

Updated May
2015

**Copy of INTER-AGENCY PRACTICE
GUIDANCE IN CHILD NEGLECT
(Guidance for all Agencies)**

Inter-agency Practice Guidance



Nottinghamshire
SAFEGUARDING
CHILDREN Board



NOTTINGHAM CITY
Safeguarding
Children BOARD

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1. Introduction

- 1.1 This practice guidance is issued as supplementary guidance to the Nottingham City and Nottinghamshire's:

[Pathway to Provision](#) (N.County)

[Family Support Strategy and Pathway - guidance for practitioners](#) (N. City)

[Inter-Agency Safeguarding Children Procedures](#) (November 2014). (N.City and N.County)

It complements these documents by considering the particular difficulties that may be experienced when working with Child Neglect. It was updated in May 2015 to reflect changes to updates to policies and procedures in Nottinghamshire County and the revision to Working Together 2015. A full update will take place in 2015/16.

It is for use by all those who work with children, young people and families in all agencies and settings. It draws on national and local research and lessons from Serious Case Reviews into child neglect. Its aim is to support practitioners in their assessments to form professional judgments about their intervention and to promote the best outcomes for children and young people.

It includes a range of tools, resources and useful contacts that practitioners may find helpful in their work with children and families. It is not, however, exhaustive and practitioners may well choose to add other tools or resources to it that have been found to be useful in practice.

This practice guidance aims to unravel some of the difficulties experienced when working in this area and to suggest ways to overcome and resolve them. No guidance can, however, provide answers to all circumstances or difficulties, the aim of this guidance is to support the use of professional judgment at all stages of our interventions with children, young people and families and to encourage collaborative interagency working to promote the best interests of children and young people.

2. Definitions

- 2.1 Nottingham City and Nottinghamshire Safeguarding Children Board inter agency Safeguarding Children procedures contain the definition of neglect outlined in '[Working Together to Safeguard Children](#)' (March 2015). This definition stresses the importance of the child's need for psychological and emotional care as well as physical care:

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

- 2.2 Child neglect is rarely an intentional act of cruelty, however there are occasions when neglect is perpetrated consciously as an abusive act by a parent. More often neglect is defined as an omission of care by the child's carers, when for many different reasons parents are unable to consistently meet the needs of their child or children. The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.
- 2.3 Children and young people of all ages and backgrounds can be vulnerable to neglect by their parents or carers. Children with disabilities, who have multiple carers and require personal care can be particularly vulnerable to child neglect and may be less able to communicate with others about their circumstances.
- 2.4 Good histories and up to date chronologies of a child's circumstances, presentation and behaviour can demonstrate patterns which will assist professionals and staff in recognising what is happening to the child. Building up a picture of the child and their needs requires proactive information sharing across agencies and collaborative working so that all aspects of the child and family are taken into account.

3. Recognising Child Neglect

- 3.1 The majority of parents care well for their children, often in difficult circumstances, with the support of their friends and family if needed. However, 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, for example, where parents may have complex needs such as mental ill health and substance misuse.

Sometimes parents are overwhelmed by their own complex needs and cannot deal with everyday practical tasks and fail to respond to their children's needs which can lead to a slow deterioration in a child's circumstances.

- 3.2 Some families need a little extra support as a result , usually provided within universal services such as school based extra reading support or behaviour management support to parents, to ensure that the children’s developmental milestones are met and that the children’s welfare and best interests are promoted so that the children can reach their full potential.
- 3.3 Some children and families may need an additional level of support in the form of early help services, because their difficulties are more complex and may lead to a crisis situation if these are not provided. In these situations, it is essential for professionals to effectively identify and address these needs in a co-ordinated way.

In the county, the guidance outlined in the [Pathway to Provision](#) (N.County) should be used. Supplementary guidance can be found in the [Early Help Assessment Resources](#).

In the city, the [Family Support Strategy and Pathway](#) (N. City) should be used to achieve this.

- 3.4 A small number of children and families will however need a more comprehensive safeguarding service as a result of the complexity and seriousness of their needs and circumstances, or in order to protect a child or children.

In the county the guidance set out in the [Pathway to Provision](#) (N. County) identifies the agreed process.

In the city, the [Family Support Strategy and Pathway](#) (N. City) provides guidance on indicators of need for when this may be necessary and referral pathways.

