases where the neglect of children is a concern. For the purposes of this document, a child is person under the age of 18 years.
- 1.2** National research (Stevenson 2007; Howarth 2007) and statistics (www.dataunitwales.gov.uk) indicate that while the numbers of physical, sexual and emotional abuse cases on the Child Protection Register have fallen, registrations for neglect have risen steadily throughout the last decade.
- 1.3** Nationally, between 80-100 children each year are estimated to die because of abuse and neglect with a high degree of overlap between neglect and other forms of abuse, (Brandon et al, 2008, DCSF).
- 1.4** Across the region, there are also a number of child in need cases where neglect is an issue.
- 1.5** 'Neglect is not only damaging in early years, its effects in teenage years are often overlooked'. (Child Neglect in 2011. An annual report by Action for Children in partnership with the University of Sterling, 2011).
- 1.6** The practice guidance is intended to complement The Framework for the Assessment of Children and their Families (National Assembly Wales, 2000) rather than replace it. It draws on national and local research into child neglect and its aim is to help practitioners form judgments about their intervention.
- 1.7** The practice guidance aims to highlight some of the difficulties experienced when working to combat neglect and suggests ways to avoid or resolve them. No guidance can, however, provide answers to all circumstances or difficulties, the aim of the guidance is to support the use of professional judgment at all stages of interventions with families.

2. Definitions

- 2.1** "Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self esteem, feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing".

(Safeguarding Children: Working Together Under the Children Act 2004' (Welsh Assembly Government, 2006,p.139,s.6.14).

This definition stresses the importance of the child's need for psychological and emotional care as well as physical care.

- 2.2** Child neglect is rarely an intentional act of cruelty, however there are occasions when neglect is perpetrated consciously as an abusive act by a parent. More often neglect is defined as an omission of care by the child's carers, when for many different reasons parents are unable to consistently meet the needs of their child or children.

2.3 The following types of neglect have been identified in Howarth, J. 2007

- **Medical neglect** where carers minimise or deny a child's illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of healthcare including dental, optical, speech and language therapy, and physiotherapy
- **Nutritional neglect** is usually associated with inadequate food for normal growth leading to "failure to thrive". Increasingly another form of nutritional neglect can result from an unhealthy diet and lack of exercise which can lead to obesity, which increases the risks to health in adulthood.
- **Emotional neglect** can be defined as the "hostile or indifferent parental behaviour which damages a child's self-esteem, degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development". It is the non-deliberate consequence of a carer's neglectful behaviour (Iwaniec, 1995).
- **Educational neglect** includes carers failing to comply with state requirements, but also include the broader aspects of education such as providing a stimulating environment; showing an interest in the child's education and supporting their learning including ensuring that any special educational needs are met.
- **Physical neglect** refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from his peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, exposed electric wires and sockets etc.
- **Failure to Provide Supervision & Guidance** refers to the carer failing to provide the level of guidance and supervision required to ensure that the child is physically safe and protected from harm.

3. Reasons for Child Neglect

3.1 The majority of parents care well for their children, often in difficult circumstances, with the support of their family and friends if needed. Many children in our community are at risk of having their health or development neglected for a number of reasons such as homelessness, unemployment, poverty or a particular difficulty within the family. Some families will need support from services as a result of difficulties to ensure that their children are cared for adequately. A small number of children will need comprehensive support services, as a result of the complexity or seriousness of their family circumstances, to ensure that they are cared for adequately throughout their childhood and may require long term intervention.

3.2 Many children in our community are at risk of having their health or development neglected for a number of reasons such as homelessness, unemployment, poverty or a particular difficulty within the family. Local and national research has identified a number of factors that may feature in relation to the profile of those parents of children at risk of being neglected. These factors can include any or a combination of the following factors:

- violent relationships / domestic abuse
- parental alcohol and substance misuse
- parental learning disability
- parental or carer mental ill-health
- episodes in local authority care as children
- maternal low self-esteem and low confidence
- poor experience of being cared for in parents' own childhood
- health problems during pregnancy, pre-term and low birth weight baby
- experiences of significant loss or bereavement
- isolation and lack of support
- young adolescent parents

3.3 Difficulties experienced by parents as a result of underlying features can link to the neglect of children because, for example:

- Parents lack the capacity to provide care physically or emotionally
- Parents' own problems are so overwhelming or intractable that they cannot prioritise their children's needs above their own
- Parents lack the knowledge or skills to provide adequate care environments
- Parents have no good models of parenting to draw on
- Support networks are not in place to 'compensate' for inadequacies in the primary care relationship

3.4 Parental Substance Misuse and Neglect

The work of Hidden Harm (Advisory Council for Misuse of Drugs, 2003) highlights the relationship between parental substance misuse and child neglect. Practitioners should be mindful when carrying out assessments of the potential for parents to seek to conceal their substance/alcohol misuse. This may present itself in hostile or uncooperative responses by the parents.

3.5 Neglect often occurs in families living in poverty. However many parents who encounter poverty provide safe homes and high standards of parenting. **Poverty in itself is never an indicator of neglect.** The example often used to illustrate this is, if a new fridge were provided would the children receive better nutrition or improved emotional care? The children at greatest risk are those whose parents' own emotional impoverishment is so great that they do not know how to parent or understand their children's needs.

3.6 Whilst neglected children will not inevitably become neglectful parents, research and practice experience clearly identifies the inter-familial nature of much neglect. Appropriate intervention can therefore contribute to the prevention of the cycle of inter-generational neglect.

3.7 Parent and Child Relationships and Neglect

The formation of positive attachments is seen to be fundamental across all domains of child development. A 'secure' attachment in particular enables children to gradually learn to become independent and confident when dealing with new experiences and challenges. Good attachments are dependent upon the child's parents being physically and emotionally available, dependable and benevolent (see Fahlberg 1994). These qualities may be absent in some parents for a variety of reasons, and consequently the attachments their children make will be distorted.

