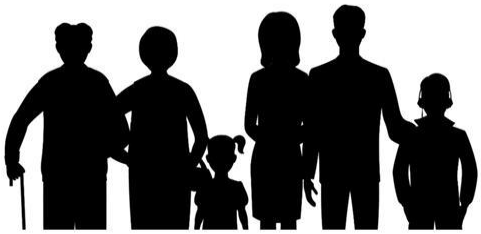
Diogelu Gwent
Gwent Safeguarding

CHILDREN & ADULT AT RISK

NEGLECT GUIDANCE & TOOLKITS



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Introduction

In the context of care giving and safeguarding *Neglect* is a form of abuse whereby someone in a position of responsibility and/or authority for a person unable to meet their own needs for care or protection, fails to do so. With children under 18 this is usually a parent or Guardian, but with adults considered to be at Risk or with Care and Support needs this may be a carer, family member or professional.

Whilst recognised that Neglect can be a one-off event, which in itself may be deliberate or by omission, the cumulative impact of the persistent neglect of an individual's physical and emotional needs can have longer term outcome on their physical health, mental wellbeing, ability to parent themselves, or manage future relationships.

It is clear that there is a different professional path for practitioners working with adults with care and support needs to those working primarily with children and families. Issues linked to personal autonomy, mental capacity, and self-determination need to be considered. However often when considering issues of concern with individuals we become aware of the family around them. This document offers guidance in relation to Adult and Children pathways which may support practitioners to better understand issues of *Neglect* for the individuals they work with, but also for the families who surround them.

Purpose

As a category of abuse *Neglect* can be open to interpretation, professional perspective, and personal values. Therefore, this multi-agency guidance is for practitioners whose work brings them into contact with children and adults. The aim of this guidance is to establish a common understanding and a common threshold for intervention in cases where the neglect of a child or adult is a concern. For the purposes of this document, a child is a person under the age of under 18 years and an adult is a person over 18 years.

This 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.

Children Guidance & Toolkit

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.

The following types of neglect have been defined as;

- **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** - Emotional neglect can be defined as a relationship pattern in which an individual's affectional needs are consistently disregarded, ignored, invalidated, or unappreciated by a significant other.... Emotional neglect may have devastating consequences, including failure to thrive, developmental delay, hyperactivity, aggression, depression, low self-esteem, running away from home, substance abuse, and a host of other emotional disorders. Family function and dysfunction Stephen Ludwig, Anthony Rostain, in Developmental-Behavioural Paediatrics (Fourth Edition), 2009

- **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 identifies 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.

Cumulative Neglect

It is important to look beyond single incidents. Cumulative harm is the outcome of multiple episodes pf abuse or neglect or poor practice. Cumulative harm refers to the effects of patterns of circumstances in a person's life which diminish a sense of safety, stability, and wellbeing' (Bromfield and Millar 2007).

Research and knowledge of child development (including early brain development), trauma and attachment theory, have shaped our understanding of the way in which cumulative harm impacts on children.

The term **'toxic stress' has been used by researchers** to describe prolonged activation of stress management systems in the absence of support. Stress prompts neurochemical changes to equip us to survive the stressful circumstance or event. Prolonged stress prompts neurochemical changes which can disrupt the brains architecture and stress management, ultimately damaging the developing brain. (Shonkoff and Phillips, 2001).

Emotional neglect is similar to emotional abuse in that they both constitute **the air some children have to breathe,** and the climate they have to live in, rather than isolated events or a series of events. Emotional child neglect and abuse become the white noise, the **persistent 'background'** which may not become noticeable until a more note-worthy incident alerts us to their importance. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability, and wellbeing (Bromfield and Miller 2007).

It should be considered that:

- Adversities can accumulate and continue into adult life.
- Many parents of neglected children are also suffering from the effects of cumulative harm.
- An accumulation of factors will also elevate the likelihood of a child suffering neglect.

In Wales, a lot of focus has been placed on addressing the impact of Adverse Childhood Experiences (ACE's). Evidence shows children who experience stressful and poor-quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society (Public Health Wales 2019).

Howarth's Definition of Neglect states;

- Failure to complete parenting tasks required to ensure developmental needs of the child are met.
- Should take into account the age, gender, culture, religious beliefs of the individual child.
- Failure may be associated with parenting issues. It has occurred despite reasonable resources being available
- Whilst neglect is likely to be ongoing, one-off incidents and episodic neglect can affect the child. (Howarth, 2007)

Episodic Neglect

Episodic neglect is typically a one-off, occasional, or infrequent incident. Episodic and one-off incidents of neglect can occur, such as when there is a family crisis, or a carer is a substance misuser. The point at which recurrences of neglectful events, even when minor, can be said to constitute chronic neglect is relevant here as it may be indicative of an ongoing lack of adequate supervision (Stevenson, 1998).

Identifying Neglect

The first step for practitioners in working with neglect is identifying those children or adults who may be at risk and practitioners to be able to express the evidence base for this. A multi-agency chronology can be key in helping to identify cumulative neglect.

Concerns at this stage may have arisen from a one-off event, a concern over a change in behaviour or presentation of the child or adult, or it may be that concerns have been accumulating for some time.