- 3.5 Local and national research identify a number of factors that feature in relation to the parents or carers of children at risk of being neglected including:

- domestic abuse
- experiences of significant loss or bereavement,
- substance misuse, drugs and / or alcohol
- parental learning disability
- mental ill-health
- parents who were looked after as children themselves

The feedback from Serious Case Reviews nationally stresses the importance of vigilance in all services, which are provided to adults whether Adult Mental Health, Substance misuse or any other services where the adult service user is a parent or carer. Professionals need to be alert to their responsibilities to consider the adult as a parent and therefore the impact any difficulties may have on the adult’s parenting capacity to meet the child’s needs. The adult services must ‘[Think child, think parents, think family](#)’ and exercise their responsibility to refer concerns about a child .In many instances where the focus is on an adult with complex needs the fact that the child’s needs are not being met is overlooked and a child may experience neglect.

- 3.6 In addition research clearly identifies the particular risks faced by the 0-4 age group as well as the social isolation faced by older children who are neglected. A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this. Health Visitors, School Nurses and General Practitioners are the professionals who will have the best knowledge of children and their families and should be included where there are concerns about a child and failure to thrive.
- 3.7 Neglect can have a significant impact on a child's emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child's health and development including their learning, self-esteem, ability to form attachments and social skills.
- 3.8 The following are examples of how child Neglect might be evidenced, though each of these may have other causes besides neglect:

Physical Condition

Failure to thrive or, in older children, short stature

Severe nappy rash

Dirty, unkempt condition

Inadequately clothed

Frequent infections/ recurrent diarrhoea

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite at school or nursery

Dry, sparse hair

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialisation

Behavioural and Emotional Presentations

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Aggressive and impulsive behaviour