3.8 It is important to recognise that there may be additional challenges around positive formation of attachments that are specific to a particular child. An example of this may be where a child may have a severe disability or chronic illness that has resulted in long-term hospitalisation.

3.9 It is increasingly recognised that there has been insufficient emphasis on the significance of emotional neglect and the relationship between emotional neglect and negative patterns of attachment. As part of the assessment process, practitioners should look closely at difficulties or distortions in the patterns of attachment and bonding between a child and his or her primary carers, as this may lie at the heart of issues around child neglect.

3.10 Negative patterns of attachment are particularly evident in neglected children where parents may be 'psychologically unavailable' to their children. This can result in emotional and behavioural disturbance in their subsequent development.

4. The Impact of Neglect

Practitioners and academics are agreed that chronic and serious neglect can have disastrous effects upon childhood and child development. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm (Hildyard and Woolfe, 2002). Research clearly identifies that if babies and young children are exposed to neglectful care giving and poor stimulation in the first 3 years of life, the neuronal pathways requiring stimulation are likely to wither and children may never achieve their full potential (Perry, 2004).

4.1 The impact of neglect upon a child's development is uniquely experienced by each child depending upon their individual circumstances, the nature of the neglect and the level of resilience.

Amongst the challenges that may be encountered by children who are exposed to neglect are;

- Damage to the neural pathways in the brain;
- Development delay and failure to thrive;
- Hunger and thirst;
- Low weight;
- Lack of appropriate medical care, missed medical appointments and pain caused by untreated condition;
- Inadequate protection from emotional, physical or sexual harm;
- Pain / embarrassment caused by ill fitting or inappropriate clothes;
- Difficulties concentrating and making friends at school;
- Lack of opportunities for socialisation;
- Elevated likelihood of poor mental health and low self-esteem;
- Feelings of isolation and rejection;

4.2 Additional challenges faced by children living in neglectful circumstances where parental alcohol or substance misuse feature include (see Hidden Harm, 2003):

- Addiction to substances at birth;
- Anxiety about the wellbeing of carers/parents;
- Exposure to dangerous adults and frightening or inconsistent adult behaviour;
- Expectation to keep secrets;
- Involvement in the supply of substances;
- Early involvement in use of substances.
- Being a young carer

4.3 Neglect can have a significant impact on a child's emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child's health and development including their learning, self-esteem, ability to form attachments and social skills.

Research by Harriet Ward et al (2010) found that outcomes for children are much improved if changes are made by parents within the first six months of their lives and often during pregnancy.

5. Identifying Neglect: Signs and Indicators

- 5.1** The first step for practitioners in working with neglect is **identifying** those children who may be at risk and being able to **express the evidence base for this**.
- 5.2** 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.
- 5.3** There may be concerns about:
- the way a child looks in terms of hygiene, grooming, and clothing.
 - the child not being adequately fed
 - levels of hygiene in the home environment.
 - the child not being kept safe.
 - the child's emotional and behavioural responses.
- 5.4** More than any other form of abuse, neglect is often dependent on establishing the importance of collating seemingly small, un-dramatic pieces of factual information, which when collated may present an overall picture of a child who is being neglected.
- 5.5** The Framework for Assessment can provide an organised approach to looking at the signs and indicators of neglect. It can assist the practitioner to organise information, analyse risk factors, gather and share information across relevant agencies as well as providing a rationale for what the agency subsequently decides to do about the concerns identified.
- 5.6** The Framework for Assessment offers a system for gathering information in relation to three main areas of family life. These are:
- Child's developmental needs.
 - Parenting capacity.
 - Family and environmental factors

5.7 Figure1 expresses how the assessment is organised.



5.8 Practitioner's should think holistically across the framework making links between the domains to consider how one feature or element may be influencing another. This may be in a positive or negative way; the way that factors inter-relate may aggravate or mediate our concern.

5.9 Child's Developmental Needs

The way that children present themselves physically, socially or emotionally, how they perform at school or whether they meet their developmental milestones can provide a practitioner with important pieces of information about the life and experience of that child and the parenting that he or she is receiving.

5.10 Lists of behavioural and presentational features can provide useful triggers and check-lists in terms of children's needs and characteristics that may indicate they are being neglected. However, these need to be taken along side other considerations such as the age of the child, their stage of development whether they have a disability or how long they have been a feature of the child's life.

5.11 Of particular importance as practitioners, is our knowledge of individual children through listening and observation, engaging and building relationships with children and their families so that we can hear and be receptive to what they tell us. We need to be able to think from a child's perspective and consider our professional concerns in terms of what they may mean to that particular child? What is the impact on them and what effect will it have on their developmental needs both at present and into the future?

5.12 Maintaining a Focus on the Child

The **Framework for Assessment** highlights five components of undertaking direct work with children, they are:

- Seeing children
- Observing children
- Engaging children
- Talking to children

Good Practice Box 2: Maintaining a Focus on the Child

- Children should be seen within their family unit and on their own.
- The child's views should be sought in relation to where they would be comfortable to meet with you.
- Children should be spoken to and observed to determine the level of attachment they have to their parents and siblings and other members of the family
- Consideration should be given to each child within the family. How are they different or similar?
- Are any of the children in this family more resilient than others to the care they are receiving and if so how? And why?
- Describe each child in terms of appearance and personality
- List the strengths and positives of the relationships within the family
- List any injuries the child has had chronologically including injuries that have been explained by the parent or carer
- List your concerns about the child's developmental needs using the dimensions within the Framework for Assessment.
- Consider and plan how you will discuss your concerns with the child's parents
- Ask the parents to describe their children individually and talk about what they like about them. What are their individual personalities? What do they like doing? This exercise can be enlightening in terms of finding out what parents know about their children, how they feel about them and how good their attachments are.

5.13 Parenting Capacity

When thinking about parental neglect of a child we are trying to ask: in respect of this child, do the parents meet his or her individual needs, and if not what might be contributing to this?