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.

The Assessment Framework can provide an organised approach to looking at some of 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.

Typical examples and possible indicators of neglect in relation to both children and adults:

- Failure to assist in personal hygiene including dental hygiene or the provision of food, shelter, clothing, dishevelled appearance.
- Failure to provide medical intervention for physical and mental health needs (this does not include instances in which a person refuses treatment).
- Failure to protect from health and safety hazards, consistent lack of supervision, either at home or during activities which hold danger for them, confining to a room on their own.
- A lack of personal care and/or lack of management of continence.
- Malnutrition and dehydration.
- Restricting or preventing social contact with friends or relatives.
- Denying access to services e.g., education, social settings, community-based venues etc.
- General deterioration of health including oral health.
- Excessive dirt or other health hazards in the living environment.
- Untreated medical conditions.
- Rashes, sores, lice.
- Misuse of medication.
- Failure to obtain/ facilitate use of necessary prosthetic devices, dentures, glasses, hearing aids, or durable surgical equipment.
- Pressure damage.
- Home environment not conducive to basic health needs, e.g., inadequate heating, lack of lighting, poor furnishings compared to the rest of the house, lack of appropriate bedding.
- Child's emotional awareness.
- Ability to regulate emotions.
- Being aloof and disconnected.
- Excessive people pleasing.
- Attachment seeking/attention needing behaviour.

Understanding Reasons for Child Neglect

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, because 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.

Many children in our community are at risk of having their health or development neglected for several reasons such as homelessness, unemployment, poverty, or a particular difficulty within the family. Local and national research i.e., ACEs has identified a number of factors that may feature in relation to the profile of those parents of children at risk of being neglected.

- 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.
- Parental low self-esteem and low confidence.
- Poor experience of being parented.
- 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.
- Parental incarceration and criminal activity.

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 own experiences of being parented was poor and they have no appropriate role models to drawn upon.
- Support networks are not in place to 'compensate' for inadequacies in the primary care relationship.

Parent and Child Relationships and Neglect

The relationship between children and their primary caregivers - usually mother or father is described by **attachment theory.** Bowlby (1958) defined attachment as a 'lasting psychological connectedness between human beings.' and went on to say the determinant of attachment is care and responsiveness.

When children are **neglected**, and there is a lack of care and responsiveness, they don't have a good relationship with their parents/care givers, and this is described as poor attachment. Poor attachment can significantly affect the relationships that they might have throughout their lives (Howe 2011).

Early intervention can change attachment patterns, reduce harm to children and help them to form positive attachments in adulthood.

4 styles of attachment have been identified:

Secure attachments – Care giver readily available and sensitive to child's signals, responsive when child seeks protection, comfort, and assistance. Child is confident that care giver will be available when needed. Child has strong feelings of self-confidence and self-worth and can deal with emotions and situations and will seek help with situations in their lives.

Insecure/Avoidant Attachments – Care giver fails to recognise or is indifferent to child's signals and needs, often distant, irritated, and anxious. Child does not seek physical contact, is generally wary and indiscriminate regarding who they interact with.

Insecure/Ambivalent Attachments – Care giver's behaviour is inconsistent and insensitive. Child seeks contact but doesn't settle receives it, resits pacification, demands attention but then angrily resists it.

Disorganised Attachments – Care giver is abusive and frightening and emotionally unavailable. Child is confused and disorganised, has difficulty controlling impulses and feelings of aggression (Bowlby, Ainsworth 1950s and Kennedy and Kennedy 2004).

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.

Decisions, Next Steps and Referrals

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.

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.

Practitioners 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.

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.

Lists of behavioural and presentational features can provide useful triggers and checklists in terms of children's needs and characteristics that may indicate they are being neglected. However, these need to be taken alongside 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.

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?

Maintaining a Focus on the Child

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.

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 and Dental 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.

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.

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;

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. (refer to the regional Multi Agency Guidance for Working with Hostile and Uncooperative Parents).

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?

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 based on 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 Climbie.

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.

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 overstate 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 adult's rights to 'self-determination', which may deny or 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 professionals have fixed views about the family and child 'the rule of optimism' may develop, it is then difficult for workers to change their views about the family. This may be despite compelling evidence of neglect and significant harm.

- Neglect cases may also be open to disguised compliance which can make it difficult for a practitioner to identify the cumulative risk.
- Neglect is usually seen as the mother's failure to provide care whereas little is known about the men in neglectful families.

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 timeline 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.

DECISIONS, NEXT STEPS and DUTY TO REPORT TO SOCIAL SERVICES

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.

Jan Horwarth (2006) identified that deciding whether a concern about child neglect warrants a referral (duty to report) 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.

Making judgments about reports 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 Multi Agency Practice Guidance Resolving Professional Differences protocol)

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
- Report to Children Social Services as children who have Care and Support Needs
- Report to Children Social Services for concerns about Child Protection.

If a decision is made **not** to report 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 report 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.

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.

Where a family or child is receiving targeted or preventative services as a result of concerns about neglect, it is particularly important, that the support is planned, and reviewed regularly to consider progress. There should also be 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., Health Visitor, 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 Part 7 of The Social Services and Wellbeing (Wales) Act 2014.