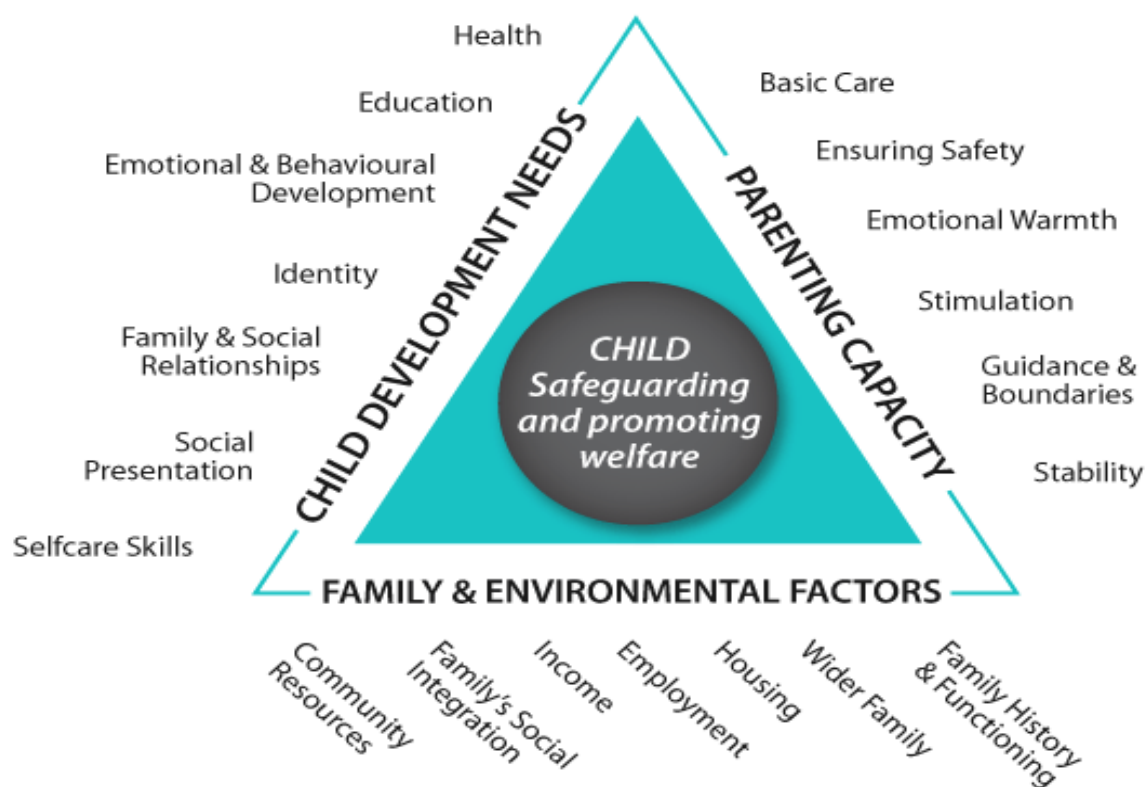
Disturbed peer relationships

Self-harming behaviour

3.9 There are children and families who come into regular contact with practitioners across agencies and the family displays complex circumstances and chronic problems. Many Serious Case Reviews nationally have drawn lessons about the need to observe patterns over time, to review the progress of any interventions and not to treat each intervention as a 'one off' but to see the whole picture from the child's perspective. There are times when professionals accept situations as 'a part of the local culture' or fail to challenge the parents and other professionals about the lack of change and progress. The Framework for the Assessment of Children in Need and their Families and the CAF offer workers in all agencies a structure to work collaboratively to identify which families are in need of services and support and to review the effectiveness of the services they receive in order to improve the outcome for children.

4. What do children need?

4.1 The assessment framework offers a system of gathering information in relation to the three main domains:



4.2 Assessing the developmental needs of children is a complex process, which requires all relevant aspects of a child's life experience to be addressed. The process of assessment is a positive opportunity to respond to the needs of children and families. It is likely to be most supportive to the child and family if it brings together the knowledge and experience of a multi-agency group of professionals working in partnership with the family.

4.3 All children, and the families in which they live, are different and will have different needs and experiences according to their racial and cultural background, their religion, their gender, age and any physical or learning disability they may have.

4.4 For some children discrimination and oppression is part of their daily lives. Agency responses to children should not reflect or reinforce the experience of discrimination and oppression- they should counteract it. Institutional racism has resulted in the significant impairment of the life opportunities of black and minority ethnic people in this country (MacPherson 1999) and the assessment must address the impact of racism on the child and family and ensure that the process does not itself perpetuate racial or cultural stereotyping.

4.5 **The assessment process:**

The Assessment Process is summarised as follows:

Gathering relevant information across all dimensions of the Assessment Triangle ([see above](#))

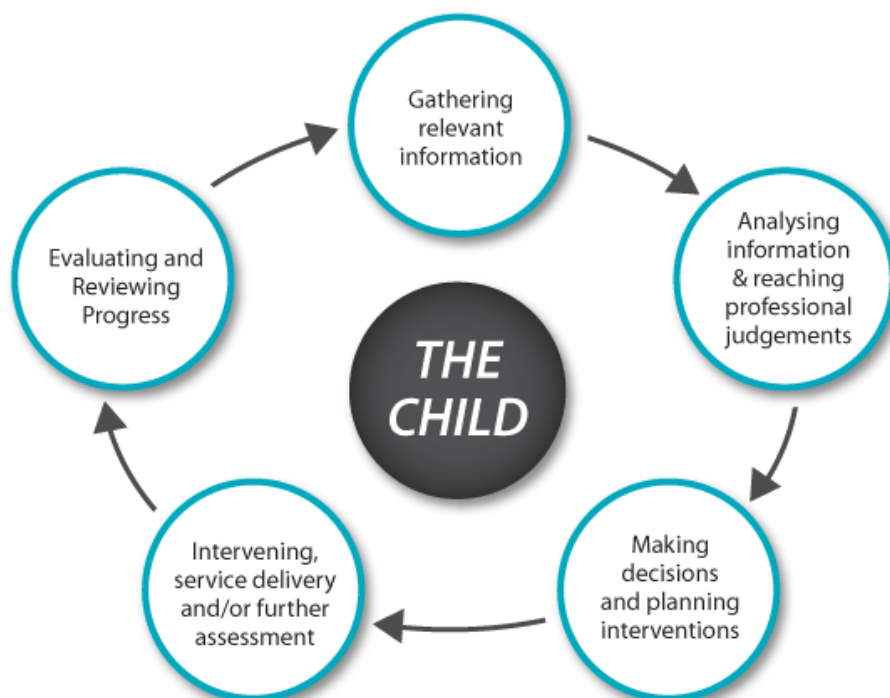
Analysing the information and reaching professional judgements

Making decisions and planning interventions

Intervening, service delivery and/or further assessment

Evaluating and reviewing progress

This process is ongoing, or cyclical;



All assessment should be planned whether a Common Assessment (CAF) or Initial or Core Assessment. Planning should identify the focus of the assessment including those who will be involved. It will often require a planning meeting to clarify roles and timescales as well as services to be provided during the assessment. Where there are

a number of family members and agencies involved and likely to play a part in the assessment, consideration should be given to the Lead Professional chairing the assessment planning meeting where possible.