5.14 Signs and indicators may be observed as behavioural characteristics including:

- Lack of concern about physical household standards, which falls well below other families, sometimes associated with the care of animals in the household;
- A failure to keep routine health appointments for the children, and themselves;
- Failure to stimulate and or interact creatively or humorously with the children;
- Difficulty in exercising appropriate discipline and control over children;
- Lack of judgement about whom to trust with care of the children;
- Difficulties in attachment and bonding;
- Difficulty in putting children's needs first;
- Parental low self esteem;
- Poor or destructive relationships with extended family or local community;
- Parents telling us that they are not coping.

5.15 There may be underlying issues such as poor mental health or learning difficulties that diminish the parental capacity, either on a temporary basis or a more permanent (chronic) basis for example, a parent's own health or other unmet needs, substance misuse or the impact of domestic abuse.

5.16 In identifying neglect practitioners might also consider how parents interact with support services, whether they are open to advice and guidance and able to act upon it, or whether there is an apparent lack of motivation or even a level of hostility. If support has been attempted in the past, did it work or not? If not what might be more helpful? What is your view about this? A multi agency chronology could really aid identification of patterns of non engagement and historical concerns and whether or not interventions have led to positive change that was sustained.

5.17 The behaviour of seriously neglectful parents is frequently characterised by care which lacks consistency and continuity. There may be brief intervals when care is marginally improved. This may raise the hopes of those providing services, but improvements are usually short-lived and can create a sense of hopelessness for those supporting the family. This is why good chronologies and a sound knowledge of the family history, including previous service interventions, is vital to any assessment of the neglect.

5.18 Family and Environmental Factors

Practitioners need to consider the following in this context when working with neglect:

- Childhood experiences of the parents
- Relationships with wider family
- The history of the family functioning e.g. has there been involvement previously, was this because of the same issues, what was the consequence of involvement at that point, did parents engage etc
- Income
- Housing
- Social integration
- Access to resources e.g. good community resources in this area that are accessible to the family and that they are using

- How do the above factors impact on the child and how do these factors relate with the child's development needs and parenting capacity

Further information on family and environmental factors can be found in the appendix 1.

5.19 Working Sensitively with Diversity

All children, and the families in which they live, are unique. Their racial and cultural background, religion, gender, sexual orientation and any physical and/or learning disability will all need to be considered within the assessment. It is important that practitioners are aware of their own personal value base and the impact that this may have in working with families.

Literature expresses caution about non-intervention based upon fear of being judgemental. Child abuse including neglect can never be explained or justified on the basis of differing cultural norms or beliefs. Offering cultural explanations for abusive and neglectful parenting is referred to as 'cultural misattribution' by Lord Laming in his inquiry into the death of Victoria Climbié.

For some children discrimination is part of their daily lives. Agency responses to children should not reflect or reinforce the experience of discrimination- they should counteract it. For example, it is particularly important that practitioners use interpreters when necessary and that children are listened to and able to express their views in their first language.

5.20 Common pitfalls when working with neglect

When working with neglect practitioners should be mindful of the following issues or barriers to effective assessment and interventions with neglect.

- A failure to observe or listen to children and see the world through their eyes.
- A belief that neglect can be addressed solely by relieving poverty.
- A failure to recognise children as part of a wider community, whose responses to the neglected child may be to socially exclude them.
- Taking a collective view of children in the same family, when an individual assessment is required.
- A belief that parenting is innate and natural and therefore parental behaviours must be right.
- A fear of imposing professional and class values on others.
- Making assumptions about race and culture that could under or over state the risks.
- Viewing neglect as inevitable as the parents are unable to change their lifestyle/behaviour.
- Developing pervasive belief systems that as long as the children seem happy, other omissions of care are of less importance.
- A lack of knowledge of results and long term consequences of neglect.
- An adherence to a belief in the adults rights to 'self determination', which may deny or be in conflict with the rights and/or best interests of the child.
- Over identification with vulnerable parents, leading to denial of children's needs.
- A belief that nothing better can be offered to children.
- Studies have shown that once that when professionals have fixed views about the family and child and 'rule of optimism' develops, it is then difficult for workers to change their views about the family. This may be in spite of compelling evidence of neglect and significant harm.
- Neglect is usually seen as the mother's failure to provide care where as little is known about the men in neglectful families.

5.21 Summary and next steps

- When there are concerns about possible neglect, look at each area of the Framework for Assessment and identify the evidence and risk factors you consider to be indicative of child neglect.
- Record your concerns, and look back over your agency notes or records.
- As well as your concerns, identify protective factors or strengths, family or community supports.
- Think about the concerns in the context of a time-line or chronology. Are the causes for concern discrete (time-limited or related to a specific event) or chronic in nature.
- Consider the child/young person and parent's views.
- Work sensitively with diversity.
- Evaluate this information in respect of the individual child and his or her specific circumstances, and that of the family.
- Evaluate the information in relation to the impact that this has on the child both in the present and over time.
- Use supervision to critically reflect on the circumstances of the case.
- Be aware of disguised compliance (when families are only complying because they want to get professionals out of their lives). Again use supervision for support.
- Beware of being overly optimistic about parents' ability to make and sustain necessary changes.
- 'Start again syndrome' – in some cases practitioners can struggle to understand the substantial history of a case and there is a tendency to 'start again' as a result and not consider fully the patterns of past involvement.