If the decision is taken to offer support without a report to Children 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 concerned, has there been any change?
- Is it appropriate to make a report to Children's Social Services for Care and Support Needs?
- Is there an indication that the child is at risk of significant harm and may be in need of protection? If so, report the matter urgently to Children's Social Services.

Serious concerns in regard to a child's welfare or development will always need to be reported to Children's Social Services in order that a multi-agency assessment can be undertaken to determine whether the child is in need of care and support and what services may be required.

As well as the factual information about the child and their all-family members, and the reasons for the report, Children's Social services will want to know:

- What evidence is there of an impact on the health, safety, and emotional wellbeing of the children? (Use the toolkit to identify facts, opinions, observations, and risks. Distinguish between fact and opinion. You can include third party information, but you need to be clear about this).
- Feelings and intuitions (use the toolkit to support your professional judgement).
- What has happened that has led to consider a duty to report now?
- Why do you think this has come about, what might the causes be?
- What has the report maker, if another professional, done to try and improve the situation?
- Does the parent know that a report is being made and what sort of help do they want or expect?

Professionals who make reports to Children's Social Services should address the questions above when completing the required duty to report form.

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

Professionals who report 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.
When you are unclear about the concerns, do not delay your report. You may find it useful to consider any report dilemmas with:

- Your line manager/supervisor
- Agency lead person for safeguarding children
- The Children Services Safeguarding Hub

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

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

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 neglect can cause increased developmental delay, long term emotional wellbeing and impairment, and is a gateway to many other forms of abuse.**

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?

For further information on child protection processes please go to Wales Safeguarding Procedures Wales Safeguarding Procedures

PLANNING, REVIEWING AND THE USE OF SUPERVISION

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.

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.

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

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.

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.

Where children are on the Child Protection Register as a result of the concerns about neglect the plan will be the Care and Support plan (Child Protection Plan), which will be reviewed at the core group and updated as appropriate.

Other considerations that are important in planning and reviewing services include;

- Think 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 Care and Support 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.
- Ensure that the child is involved and can contribute their thoughts and desired outcomes. This would need to be age appropriate.
- 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/disguised compliance it is crucial to understand whether this is an issue of motivation or capacity. The Regional practice guidance, Working with Hostile and Uncooperative Parents/Carers includes strategies that you can employ to help you. (Refer to the Regional Multi Agency Guidance for Working with Hostile and Uncooperative Parents)
- It may be that further assessments will be needed if there are new or ongoing concerns about a child.

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 focus of intervention is always on the child.
- The plan reflects the needs of the child and family.
- Drift and delay are avoided.
- To support practice.
- To assist in professional development.
- To manage casework pressure.

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

The importance of supervision in cases of neglect cannot be underestimated. 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.

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 is not 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?
- Undertake an analysis of risk of the child.
- Discuss the case with your line manager or senior 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 a joint visit with a colleague/case worker/senior practitioner with you. This will provide you with support and may also help to provide a "fresh" outlook on the case.

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

This is known as episodic neglect

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 can be identified.
- 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.

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

- 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.
- Consider a referral for a Family Group Conference or Meeting.
- Keep the needs of the child in focus. Talk to the child or undertake a piece of direct work to understand better their daily lived experiences.
- 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 an issue of parent's motivation or their capacity/ability at any point to meet the needs of their child.

Child Development Needs

Health:
To be clean
To receive medical care
To receive dental care
Feeding appropriate to age and stage of development
Warmth
Shelter

Education:
Play
Stimulation
Friendships
Experience of success and achievement
Access to books and toys
Support with special educational needs

Emotional/Behavioural
Love
Security
Boundaries
Attachment to a key individual
To feel valued

Identity:
To feel valued
To feel that they belong
An understanding of their cultural heritage
Access to positive reflections of themselves in society

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

Parenting Capacity

Basic Care:
Meeting child's physical needs
Medical and dental care
Providing suitable clothing
Personal hygiene

Ensuring Safety:
Protection from harm or danger
Protection from unsafe adults
Supervision
Boundaries
Selecting responsible baby sitters
Giving children an understanding of potential dangers

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

Stimulation:
Play/ reading / talking
Experience of success
School attendance

Guidance/Boundaries:
Enabling child to regulate own behaviour and emotions
Modelling appropriate behaviour

Stability:
Developing and maintaining secure attachments where possible
Consistency of emotional warmth
Contact with family members and significant others.

Family and Environmental Factors

Family History and functioning:
Strengths and difficulties
Childhood experiences of parents
Family Functioning
Sibling Relationships
Absent parents

Wider Family:
Who are these people?
What role do they play?

Housing:
Is it suitable / have basic amenities?

Employment:
Who is working?
How does employment or lack of employment impact on children?

Income:
Do financial difficulties affect the child?

Social Integration:
Integration or isolation?

Community Resources:
Are they present in the area?
Can the family access them?

Child Development	Parenting Capacity	Family and Environmental Factors
• 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	• 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	• 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 an Assessment

- **Understand the family's circumstances:** No assessment should 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 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 overstated.
- **Parents are likely to have many needs of their own:** These could include substance misuse, learning disability; postnatal depression, mental health issues, domestic abuse, 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 timescales 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 commonplace 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 parent's 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 interact:** 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 action 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 of 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.