Questions to be considered in planning assessment include:

Who will undertake the assessment and what resources will be needed?

Who in the family will be included and how will they be involved (including absent or wider family and others significant to the child)?

In what grouping will the child and family members be seen and in what order and where?

How will the focus on the child be maintained?

What services are to be provided during the assessment?

Are there communication needs? if so, what are the specific needs and how they will be met.

How will the assessment take into account the particular issues faced by black and minority ethnic children and their families, and disabled children and their families?

What method of collecting information will be used? Which questionnaires and scales will be used?

What information is already available?

What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?

How will the consent of family members be obtained?

What will be the timescales?

How will the information be recorded?

How will it be analysed and who will be involved?

When will the outcomes be discussed, and service planning take place.

Good Practice Box 1: Key Principles

- Focus on the impact of the circumstances on the child
- See and speak to the child on their own (if age appropriate)
- Look at the whole picture – not only what has happened to the child, but also the child's health and development, and the wider family, community and environmental context
- Be aware of the many factors that may affect a parent's capacity to care for the child and meet the child's needs
- Build on families' strengths, while addressing difficulties

- Guard against over optimism, adopt a balanced approach, beware of overemphasising positives at the expense of negatives especially in situations where the standard of care fluctuates
- Make full use of existing sources of information, e.g. own agency records and computer records, the child, others who know the child, the family themselves
- Be creative in how you work with the child and family. Use a range of resources and techniques in communicating and working with them
- Be specific in relation to the changes you expect and clear about the timescales in which you expect the changes to be achieved.

4.6 A child needs: The domains dimensions of the Assessments Framework

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

Child Development	Parenting Capacity	Family and Environmental Factors
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 e.g. 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 	<ul style="list-style-type: none"> • Poverty • Unemployment • Isolation • Poor education • Poor Housing • Overcrowding • Frequent house moves • Pets / animals • Poor hygiene • No leisure interests outside the home • Racism, discrimination and oppression • Depression • Not eligible for benefits because of political / immigration status

4.8 These lists provide useful triggers in terms of children's needs and characteristics that may indicate they are being neglected. However, they need to be taken alongside other

considerations such as the age of the child, whether they have a disability or how vulnerable the child might be

- 4.9 The lessons from Serious Case Reviews nationally have pointed out the need for professionals to review and update their assessments of the needs of children in a family when a new child is born or another child enters the household. The pressures families experience may have been manageable but with a further addition to the family the parents or carers may struggle to meet the children's needs. Sometimes one child is singled out by parents and carers and treated differently to the others so that in a household the assessment of the parent's care may be 'good enough' with all the children but one. The needs of that child must be taken seriously and the parents must be supported and challenged, if necessary, about the reasons for the differences in the care provided.

5. Responding to initial concerns - All agencies

I am concerned about a child but I'm not sure how serious the concerns are, what to do, or who to contact.

- 5.1 From birth children come into contact with a range of different professionals who all have a responsibility to identify whether the child and their family are in need of more than mainstream services. Health visitors, midwives, GPs, nursery staff, school nurses, teachers etc. all have a role to play in assessing the well-being and development of children and the [Common Assessment Framework](#) and the Assessment Framework are key to this.
- 5.2 When assessing a child's needs and determining which services are most appropriate to meet those needs, it is essential that frontline practitioners and managers are aware of the services working within their locality and what their remit is. This includes statutory, voluntary and private sector agencies. Further information is available at [Family Service Directory](#) (N. County) and [Family Information Service](#) (N. City) and in the [Resources section](#).
- 5.3 The '[Inter-Agency Safeguarding Children Procedures](#) (N.City and N.County)' (provides definitions of vulnerable children and children in need, including those children who may be in need of protection.
- 5.4 When any service begins to be concerned that a child may be being neglected, the first step is for the person who has identified the concerns to evaluate the seriousness of their concerns. i.e. whether they are concerns, moderate or serious and what the appropriate response should be.
- 5.5 Concerns at this stage might be:
- about the child's physical presentation
 - that the child is not being adequately fed

about levels of hygiene in the home environment.