6. DECISIONS, NEXT STEPS and REFERRALS TO SOCIAL SERVICES

- 6.1** Once concerns about neglect are identified practitioners then need to make judgments about the level of intervention that is required (thresholds) and what should happen next. The practitioner or agency that has identified the concerns must evaluate the seriousness of their concerns and decide what the appropriate response should be. Research has demonstrated that earlier identification of neglect and earlier intervention in the situation leads to better outcomes for children and young people. This is particularly important for the 0-3 age group.
- 6.2** Jan Horwarth (2006) identified that deciding whether a concern about child neglect warrants a referral to social services is a complex task that does not depend solely on knowledge and evidence of the child's circumstances, but on personal and organisational factors too. It also relies on your professional judgement that will be based on your knowledge, skill and experience.
- 6.3** Making judgments about referrals can cause some anxiety for practitioners as well as creating tension between agencies. Building good working relationships between agencies, developing an understanding of respective agency roles and capacity as well as a shared understanding around thresholds can assist. Being able to articulate our concerns clearly by drawing on signs and indicators, risk factors and knowledge of the impact of neglect will also be helpful. If you are unhappy with the response you get to a referral then it is your professional responsibility to challenge this (refer to the Regional Resolving Professional Difficulties protocol).
- 6.4** 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.
 - Referring for additional support services
 - Referral to Children Social Services as Child in Need or
 - Referral to Children Social Services as Child Protection.
- 6.5** If a decision is made **not** to refer to social services, the agencies that are already involved can agree a plan of activity in response to the concerns or could access some additional support for the family from resources that are available locally. Making a decision not to refer may be an appropriate response if there is felt to be the potential to effect change to the benefit of the child and the family, and where the risks to the child are felt to be manageable. It is important within these situations that the parents have a level of understanding and acceptance of the professional concerns and the motivation to work with others to improve things. Clearly record your decision making as per your agency's recording policies and systems.
- 6.6** Support agencies will vary across authorities and further information can be obtained from the Gwent Association of Voluntary Organisations (GAVO) directory and the Family Information Service in your area.
- 6.7** Where a family or child is receiving targeted (e.g. Right from the Start) or universal (e.g. Education, Health Visitor) support services as a result of concerns about neglect, it is particularly important, that the support is planned, monitored and reviewed regularly and that there is a good system for inter-agency liaison and coordination. It may be a good idea for those people who are involved with the family, e.g. HV, teacher, Child and Adolescent Mental Health worker, Flying Start worker to meet to do this, and the family should be included in the meeting.

Good practice guidance around planning and reviewing support is covered in section 7.

- 6.8** If the decision is taken to offer support without a referral to Children's Social Services you should review this decision at regular intervals with your supervisor or line manager with the following considerations:
- Is the plan working and what difference is it making?
 - In view of the signs, indicators and risk factors that originally caused concern, has there been any change?
 - Is it appropriate to make a Child In Need referral to Children's Social Services?
 - Is there an indication that the child is at risk of significant harm and may be in need of protection? If so, refer the matter urgently to Children's Social Services.
- 6.9** Serious concerns in regards to a child's welfare or development will always need to be referred to Children's Social Services in order that a multi-agency assessment can be undertaken to determine whether the child is a child in need and what services may be required.
- 6.10** As well as the factual information about the child and their all family members, and the reasons for the referral, Children's Social services will want to know:
- What evidence is there of an impact on the health and safety of the children?
(Draw upon facts and observations rather than feelings and assumptions. Distinguish between fact and opinion. You can include third party information but you need to be clear about this.)
 - What has happened resulting in a need to refer the family now?
 - Why do you think this has come about, what might the causes be?
 - What has the referrer, if another professional, done to try and improve the situation?
 - Does the parent know they are being referred and what sort of help do they want or expect?

Professionals who make referrals to Children's Social Services should address the questions above when completing the required multi-agency referral form.

When consent is required	When consent is not required
<ul style="list-style-type: none"> • Prior to any children in need referral. <p>A child shall be taken to be in need if:</p> <ul style="list-style-type: none"> • He is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local authority • His health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or • He is disabled Children Act 1989 Section 17(10). • Whose consent is sought? Person with parental responsibility 	<ul style="list-style-type: none"> • If a child is at risk of significant harm • If to seek consent would increase the risk of harm to a child or young person • Seeking consent is impossible, e.g. those with parental responsibility are not contactable and the concerns are immediate

6.11 Making a referral to Children's Social Services - seeking parental consent

Professionals who refer their concerns to Children's Social Services need to decide whether the consent of the person with parental responsibility is required. Consent is considered in the table below.

6.12 When you are unclear about the concerns, do not delay your referral.

You may find it useful to consider any referral dilemmas with:

- Your line manager/supervisor
- Agency lead person for safeguarding children
- The referral team manager at the Children's Social Services department

6.13 Parental Neglect which constitutes 'significant harm' is that which is:

- **severe**
- **persistent**
- **cumulative**
- **chronic or acute**
- **resistant to intervention**

6.14 There will need to be a clear sense of how these neglectful acts fail to meet a child's needs and in turn, how this links to the harm that is being caused. Immediate health, well-being and safety will be a consideration as well as the developmental harm that will affect the child into the future. **The key issue is that long term neglect can cause more developmental delay and impairment than any other form of abuse.**

6.15 In families where neglect is occurring as in other complex situations, it is easy to lose sight of the child due to them becoming over-shadowed by the needs of the parents or other factors. The significance of seeing and observing the child cannot be overstated in such complex and chaotic circumstances. Keep asking the question: What is it like to be this child, living with these parents/carers in this home?