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 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, behavioral, 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.

Reviews carried out by Liverpool John Moore's University's Centre for Public Health, on the prevalence and risk of violence against children with disabilities, published in July 2012, found that overall children with disabilities are almost four times more likely to experience violence than non-disabled children. The review indicated that children with disabilities are 3.7 times more likely than non-disabled children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers. 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. Consequently, 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 considers the evidence gathered and applies theoretical constructs in helping to understand these issues and evaluate them accordingly.

Appendix 1

A Day in the Life of the 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 every day?

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 2

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 3

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 is 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 recourses?

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 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 serves 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 can 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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Adult Guidance & Toolkit

This guidance is reference for practitioners responding to situations where an adult at risk is believed to be experiencing neglect. It is envisaged that this guidance will provide an understanding of neglect in the context of safeguarding adults and aid a proportionate response when supporting the Adult.

Definitions

An Adult at Risk:

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Self-neglect in included within the safeguarding definitions in the above statutory guidance and “covers a wide range of behaviour, neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hording”.

Adult Support and Care services:

Includes all support and care services provided in any setting or context whether these are funded by a statutory agency or by the person themselves. It also includes the need for care and support (whether or not the local authority or other agencies are meeting any of those needs).

Significant Harm:

- Is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social, or behavioural development
- The individual’s life could be or is under threat
- There could be a serious, chronic and/or long-lasting impact on the individual’s health physical/emotional/psychological well-being.

Significant Risk

Where there are indicators that change is likely to occur in levels of risk in the short to medium term, appropriate action should be taken or planned. Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence
- High risk to others
- High level of multi-agency referrals received
- Risk of domestic violence
- Fluctuating capacity, history of safeguarding concerns / exploitation
- Financial hardship, tenancy / home security risk
- Likely fire risks
- Public order issues: anti-social behaviour / hate crime / offences linked to petty crime
- Unpredictable/ chronic health conditions
- Significant substance misuse, self-harm
- Network presents high risk factors
- Environment presents high risks
- History of chaotic lifestyle; substance misuse issues
- The individual has little or no choice or control over vital aspects of their life, environment, or financial affairs.

Neglect and Acts of Omission

Neglect includes ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition, and heating.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an institution or specific care setting such as a hospital or care home, or where care is provided within the adult's own home.

Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible Indicators:

- Adult has inadequate heating and/or lighting.
- Adult's physical condition/appearance is poor (e.g., ulcers, pressure sores, soiled or wet clothing).
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated.
- Adult cannot access appropriate medication or medical care.
- Adult is not afforded appropriate privacy or dignity.
- Adult and/or a carer has inconsistent or reluctant contact with health and social services.
- Callers/visitors are refused access to the person.
- Adult is exposed to unacceptable risk.

Cumulative Harm

Cumulative harm is the outcome of multiple episodes pf abuse or neglect or poor practice. Cumulative harm refers to the effects of patterns of circumstances in a person's life which diminish a sense of safety, stability, and wellbeing' (Bromfield and Millar 2007).

Neglect in an adult at risk might be defined as a single episode of harm or several inter-related events confined to a time specified period. Other considerations to differentiate between poor practice and abuse are patterns of concern, for example numerous medication errors or missed care calls. In isolation these incidents may or may not constitute abuse, however a pattern of recurrent mistakes can indicate a wider neglect concern. It is also important to consider any wider concerns, for example any other residents or service users that may be experiencing prolonged quality of care issues.

When considered individually, each episode of poor practice and /or neglect may not be deemed to be significantly detrimental. However, when considered cumulatively, the daily impact can be profound and exponential, covering all dimensions of a person's life; developmental, social, psychological, relational, and educational.

The following five domains need to be considered when assessing for cumulative neglect through poor practice or quality of care:

- Frequency: Number of incidents
- Type: Number of types of poor practice
- Severity: Impact on the individual
- Source of harm: Number of sources of harm
- Duration: Period of time over which the poor practice occurred

Professional neglect

Perpetrators of adult abuse or neglect are often people who are trusted and relied upon. Professional neglect includes poor care practice within an institution, specific care setting or persons own home or within the community. This may range from one off incidents to on-going ill-treatment. Professional neglect can occur as a result of individual practices or as a result of structure polices processes and practices within an organisation.

Familial Neglect

Neglect within a familial setting involves the same range of ill-treatment but is usually perpetrated by a family member. It is important to be aware that anyone in the family can commit abuse or neglect.

Poor Practice versus Neglect

In considering whether an incident of neglect has occurred, it might be necessary to determine whether the situation was actually one more of poor practice and whether this warrants a different type of response, example via the local authority's commissioning rather than safeguarding teams and possibly addressed via increased monitoring, training and appropriate management or supervisory response/intervention. One way of distinguishing between neglect and poor practice would be to consider whether the matter is a one-off incident or recurring issue. Poor practice would therefore represent a 'one off incident' and neglect would be a recurring issue that the service or care provision appears unable or unwilling to prevent. Another way of distinguishing between the two might be to consider whether harm has actually occurred or not. The person charged with screening the report may feel that if harm has not occurred and therefore represents a 'near miss' and if the service or care provider acknowledges where things went wrong and how to put them right may therefore determine that this could fall under the category of poor practice. However, local authority Adults Safeguarding Team way still feel this warrants their involvement under the criteria of 'at risk of', so should therefore be based on the professional judgement of the matter under consideration.