- 5.6 If the concerns about the child are identified as a Child in Need of Early Intervention, agencies that are already involved can agree a plan of action and services with the child and family using the CAF in response to the concerns or could access some additional support for the family from resources that are available locally. For example: See the [Pathway to Provision handbook](#) (N.County) and [Family Support Pathway - guidance for practitioners](#) (N. City). Key universal services are such as Early Years settings, the Health Visiting Service, the School Nursing Service, Schools, Colleges and Training providers and many more.

Good Practice Box 3: Establishing Support Needs

- Are there any supports in place? What are they?
- Ask the family if they feel these supports are helping them
- Ask the child and family and if they feel they need help and support
- If the family acknowledges that they do have some needs for support, ask what their ideal support would be (be honest if you cannot offer what they want)
- Are there any family members who can offer support in the short term or in the long term?

- 5.7 Where a family or child is offered extra support by universal services or services targeted at vulnerable children, as a result of concerns that the child may be being neglected, it is particularly important, that the support is planned, monitored and reviewed regularly.
- 5.8 It is a good practice for those people who are involved with the family, e.g. Health Visitor, teacher, Sure Start worker, to meet to do this and the family should be included in the meeting wherever possible or at least should know that this is happening and arrangements should be made to share the outcomes of the meeting with them. See the [Early Help Assessment Resources](#) (N. County) and Family Support Pathway - guidance for practitioners (N. City) for the details of calling multi agency meetings to develop a Team around the Child.

Good Practice Box 4: Establishing Support Needs

If you have concerns that a child may be being neglected:

- Check your records and collect all the information that is available to you
- Discuss your concerns with a colleague
- Talk to your Line Manager (if you have one)
- Discuss your concerns with the parents, bearing in mind the risks to the child
- Contact other professionals involved with the child and their family to see if they share your concerns
- Consider arranging a multi-agency meeting to assess and review the child's needs
- Consider what support you can put in place to support the family in the meantime
- Review and monitor this with clear timescales and expectations
- Decide whether there are indicators that the child is a child in need in which case whether Children's Social Care need to become involved (see the '[Inter-Agency Safeguarding Children Procedures](#)' (N.City and N.County))
- If the indication is that the child is at risk of significant harm and may be in need of safeguarding refer the matter urgently to Children's Social Care (see the [Pathway to Provision handbook](#) (N.County) and the '[Inter-Agency Safeguarding Children Procedures](#)' (N.City and N.County)).

6. Children in need - referrals to Children's Social Care service

- 6.1 Determining children who are in need and clarifying what those needs are requires professional judgements to be made by staff in all agencies (see the [Inter-Agency Safeguarding Children Procedures](#) (N.City and N.County)). If there is an indication that the child may be a child in need and that there are additional concerns about a child, a referral to Children's Social Care may be necessary in order that a more comprehensive assessment such as an Initial Assessment and a Core Assessment can be undertaken.
- 6.2 Serious concerns about a child must be referred to Children's Social Care in order that a multi-agency assessment such as an Initial Assessment or a Core Assessment can be undertaken as to whether the child is a child in need and what services they may require. For details of examples of serious concerns see the [Pathway to Provision](#) (N. County) and the [Inter-Agency Safeguarding Children Procedures](#) (N.City and N.County).

If the serious concerns are about the child suffering, or likely to suffer, significant harm then the referrals must be made to Children's Social Care for an Initial Assessment and possible Section 47 Enquiry to take place.

KEYWORD: Section 47 Enquiry

If there are reasonable grounds to suspect that a child is suffering or is likely to suffer **Significant Harm**, a Section 47 Enquiry and **Core Assessment** are initiated.

This normally occurs after an Initial Assessment and a **Strategy Discussion**.

Section 47 Enquiries are usually conducted by a social worker jointly with the Police.

Where concerns are substantiated and the child is judged to be at risk of **Significant Harm**, an **Initial Child Protection Conference** should be convened within 15 working days of the Strategy Discussion, or the last strategy discussion if more than one has been held.

[**CLICK HERE FOR MORE DEFINITIONS**](#)

Children in need are:

Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- what will happen to a child's health or development without services being provided; and
- the likely effect the services will have on the child's standard of health and development

Local authorities have a duty to safeguard and promote the welfare of children in need.