7. PLANNING, REVIEWING AND THE USE OF SUPERVISION

- 7.1** Multi-agency plans should be in place for children who are considered to be in need or vulnerable as a result of neglect. A plan should be in place whatever level of service or intervention is being offered, and whether it is a single or a multi-agency intervention. The plan should be drawn up with the family, including the child wherever possible, together with any other agencies involved.
- 7.2** The plan should detail the outcomes sought, the services that will be offered to the family and when, the changes that are required and timescales for the changes being achieved.
- 7.3** Having assessed the areas where the parenting is neglectful, it is crucial that any subsequent work is focused and specific. The plan should be SMART:
- **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**ealistic
 - **T**imed.
- 7.4** Children who are neglected are often isolated within the community, by their peers and sometimes within their own families. Plans for children should consider ways in which children could become involved in activities to reduce the experience of isolation. Plans for children who have been neglected need to build resilience in order to reduce risks. Building resilience might include:
- Linking a child with leisure or community services, for example, play centres
 - Finding out if there are activities within school the child could link into
 - Perhaps linking the child with a safe adult or friend who might be willing to spend time doing activities with the child.
- 7.5** The plan will be reviewed on a regular basis. A review can be held if there is a change of circumstances or an event that suggests that the plan needs to be changed in any way. Parents, and the child where appropriate, should always be encouraged to attend and take part in the reviewing process.
- 7.6** Where children are on the Child Protection Register as a result of the concerns about neglect the plan will be the Child Protection Plan, which will be reviewed at the core group and updated as appropriate.
- 7.7** Other considerations that are important in planning and reviewing services include:
- Thinking creatively from a needs-led perspective that draws on informal as well as formal avenues of support and assistance;
 - Whenever possible try to express outcomes in terms of behaviours and include in the plan how the anticipated changes will help the children thrive, develop and reach their potential;
 - Think about the learning needs / styles of the parents and ensure that they are clear about your concerns and what your expectations of them are;

- Consider whether the service you are proposing is empowering a family, or whether it is contributing to feelings of dependency;
- Think specifically about how each child is included in the plan – does the child need help and support to improve their self-esteem, build resilience or cope with some aspect of their lives;
- Consider any parental needs that remain un-met and whether this will undermine their capacity for change. There may be a need to involve adult orientated services if this is the case.
- Try to ensure that the plans are co-ordinated and agreed across services so that the family experiences clarity and consistency about the required changes.
- Where there is feigned compliance it is crucial to understand whether this is an issue of motivation or capacity. The Regional practice guidance, Working with Hostile and Unco-operative Parents/Carers includes strategies that you can employ to help you.

7.8 It may be that further assessments will be needed if there are new or ongoing concerns about a child.

7.9 The Purpose of Supervision

Good supervision is central to the management and oversight of working with families where there are concerns about child neglect. The supervision process should ensure:

- The worker is clear about their roles and responsibilities
- The workers meet their agency's objectives
- A quality service is provided to children and parents
- To support practice
- To assist in professional development
- To manage stress

Professionals need to refer to their employing agency's policy in relation to staff supervision/guidance.

7.10 The importance of supervision in cases of neglect cannot be under estimated. Effective supervision is an important resource for reflection, information and support and the process by practitioners can identify areas for adjustment in their practice to overcome misplaced optimism or the start again syndrome in cases of neglect.

8. Top Tips for Working with Neglect

I can't seem to get the family to understand what I am concerned about.

Try the following;

- Be clear – use language that can be understood not just verbally but in plans and assessments too.
- Share the chronology you have compiled with the family
- Think of creative ways to discuss the issues you are concerned about.
- Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about.
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact try and visit with a colleague to produce a new way of talking about the same things.
- Be mindful of level of cognitive ability of the family and adjust your language accordingly (particularly relevant with families with significant learning disabilities).

There is a plan in place but I remain concerned for the child's safety.

Try the following:

- Discuss your concerns with your line manager, the named person within your organisation who has responsibility for child protection or where the child is on the Child Protection Register the Chair of the Child Protection Conference
- Ask for the review to be brought forward.
- Produce a multi-agency chronology
- Reflect on concerns in relation to the child and parent and the effectiveness of the current plan. Is it the right plan? Are they the right outcomes? Are we clear with parents what we expect of them? Have we checked that parents understand what we are saying?
- Use tools/resources to organise concerns
- Seek legal advice about commencing the Public Law Outline

The plan doesn't seem to be working, the family isn't cooperating - I feel 'stuck'.

Try the following

- Review the plan - what you have done so far to engage the family – what has been most successful? What has been least successful and why?
- Discuss the case with your line manager
- If there are practical issues blocking progress attempt to resolve these. It may be that the home is so chaotic when you visit that you are unable to complete any assessment within that environment. If this is the case plan carefully how you can assess the family in these circumstances or try to use another venue.
- Resolve some of the practical issues that may be distracting the family (be careful they are not being used as excuses to distract you).
- Think about what the family most likes to talk about – the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover.
- **Plan** your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it. Use planned and unplanned visits.
- Think carefully how you are going to monitor and measure the issues of neglect, it is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change, feedback to the family what you perceive to be the situation.
- Consider using creative ways to engage the family e.g. video, needs games. (see the assessment tools within the appendices)
- Consider using a written agreement with the family.
- Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this.
- Consider discussing your case within your team, possibly at a team meeting. Your colleagues may think of new ways of engaging the family or offering support.
- Consider having a colleague co-work with you. This will provide you with support and may also help to provide a “fresh” outlook on the case. Undertake joint visits.

It's hard to effect change and work with issues of neglect within this family because sometimes parenting is 'good enough' and other times it isn't.

Try the following

- Share chronologies between agencies – build a multi agency chronology
- Use this to review the multi-agency plan
- Establish whether there is any pattern to the decline or triggers that and be indentified
- Consider the likely long-term outcome for the children without change and the seriousness of this
- Be clear about the outcomes sought for the children
- Be mindful to use the same criteria with disabled children
- Consider what the impact is on the children in this family of recurring neglect that has continued over time albeit sporadically

The family had shown that they do know and understand what good parenting... but they don't do it consistently.

Try the following

- It is common for parents who have received support and services such as parenting skills programmes to have knowledge of what good parenting is. Often parents can talk about what they should be doing with their children and a lot of the time they demonstrate an ability to provide good enough care, however they are not always able to do this consistently.
- Consider involving individuals who can act as role models to parents preferably in the home. There may be resources within the extended family for this or services that provide this support. The aim of this exercise would be to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby. Or, helping a family to understand the necessity for good hygiene in the kitchen.
- Keep the needs of the children in focus. Talk to the children and find out what their experiences are.
- When you know that parents **can** care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision.
- Bear in mind that there has been a tendency to use a different criteria to the neglect of disabled children. The criteria should be the same. Disabled children are 3.4 times more likely to be abused than non-disabled children.
- Understand whether this is a motivation or capacity issue.