Much neglect is non-criminal. The line between poor and neglectful practice is often difficult to determine and so thresholds guidance for DLMs to promote consistent safe practice has been developed and can be found in this document, examples of this are Pressure Ulcers.

Pressure Ulcers & Tissue Viability Issues

It can be very difficult to identify pressure damage issues, it is helpful to understand the difference between a pressure ulcer and moisture lesions. These can be health care acquired or non health care acquired. If acquired in a non-health care setting such as a family home consideration would need to be given to the care givers understanding of the individual adults developing care needs and any required

intervention. Action may need to be taken to support the individual adult and care however this may not constitute neglect. In a health care setting such as a Care Home and or in the community, assessment by a medical professional should be sought or a Duty to Report be considered.

A Pressure Ulcer is defined as: “A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated.” (NPUAP/EPUAP/PPPIA, 2014).

A Moisture Lesion is defined as: “Moisture lesions, moisture ulcers, perineal dermatitis, diaper dermatitis and incontinence associated dermatitis (IAD) all refer to skin damage caused by excessive moisture by urine and/or faeces being in continuous contact with intact skin of the perineum, buttocks, groins, inner thighs, natal cleft.” (Ousey et al, 2012) “Moisture lesions may develop slough if infection present.” (www.pressureulcer.scot).

A medical/nursing assessment should be conducted in order to establish whether the pressure damage was avoidable or unavoidable.

Deliberate Neglect

Deliberate neglect can be interpreted as ‘deliberately doing something which is wrong, knowing it to be wrong, or with reckless indifference as to whether it is wrong or not’.

Wilful neglect is defined in Section 1 of The Children and Young Persons Act 1933 and the case of R v Shepard 1980: ‘A parent cannot be guilty of wilful neglect unless he consciously allowed the neglect or was reckless i.e., did not care if the child was neglected or not’. These principles are mirrored in adult protection.

Unintentional Neglect

This includes the failure of a carer to fulfil their caring role or responsibilities because of inadequate knowledge or understanding of the need for services. One of the key considerations with neglect interventions are the distinctions between poor practice, quality of care issues and abuse. In these instances, the views and impact upon the vulnerable adult are key considerations.

Institutional Neglect

Neglect can occur in institutions because of regimes, routines, practices, and behaviours that occur in the service e.g., care homes, hospitals, community services. This may be part of the culture of a service to which, staff have become familiar with. These practices may pass by, unremarked upon, by staff. They may be subtle, small, and apparently insignificant, yet together may amount to a service culture that denies, restricts, or curtails the dignity, privacy, choice, independence or fulfilment of

vulnerable adults. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes, and practices within an organisation.

Systemic and organisational concerns such as poor practice and low standards of care, whether or not they meet the threshold for adult protection, should be referred to and managed under Escalating Concerns guidance and via Commissioning and quality assurance auditing.

Self-Neglect

There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect.

Gibbons et al (2006) defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps too to their community”.

The following guidance looks to prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions
- There is a shared, multi-agency understanding and recognition of the issues The next line is a continuation of this point involved in working with individuals who self-neglect
- There is effective multi-agency working and practice
- Concerns receive appropriate prioritisation
- Agencies and organisations uphold their duties of care
- There is a proportionate response to the level of risk to self and others.

This is achieved through:

- Promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life.
- Aiding recognition of situations of self-neglect.
- Increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the situation and individuals’ needs, this includes the extent and limitations of the ‘duty of care’ of professionals.
- Promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, to avoid foreseeable harm.
- Promoting a proportionate approach to risk assessment and management.

- Clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken and promoting an appropriate level of intervention through a multi-agency approach.

Key Principles

- **Empowerment -** Presumption of person-led decisions and informed consent.
- **Protection -** Support and representation for those in greatest need.
- **Prevention** - It is better to act before harm occurs.
- **Proportionality -** Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership -** Local solutions through agencies working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability -** Accountability and transparency in delivering safeguarding.

Empowering Individuals

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

Consideration needs to be given at an early stage, to determining if the individual has the mental capacity to understand and make informed decisions about their responses to agencies concerns about their apparent self-neglecting behaviour.

Self-neglect may be seen as a person's inability or unwillingness to perform essential self-care tasks both in relation to themselves and their immediate living environment. It may include behaviours or lifestyle choices that conflict with social norms and the values, attitudes, and beliefs of others.

Self-neglect may arise from deterioration in skills, once functional behaviour which has now become problematic (e.g., storing large amounts of tinned goods as a safeguard against shortages), personal values (e.g., belief in self-sufficiency, pride, mistrust of professionals) or in the case of hoarding a desire to maintain a sense of continuity or connectedness with people or past events. There is evidence to suggest that the risk of self-neglect increases with diminishing social networks and financial hardship (Worcestershire).