6.3 The sort of factors that indicate that further assessment is necessary would be:

Evidence that the children's basic needs for food, warmth, shelter, safety etc. are not being met. e.g. inappropriate clothing in winter; left unsupervised in potentially

dangerous circumstances; very young babysitters; children asking neighbours for food or stealing food / money on a regular basis

Dirty unhygienic environment – house over- run with pets, faeces not cleaned up, etc

Babies or toddlers left alone or inadequately supervised

Primary school age children frequently left alone or unsupervised in the house for periods of several hours

History of unexplained injuries to children, or a series of injuries with unconnected explanations

Depressed, lethargic parents observed not to be offering adequate supervision

Evidence of adults in the household misusing alcohol/ drugs

Previous concerns about the care of other children in that family, or in another household where these adults have lived before

Parents with mental ill-health, chronic ill-health, physical disability, and / or learning disability who are struggling to care adequately for their children

The presence of domestic abuse and the impact on the care of the children

Children whose non-attendance for medical treatment causes serious concern

Repeat episodes of being homeless or frequent moves of house

Long term non school attendance or not being registered with a school.

6.4 As well as factual information about the child and their family Children's Social Care will want to know:

What evidence is there of an impact on the health and safety of the children? (facts and observations rather than feelings and assumptions)

What has happened to need to refer the family now?

Why do you think this has come about, what might the causes be?

What has the referrer, if another professional, done to try and improve the situation?

Does the parent know they are being referred and what sort of help do they want or expect?

Children in Need Who are in Need of Protection

6.5 **Children in need of protection are children in need who are suffering or likely to suffer significant harm, including those children whose lives are at risk or who are in danger of serious harm. The children may already be known to Children's Social Care or another professional who is concerned about maltreatment of the child may have newly referred the child or children to Children's Social Care.**

Good Practice Box 5: Evaluating Significant Harm

Consider:

- The severity of ill treatment, which may mean the degree or extent of physical harm.
- The duration, pattern and frequency of abuse and neglect
- The extent of premeditation by the perpetrator of the abuse
- The degree of threat and coercion, sadism and bizarre or unusual elements in child sexual abuse.
- The corrosive nature of long term neglect, emotional, physical or sexual abuse causing impairment to a child's health and development, which constitutes significant harm.

6.6 Once the local authority has reasonable cause to suspect that a child is suffering or is likely to suffer significant harm it is under a duty to make enquiries, or cause enquiries to be made. These enquiries are made under Section 47 of the Children Act 1989 in accordance with the Nottinghamshire and Nottingham City Safeguarding Children Boards' [Inter-Agency Safeguarding Children Procedures](#) (N.City and N.County).

Case Example: There have been concerns about the weight gain of this four month old baby for some time. The health visitor visited the family this morning and found the home cold and unfurnished, the baby had nowhere to sleep. The parents' explained that the baby was sleeping with them on a mattress in a very cold sparsely furnished bedroom. The only bedding was dirty blankets, cups and unwashed plates were on the floor in the bedroom, as well as some very soiled clothes and dirty nappies.

6.7 When a child is referred to Children's Social Care as they may be children in need a decision will be made within 24hrs as to whether an **initial assessment** will be undertaken. An initial assessment is a brief consideration of the circumstances of the child and their family to determine whether the child may be a child in need and/or whether services are necessary to promote the child's welfare.

6.8 An Initial Assessment might be undertaken in the following circumstances:

Case Example: A teacher of a child aged 7 is spoken to by a parent of another child at the school. The 7 year old has two sisters aged 3 and 9, the two older children are very poor school attenders. No one has seen the parents all week and the 9 year old was seen doing food shopping.

The teacher has had concerns about the children's presentation and behaviour at school for sometime and has been working with the school nurse and the classroom assistant and attempting to involve the family with this. The teacher is also aware from the school records that the mother has a history of depression. The teacher refers his concerns immediately to social services and an initial assessment is commenced involving a home visit jointly by the social worker and the teacher on the same day.