Framework for Assessment

Child Development Needs	Parenting Capacity	Family and Environmental Factors
<p>Health: To be clean To receive medical care To receive dental care Feeding appropriate to age and stage of development Warmth Shelter</p> <p>Education: Play Stimulation Friendships Experience of success and achievement Access to books and toys Support with special educational needs</p> <p>Emotional/Behavioural Love Security Boundaries Attachment to a key individual To feel valued</p> <p>Identity: To feel valued To feel that they belong An understanding of their cultural heritage Access to positive reflections of themselves in society</p> <p>Self-Care Skills: To wash and dress unless prevented by disability Independence appropriate to age and dev. stage To feed self unless prevented by disability</p>	<p>Basic Care: Meeting child's physical needs Medical and dental care Providing suitable clothing Personal hygiene</p> <p>Ensuring Safety: Protection from harm or danger Protection from unsafe adults Supervision Boundaries Selecting responsible baby sitters Giving children an understanding of potential dangers</p> <p>Emotional Warmth: Meeting child's emotional needs Offering a positive sense of child's racial and cultural heritage Appropriate physical contact Stability Praise and encouragement</p> <p>Stimulation: Play/ reading / talking Experience of success School attendance</p> <p>Guidance/Boundaries: Enabling child to regulate own behaviour and emotions Modelling appropriate behaviour</p> <p>Stability: Developing and maintaining secure attachments where possible Consistency of emotional warmth Contact with family members and significant others.</p>	<p>Family History and functioning: Strengths and difficulties Childhood experiences of parents Family Functioning Sibling Relationships Absent parents</p> <p>Wider Family: Who are these people? What role do they play?</p> <p>Housing: Is it suitable / have basic amenities?</p> <p>Employment: Who is working? How does employment or lack of employment impact on children?</p> <p>Income: Do financial difficulties affect the child?</p> <p>Social Integration: Integration or isolation?</p> <p>Community Resources: Are they present in the area? Can the family access them?</p>

Child Development

- Underweight/overweight
- Appears hungry/thirsty
- Cold to touch
- Developmental delay
- Speech delay
- Lacking energy
- Prone to illness and infection
- Repeated episodes of gastro-enteritis
- Skin infections
- Dry thin hair
- Alopecia
- Poor school attendance
- Poor attachments
- Inappropriate clothing for weather conditions
- Unclean/poor hygiene
- Very poor dental hygiene
- Nowhere for child to sleep
- Isolated/withdrawn/behaviour problems/sad or expressionless
- Self harm
- No understanding of cultural heritage/ racism from family members
- Children with health or developmental needs being denied access to services.
- Stealing food/money

Parenting Capacity

- Parental learning disability
- Parental substance misuse
- Parental mental health
- Parental history of poor parenting
- Little support from extended family
- Bereavement or loss
- Poor attachment
- Unreal expectations of child for age and stage of development
- Low warmth/high criticism
- Poor stimulation of child
- Use of immature or unsuitable baby sitters inability to protect children from unsafe adults
- No boundaries set for child
- Lack of supervision
- Limited understanding of potential dangers to children eg.. Burns, road safety, stranger danger
- Lack of emotional care eg..warm regard, praise, encouragement, security
- Not accessing vital health care for child
- Young children left alone or unsupervised

Family and Environmental Factors

- Poverty
- Unemployment
- Isolation
- Poor education
- Poor Housing
- Overcrowding
- Frequent house moves
- Pets / animals
- Poor hygiene
- No leisure interests outside the home
- Racism
- Depression
- Not eligible for benefits because of political / immigration status

Key Principles to consider when undertaking a Core Assessment

- **Understand the family's circumstances:** No Core Assessment can be commenced without a detailed understanding of the family's background and previous involvement with services. For this reason completing a **Genogram, Social History and Chronology** is the most important starting point.
- **Isolated incidents of neglect are rare:** It is likely that there will be several; maybe fairly minor incidences of neglect, which over time begin to heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour within the family context. For this reason, the usefulness of compiling chronologies cannot be over stated.
- **Parents are likely to have many needs of their own:** These could include substance misuse, learning disability; postnatal depression, mental health issues, domestic violence, all of these present as requiring high levels of support. However, it is important to maintain a clear focus on the needs of the child as well as offering support and services to the parents.
- **Avoid drift and lack of focus.** It is important to plan the assessment and have clear time-scales for completion. Working to timescales is imperative. It is additionally important not to delay in providing services pending the outcome of an assessment. Services and interventions can inform the assessment process.
- **Guard against becoming "immune" to neglect:** Workers who work in areas where neglectful parenting is common-place can become de-sensitised and can tend to minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised. It is also valuable for workers from different agencies to meet, e.g. in team meetings, to discuss issues, share concerns and keep neglect issues in focus.
- **Use assessment tools as a means of focussing and reviewing:** Assessment tools can also be used as a means of evidencing concerns and will give clarity and a theoretical basis to any legal proceedings if they become necessary. Assessment tools can highlight where more in depth work needs to be undertaken or joint working with specialist services. Consideration should be given to using the Family Pack of Questionnaires and Scales (DOH), part of the Framework for Assessment.
- **Consider at an early point the likelihood of the parents capacity for change:** Practitioners involved with child neglect should guard against being over optimistic about the potential for parents to effect lasting change and provide consistently good enough parenting. Sometimes change is not possible and decisions need to be made on the basis of timely outcomes for the child. This pitfall is known as the **rule of optimism**, which can prevail with unwillingness for practitioners to consider possible signs of abuse or minimise the significance of what children say. (2009, Learning Lessons from Serious Case reviews, Year 2, Ofsted).
- Workers should also be careful not to implement the **start again syndrome** (2008, Brandon et al, DCFS) with families who seek to achieve a more positive assessment at a time of change in workers. This can instil a misplaced 'rule of optimism' that can cause delay and undermine the effectiveness of an assessment or plan.
- **Assess sources of resilience as well as risk:** Whilst the lessons from serious case reviews and research offer a sound basis for avoidance of over optimism, this does not mean that assessments should overlook the importance of sources of resilience and opportunities for building on areas of a child's life that reduce the risk. Resilience has been described as: 'Qualities which cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person to cope, survive and even thrive,' (Gilligan, 1997) Resilience may be identified as the existence of a relationship with a safe adult outside of the family home, a talent, or interests and hobbies. Equally, the needs of a resilient child should not be overlooked.