SCIE (Social Carer institute for Excellence) provide some indicators of self-neglect:

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing, or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

Self-neglect poses particular challenge as it can result in conflict between core professional values of rights to self-determination and a duty of care. Further, the rights of an individual may be in direct conflict with the rights of the wider community where neglect of their home environment poses a risk to others.

Includes ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating (Worcester.gov.uk)

SCIE (Social Carer institute for Excellence) provides some further examples of self-neglect:

- Lack of self-care to an extent that it threatens personal health and safety.
- Neglecting to care for one's personal hygiene, health, or surroundings.
- Inability to avoid self-harm.
- Failure to seek help or access services to meet health and social care needs.
- Inability or unwillingness to manage one's personal affairs.

Advocate

The involvement of an independent advocate or an independent Mental Capacity Advocate (IMCA) should be considered in appropriate circumstances. Where the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access or to determining areas / levels of risk.

A timely initial response is crucial.

Agencies will formally record (ideally within 24 hours) that these procedures are being applied.

Identify an individual who is self-neglecting

An Individual is identified as self-neglecting and appears to be at significant risk to self and others they are not engaging with support

A number of organisations may be aware of the individual and consider the risk has reached a significant point

Engagement with Other Agencies

The initiator of concerns should:

Take any appropriate action to mitigate any immediate danger as far as is practicable.

Arrange a teleconference or initial discussion with other appropriate agencies to agree who will lead the coordination of information gathering, this is particularly relevant if the concerns are raised by agencies such as Community Wardens or Environmental Health.

If it is considered by the initiator of the concern that the individual is likely to need care and/or support the local authority should be consulted as they will need to determine from the information available if Social Services and Wellbeing Act 2014 section 126 (2) enquiries are required. If this is the case the local authority is likely to be the lead agency.

Lead agency coordinates information gathering and determines most appropriate actions to address the concerns

Information sharing within these procedures should be in line with the principle of information sharing contained in the WASPI guidance Information gathered at this stage is to inform:

Decision making regarding whether further multi-agency information sharing is required.

The completion of an initial Risk Assessment, and ensuring any **urgent actions** are carried out. E.g., Contacting emergency services, North Wales Fire and Rescue, completing safety checks and where necessary seeking urgent medical intervention

Where there are concerns that the individual's ability to make informed decisions due to a mental disorder or ill health, consideration must be given to carrying out a Mental Capacity Assessment in relation to any decisions they may need to make regarding their safety or the safety of others.

Information gathering will aim to build an understanding of:

- Any previous successful engagement with the individual.
- Approaches that appeared to disengage the individual.
- An insight into the individual's wishes and feelings.
- The views of anyone who has or has had contact with the individual including relatives and neighbours.

When working with individuals who may be reluctant to communicate the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments

Use information available as in above of any previous successful engagement with the individual to facilitate direct communication with the individual if possible. This should ensure that the assessment will inform any actions to be taken and include above the wishes and feelings of the individual.

Balancing individuals' rights and agencies' duties and responsibilities

All individuals have the right to take risks and to live their life as they choose. These rights including the right to privacy will be respected and weighed when considering duties and responsibilities towards them. They will not be overridden:

- Other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and well- being and where it is lawful to do so.

Other agencies/organisations engage with the process

It is likely that these individuals will not clearly meet the criteria for any one or a number of agencies or organisations. Previous experience of attempting to engage may have had limited or no success. These factors increase the risk and should be identified as risk indicators that will prompt action under these self-neglect procedures.

Self-neglect work has been agreed as a multi-agency priority and there is an expectation that:

- All partner agencies will engage when this is requested by the lead agency as appropriate or required; and

- Where an agency is the lead agency, they take responsibility for coordinating multi-agency partnership working.

Consider appropriate procedure to respond to the risk

There may be occasions when it is appropriate to follow another procedure to coordinate all or some aspects of the issues identified.

Where the individual's ability to make informed / relevant decisions appears to be questioned, the principles of the **Mental Capacity Act** must be followed. Where it appears, the person may be mentally unwell, the **Mental Health Act** processes must be followed.

If the apparent self-neglect may have developed in response to abuse by others the adult protection policy, protocols and guidance should be used. If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency.

If other processes are considered more appropriate to use to support the individual the self-neglect procedures may be ended at this point and all of the issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as well as the other concerns. There must be a clear documentation to evidence the handover of responsibilities if this is the case.

Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners being carried out in parallel with the self-neglect procedures. There must be a clear agreement about who has the lead for coordination of all the work and for bringing multi-agency/services together with the individual or their advocate to agree an action plan.

Comprehensive assessment's including risks to be considered at the multi-agency meeting:

An assessment should be completed using the policy and procedures of the lead agency with contributions from other agencies and services as appropriate to form one comprehensive assessment of the individual and of the risks identified.

Specialist input may be required to clarify certain aspects of the individual's functioning and risk. This will include a mental health or mental capacity assessment where this appears to be appropriate.

The key components of the comprehensive assessment of neglect will include the following elements:

a. A detailed social and medical history.
b. Essential activities of daily living (e.g., ability to use the phone, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for own medication, ability to handle finances).
c. Environmental assessment; to include any information from neighbours.
d. A description of the self-neglect.
e. A historical perspective of the situation.
f. The individual's own narrative on their situation and needs.
g. The willingness of the individual to accept support; and
h. The views of family members, healthcare professionals and other people in the individual's network.

A multi-agency meeting is arranged under self-neglect procedures

Where an adult has been identified as potentially self-neglecting, is refusing support, and in doing so is placing themselves or others at risk of significant harm it is recommended that a multi-agency planning meeting is convened. This will enable the effective sharing of information to consider the risk(s) of non-intervention and enable an action plan to be agreed. It is recommended that a multi-agency planning meeting, with a clear agenda for discussion will be organised within five working days from the initial concerns being raised

Reasons for arranging a meeting:

- Work has not reduced the level of risk and significant risk remains.

- It has not been possible to coordinate a multi-agency approach through work undertaken up to this point.

- The level of risk requires formal information sharing to agree and record a multi-agency action plan

Timescales for achieving actions set at the multi-agency meeting will be specified within the formal written record of the meeting. This will include timescales for completing any outstanding or more specialist assessments.

A date will also need to be set for a review meeting so that any further specialist assessments can be considered, and any revised actions agreed.

Principles for arranging a multi-agency meeting:

The principles for arranging a multi-agency meeting are to consider:

- The individual's view and wishes as far as known.
- Information, actions, and current risks.
- The on-going lead professional / agency who will coordinate this work and
- Coordinate information-sharing in line with the principles of information sharing contained in the multi-agency safeguarding adults' policy protocols and guidance for North Wales.
- Evaluate relevant information to inform the most effective action plan.

Guidance for multi-agency planning meeting:

The lead agency is responsible for convening this meeting and making arrangements such as venue and minute taking.

The lead agency will make arrangements to involve the individual concerned. Wherever possible the individual should be fully involved and attend the meeting. Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting.

If the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g., by the appointment of a formal or invitation extended to an informal advocate.

It is recommended that the meeting is formally chaired and recorded. Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information to reach an agreement on the way forward.

It is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered in order to discuss relevant legal options.

A SMART action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency.

The Chair of the multi-agency meeting will ensure clarity is brought to timescales for implementing contingency plans, so that where there is legal and professional remedy to do so, risk is responded to, and harm is reduced/prevented.

Outcomes of the meeting will include the following:

- A SMART action plan – including contingency plans and escalation process.
- Agreement of monitoring and review arrangements and who will do this.
- An agreement of a communication plan with the individual / other key people involved.
- An agreement regarding which agency will take the lead in the case and
- Agreement of any trigger points that will determine the need for an urgent multi-agency review meeting.

Appropriate written communication should be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include setting out what support is being offered and / or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

Requirements for a Multi-Agency Review meeting

The review meeting is an opportunity to revisit the original assessments, particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

- The individual,
- Their environment, or
- In the capabilities of their support system.

Decision specific mental capacity assessments will have been reviewed and are shared at the meeting. Discussion will need to focus upon contingency planning based upon the identified risk(s).

It may be decided to continue providing opportunities for the individual to accept support and monitor the situation. Clear timescales must be set for providing opportunities and for monitoring and who will be involved in this.

Where possible, indicators that risks may be increasing will be identified and that will trigger agreed responses from agencies, organisations or people involved in a proactive and timely way.

A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable, and the risk of harm has reduced to an agreed acceptable level.

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken.

Where the risks are **very high** legal advice must be sought and all available legal options must be considered including application to the Court of Protection where there are concerns about mental capacity or to the High Court where the individual is believed to be mentally capacitated.

Record keeping

The case record will include a summary record of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

Accurate records will be maintained that demonstrate adherence to this procedures, and locally agreed case recording policy and procedures.

References:

- SCIE (Social Carer institute for Excellence)
- Western Australia Department of Health (amended from Children's)
- Wales Safeguarding Procedures
- Worcester Local Authority
- In Safe Hands, National Assembly for Wales July 2000
- www.gwentsafeguarding.org.uk
- Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.
- SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk
- "Sussex Multi-Agency Procedures to Support People who Self Neglect" (July 2013) available from www.westsussex.gov.uk

Practitioners Self Neglect Identification Tool

Lack of Self Care

Increasing concerns (forms of neglect may be in isolation or multiple with increasing risk related to individual risk

Failure to maintain personal hygiene	• Presents with an acute illness unwashed and in dirty clothes	• Presents unwashed, in dirty clothes with signs that this is a long-term problem – matted hair, overgrown toenails	• Presents unwashed with health problems generated because of this e.g., infestation	• Can running water be accessed for washing • Is poor personal hygiene putting them at risk? • Are there any infected areas of skin or wounds?
Disregard for safety	• Occasionally leaving doors unlocked or the gas turned on	• Disregard for the security of the property • Taking risks that most people would find unacceptable • Allow strangers access to property/finances • Storage of large amounts of flammable substances	• Using an open fire in house for cooking • Ignoring obvious signs of ill health – physical or psychological – that most people would seek help with	• Is the property obviously unsafe? (Holes in floor, services withdrawing because of risk to workers?)