- **Observe the way the parent and child interacts:** Observations can inform assessments of attachment and offer insight into the relationships between parents and child and the child and other siblings. Unrealistic expectations or skewed interpretations of a child's behaviour are often a feature of neglectful parenting, for example, a child who cries a lot being described as 'naughty' – as though the child's crying is a deliberate actions designed to irritate the parent.
- **Remain practical and do not overlook the child's basic needs:** Throughout the assessment process continue to consider the basics – is the child comfortable, is there enough food in the house, are there enough nappies, is the house warm enough, is there hot water for washing? Be prepared to ask questions and remain curious! Don't take things on face value!
- **Assess each child within the family as a unique individual:** Not all children will be treated the same or have the same role or significance within a family. In particular there may be **a child who is perceived to be different**. These may be children associated by the parent(s) with a difficult birth, the death or loss of a partner, or a change in life circumstances for example. The negative feelings about the situation may be projected onto the child. An unplanned child or a stepchild may lead to resentment in a carer, and / or distortions in the bonding. These children may be treated differently within the family.
- **Have confidence in your assessment** and ensure that it is carried out in accordance with the **Framework for Assessment**. Specialist assessments can be useful but should only be commissioned in specific, agreed circumstances.

Core Assessments in Complex Circumstances

The process of assessment may highlight multiple and complex needs within an individual family, which may require a more specialist, multi-agency approach.

Examples of such situations may include:

- **Children born to parents with special needs, or chronic mental ill-health**
Parents with a disability or long term illness may face particular challenges in life, some of which may impact on their parenting capacity. Such parents should be assessed as parents in their own right as well as an assessment of their child's needs being undertaken where appropriate. Joint working between Adult and Children's Services should occur. Joint working between Adult and Children's Social Services must take place in these circumstances.
- **Children born to mothers who use drugs during pregnancy**
Children suffering from withdrawal syndrome may exhibit distressed or restless behaviour which parents find difficult to manage. The child may also be difficult to comfort. Parents with little confidence in their parenting skills and who may lack motivation because of drug use may find meeting the needs of their children a real challenge. A pre –birth Core Assessment may be required in these cases to inform planning. Parental substance misuse can and does harm children and young people at every age from conception to adulthood (ASMD 2003)
- **Low birth weight babies and prematurity**
Coping with a child in a special care unit may be very stressful and the physical environment of a high dependency unit may have a negative effect on the ability of the carer to bond with the baby. These children are more likely to have feeding difficulties, chronic illness, and neurological, behavioural and cognitive disabilities than other children. There is a link between low birth weight babies and socio economic disadvantage, poor housing conditions and depression.
- **Children with disabilities**
Children with disabilities can equally be subject to abuse and neglect but are mostly unrepresented within child protection figures. However, research from the National Working Group on Child Protection and Disability (2003) reveals that they may be more vulnerable than non-disabled

children. A study by Sullivan and Knutson (2000) in America indicated that children with disabilities were 3.4 times more likely to be abused or neglected than non-disabled children.

Reasons for this are varied and complex. However, children with disabilities may be less able to communicate their needs or their concerns, or to access help and support outside of their families. The stresses of caring for a disabled child are ongoing and parents may not receive all the services and support they require to meet the needs of their child. As a consequence the child may become the real or perceived source of frustration for the carer.

Disabled children may be cared for in families where there are parental mental health problems, domestic abuse, and substance misuse. These stresses may be projected onto the disabled child resulting in scapegoating and / or abuse, and neglect of the child.

This may be exacerbated when the professional network focuses on the child's disability rather than the parent's difficulties. In some cases the child's disability may be the result of child maltreatment, and they may be vulnerable to further neglect because of their disability

- **Talking to families about the issues of neglect**

It is often very difficult for professionals to raise issues with families about neglect. Talking about neglect requires practitioners to question their own value base and to communicate with parents on matters, which are personal and difficult to raise, for example, smells and odours in the house, dirt and stale food on the carpet, maybe the parent's personal hygiene is poor and they and the children are dirty and smelly.

As part of the assessment process practitioners need to ensure that their concerns are understood by the family. They need to be clear but sensitive, not use jargon, be aware of personal safety in case the parent becomes angry and check out the parent's understanding of what has been said to them, in particular when there are indications that the parent may have a learning disability.

- **The Importance of Analysis**

Undertaking an assessment is a dual process of gathering and organising information and then analysing it. Analysis involves attaching meaning and significance to what has been observed or expressed, and so determining what should happen next.

Is there adequate justification in continuing with services either voluntarily or through statutory involvement?

Based on the understanding of the assessment information what should be the plan in the best interest of the child / children?

What does this information mean for the safety and welfare of this child?

Whilst ultimately it is a social work analysis, as with the gathering of information, a multi-agency perspective should be sought in respect of interpreting and understanding the information and in terms of what that then means for the individual children within the household. Analysis gives consideration to the evidence gathered and applies theoretical constructs in helping to understand these issues, and evaluate them accordingly.

Appendix 2

A Day in the Life of Child

What Is The Childs Daily Routine?

You can undertake this work with the child in a variety of ways e.g. A diary entry, using the face of a clock, letter to someone, timeline etc. The purpose is to gain an understanding of the child's lived experience – what is it like to be this child in this home with these parents/carers?