Non-compliance with medical services	• Occasional failure to attend routine health appointment s or health professionals unable to gain access to the property • Ignoring obvious signs of ill health and failing to comply with treatment	• Failure to comply with medication or other treatment regimes that are not immediately life threatening but could be life shortening	• Failure to seek or comply with medical treatment is putting them or others at risk • Increasing confusion or disorientation, causing a serious concern for health and safety	• Can they manage essential medication? • Do they look unwell or in pain? • Has there been a significant change in their health or a critical life event?
Financial problems	• Inability to budget leading to occasional problems with supply of food and other essentials	• Multiple debts • Allowing others inappropriate access to property and finances	• Little or no food in the house, and inability to purchase any. • Imminent risk of disconnection of services/eviction/ • bankruptcy	• Does the person have enough to eat? (Is there food in the cupboards? • Do they look underweight? (Are clothes too big?) • Can they manage their finances? • Are utilities connected? • Can they keep warm? • Can they dry clothing and bedding?
Neglect of Nutrition	• Inability to budget leading to occasional problems with supply of food and other essentials	• Significant weight loss can be seen (this would need to be judged in relation to factors such original body weight, etc)	• Malnutrition	• Does the person have enough to eat? (Is there food in the cupboards? Do they look underweight? Are clothes too big?) • Are there facilities to make a hot meal or drink and are these facilities being used?

Hoarding	• Level of hoarding makes it difficult to find or store required items	• Level of hoarding causes access issues, risks to the individual, no appropriate sleeping arrangements	• Level of hoarding causes health or fire risks to others	• Can they get into bed if they want to? (No clutter on bed and bedroom accessible?) • Are there obvious fire risks? (Hoarding flammable items, using candles for lighting, unsafe electrical equipment?) • Are cooking facilities accessible and safe to use? • Can food be stored safely (refrigeration available, food containers vermin proof) • Is the toilet accessible and useable? • Could they get out in the event of a fire?
Animal collecting	• The care of pets may have become too much on a temporary basis, or the level of the problem is of a level which may not be desirable but is not causing undue health and safety concerns	• The number, and/or type, of pet(s) is beginning to give rise to concern for the health & safety of the individual or others	• The number, and/or type, of pet(s) is creating a severe risk to the health & safety of the individual or others	• Are the animals, their behaviour, number, or habits causing a concern to the health and safety of the individual or others? • Is the cost of keep diverting funds from other essentials?

Chaotic Lifestyle (may not in itself be a sign of self- neglect but lead to self- neglect	• Causing ASB or nuisance • Lack of discipline in dealing with children • Dirty or unkempt living conditions	• Multiple Debts • Missing important appointments • Property and/or garden in disrepair • Eviction • Homelessness • Apparent disinterest in ordinary activities of daily living	• Inability to function and follow normative societal conventions • Reliance on drugs and/or alcohol • Serious issues with maintaining integrity of property	• Are there facilities to make a hot meal or drink? • Are utilities connected? • Can they keep warm? • Are clothes climate and age appropriate? • Can they summon help in an emergency? Have you seen they are able to do so? • Is the property obviously unsafe? (Holes in floor, services withdrawing due to risk to workers?) • Is their tenancy at risk?

Thresholds

To Report or not to Report

The threshold for professional intervention in self-neglect situations is where harm is being caused to the person or others. Five key areas should be considered when assessing whether harm is being caused: impact on physical health, impact on emotional well-being, impact on social functioning, impact on environment and impact on other people.

It should be noted that self-neglect may not prompt a section 136 (Section 136 Mental Health Act 1983, Emergency Police Powers). An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

The S136 enquiry process will then be utilised to oversee the work in relation to the self-neglect. This will provide:

- person centred approach
- support for practitioners when working on complex cases
- a shared approach to risk assessment
- multi-agency involvement; and
- access to resources

If the multi-agency team agrees that the support plan has not been successful, the risk is high, and the adult has not engaged with the process a safeguarding concern should be raised. Support for Practitioners considering making a Duty to Report to Adult Safeguarding Team can be found here: Adult Safeguarding Guidance To Report or Not To Report

The Adult Safeguarding Team will determine whether the situation should be managed as a safeguarding enquiry and progressed through the safeguarding procedures. The threshold for Safeguarding intervention is supported by clear GWASB Adult Safeguarding Guidance To Report Or Not To Report which can be accessed here Adult Safeguarding Guidance To Report or Not To Report .Further assessment can be undertaken as part of the safeguarding duty to enquire and identified support provided as part of a safeguarding care and support protection plan.

This process should not affect an individual's human rights, but it will ensure the partners extend their duty to care in a robust manner and as far as is reasonable.

The dilemma of managing the balance between protecting adults at risk from self-neglect against their right to self-determination is a serious challenge for the Community Care Services. Applying this robust formula should ensure all reasonable steps are taken to enable safety, ideally by a multi-disciplinary group of professionals.

References:

- SCIE (Social Carer institute for Excellence
- Western Australia Department of Health (amended from Children's)
- Wales Safeguarding Procedures
- Worcester Local Authority
- In Safe Hands, National Assembly for Wales July 2000
- www.gwentsafegaurding.org.uk
- https://www.rethink.org/advice-and-information/rights-restrictions/mental health-laws/section-136/