Waking

Do they use a clock to get up? Does someone get them up?

What time does this happen? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen everyday?

Breakfast

Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

Dressing

Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they're doing this? Is there hot water and clean clothes to use?

Getting to School

Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

In School

What do they like about school? What don't they like about school? Do they have friends? What do they do with their friends? Are they being bullied? What do they do break times? What do they eat at lunchtimes? Do they have favourite teachers or subjects?

School holidays/weekends

Do they look after anyone? Do they have chores/jobs to? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when not in school? Who supervises mealtimes?

After school

Does someone collect them from school? Is this person on time? Are they part of any after school clubs? How do they get home from school? Do they look after anyone else after school? Do they meet with friends? Do they have something to eat when they get home? What do they have? Who makes it for them? Do they prepare food for anyone else?

Evenings

Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat together with their family/ carers? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch TV? If so, what do they watch? Do they use the internet / social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, where, who with and what do they do? Do they like toys and games? Do they have any? What do their parents/carers do in the evening? What do they think about what they do? Do they spend time with parents/carers in the evening? If so, what do they do? Are they put in charge of anyone else in the evening?

Bedtime

Do they have a set time to go to bed? Who decides it is time for bed? Where do they sleep? Do you like where you sleep? Is it clean and warm? Do they change for bed? Do they wash and brush their teeth at bedtime? Do they sleep without being disturbed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?

Appendix 3

INTERACTION OBSERVATION CHART

Parents details, name and DOB

Childs Details, name and DOB

Date and Venue:

	Child	Parent	Reaction
Playing			
Talking			
Touch			
Play			
Reassurance			
Affection			
Boundaries			
Guidance			
Praise			
Criticism / Negative comments			

Appendix 4

EVALUATION

On the basis of the information considered

1. Assess all areas of identified risk

Address each issue separately rather than focussing on the individual(s) involved.

2. Order risk in terms of their significance for child

Bear in mind that the consequences of neglect and emotional abuse may be a) long-term and/or immediate. b) Serious and/or less serious. c) Enduring and/or short-term. Also bear in mind the balance of frequency of risky behaviour and seriousness of outcome.

3. Consider the way in which issues interact

Bear in mind that almost all behaviour is the result of interaction between individual and environmental characteristics.

4. Identify what must change (or be done differently)

Do this for each of the identified risks. What must happen if these are to be reduced to a level at which there is no longer risk of significant harm. (These are 'necessary changes') Identify what specific outcomes are necessary for the child.

5. Establish whether the parent has tried, or been asked to make, similar changes before

To what extent were they successful?

Why might they succeed now if they didn't before?

Bear in mind that unless something crucial changes, the best indicator of future behaviour is past behaviour.

6. Evaluate strengths and weakness

Do this in respect of the family as a whole and of individuals within it. Bear in mind this is not simply a matter of listing positives and negatives, but rather of weighing them and balancing them.

7. Identify prospects for successful change

Of the necessary changes (identified at 4 above) within ones can realistically be achieved within timescales that are meaningful for the child? And which ones probably can't be achieved, and why?

8. Identify how achievable changes will be made

By whom? By when? With what help and support? Using what resources? And what will success look like?

Bear in mind that 'achievement' in this context means 'sustainable achievement'.

9. Identify how necessary changes will be made if parents cannot or will not achieve them?

Who needs to do what? By when? With whom? Using what processes? using what resources?

10. Identify the impact making necessary changes that parents cannot achieve, on the changes they can achieve?

Bear in mind that some required change may be of over-riding significance.

11. Devise plans to manage risk

Child protection work invariably involves making complex assessments, balancing risks, and determine the safest path. Professionals necessarily take risks in respect of children, families, themselves, colleagues and agencies. For such risks to be professionally defensible risk management strategies must have the following characteristics:

- Be soundly based on the structured and clearly argued risk assessment
- Be recorded - so that the conclusions reached and the thinking that underpins them are clear for all to see - including parents
- Clearly identify what must change (necessary change) and what might otherwise be beneficial (desirable change). The process of achieving change often requires a balancing of a) potential loss against gain and, b) support against intervention. There must be a realistic prospect of achieving necessary change within a timescale and context that is meaningful in terms of the child's long-term and short-term needs.
- Clearly identify who must change. This should be done in terms of who is responsible for making the changes, and who is going to assist them to achieve change.

- Be effective in mitigating risks
- Clarify responsibility for making necessary changes - including responsibility of parents and family members
- Identify and implement contingency plans to achieve necessary changes in the event of poor compliance or lack of success (for whatever reasons)
- Set timescales that are congruent with the child's development needs

Determining a hypothesis

It is important to be realistic about the possibility of achieving a successful outcome. The following factors should be considered.

Poor

- Parents substantially deny reasonability
- Abuse is sadistic or bizarre
- Help or treatment is refused - or parent fails to engage beyond expressed intent
- Involved professionals are seen as 'the problem' or the cause of problems
- The child is subject to psychological maltreatment
- Parents do not show empathy for the child and/or attachments are poor
- Contact is poorly attended
- Parents have severe and chronic drug and/or alcohol problems
- The child does not want to return to parental care
- Change is unlikely to be achieved within a timescale that is meaningful for the child

Doubtful

- Parents are ambivalent about accepting their reasonability
- Parents are ambivalent about accepting professional help - e.g. by poor or inconsistent compliance with a Protection Plan
- Parents blame each other and are unable to resolve or move beyond this
- Attachments are uncertain and/or anxious
- Parents make child take, or allow, responsibility for providing significant nurturing etc to parents, or inappropriately involve child in dealing with adult issues

Hopeful

- Parents accept need for change and responsibility for creating and sustaining it
- Parents are able to accept help and demonstrate and consistently make effective use of it
- Parents do not blame child, and put child's needs first
- Parents have realistic expectations of child

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