- 6.9 The Initial Assessment must be completed within 10 working days. If however there are serious concerns about the child suffering significant harm the Initial Assessment may be concluded within a matter of hours and a Section 47 Enquiry will have started. It may be that no further action is required by Children's Social Care in which case universal services may still need to continue to offer support or services. However, if the outcome of the Initial Assessment is that the child does appear to have more complex needs and may well be 'in need' a **Core Assessment** will be completed by the social worker to provide a full and holistic assessment of the needs of the child and the family. All relevant agencies must contribute to the Core Assessment which should be completed within 35 working days.

6.10 A Core Assessment would be appropriate in the following circumstances, and an Initial Child Protection Conference is likely to follow:

Case Examples:

"There has been a history of neglectful parenting and there is a new baby expected, School staff are seeing signs of deterioration in the physical presentation and care offered to older siblings. Reports have been received from members of the community that the children are being left home alone."

"Both parents have a mild learning disability, they have two children aged 4 years and 6 years who are displaying behaviours which concern professionals involved, for example appearing thirsty and hungry, not making eye-contact, having limited speech. In addition parents are failing to take their children to the doctors for treatment when they are sick."

"Neighbours report two children aged 4 years and 6 years are being left at home alone for considerable periods of time whilst their parents are out buying drugs. Nursery reports poor attendance and the children have missed many health appointments. The Police raided the house. Where they found several adults using drugs in the living room. The children were in their bedroom but there was no food in the house and the physical condition of the home was very poor."

7. Undertaking assessments

- 7.1 **There are common difficulties that practitioners in all settings experience when working with families when there are concerns about child neglect. The following aim to suggest some strategies that may be relevant at any stage, either before Children's Social Care need to become involved or afterwards.**

Underpinning the work there are toolkits for professionals and leaflets available for children, young people and their families (these and more are available in the Resources section):

CAF Leaflet "Information for children, young people and their parents/carers"

(N.City)

CAF Toolkit April 2010 (N.City)

What's Child Protection? A guide for children and Young People on Child Protection Enquiries (N. City and N. County)

A guide for Parents and Carers; Child Protection Enquiries 2007 (N. City and N. County)

Child Protection Conferences; A Guide for Parents and Carers 2007 (N. City and N. County)

It is rare that there will be an isolated incidence of neglectful parenting that will result in agency involvement with a family. It is likely that there will be several, maybe fairly minor incidences, which over time begin to heighten concerns about child neglect. For this reason, the usefulness of compiling chronologies cannot be over stated.

It is likely that the parents will have many needs of their own. These could include substance misuse, learning disability; postnatal depression, mental health issues, domestic violence, all of these present as requiring high levels of support. However, it is important to maintain a clear focus on the needs of the child as well as offering support and services to the parents. It is important to work in collaboration with the specialist Adult Service which may be involved with the parents.

It is important to involve both mothers and fathers in the assessment process. A full background history of fathers, or father figures, whether living in the household or having contact with the children should always be undertaken to address the impact on the child of the parents capacity to meet their needs.

It is important to regularly review progress in relation to the issues of concern, if there has been no change in parenting over an agreed period of time, the agencies involved in the assessment should meet to consider what actions should be taken. There is the potential for "drift" and lack of focus when dealing with child neglect due to the fact that there are rarely major incidences of neglect and because agencies have to be involved over a period of time to build up the picture of concerns. Working to timescales, therefore, becomes imperative.

It is essential that practitioners guard against becoming "immune" to seeing neglect. Workers who work in areas where poverty and deprivation is commonplace can become used to seeing poverty and confuse this with neglectful parenting, failing to recognise the harmful effects of neglect on children.

Challenging line management, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised to issues of neglect. 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.

Practitioners should use assessment tools as a means of focussing and reviewing neglectful parenting. 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.

Whilst assessing parenting capacity, practitioners involved with child neglect should **consider at an early point the likelihood of the parents effecting change**. Practitioners should guard against being over optimistic about the potential for parents to 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.

Have confidence in your assessment and ensure that it is carried out in accordance with the local and national regulations and guidance. Specialist assessments can be useful but should only be commissioned in specific, agreed circumstances.

Observations of the parent-child interaction are particularly useful when looking at child neglect. Observations can inform assessments of attachment and offer insight into the relationships between parent and child and 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 "nasty" as though the child's crying is a deliberate action designed to irritate the parent.

It is crucial to remain practical and not overlook the child's basic needs. For example does the child feel cold to touch, is there enough food in the house to feed the child in the next few hours? And in the next few days? If the child is a baby are there enough nappies to ensure adequate hygiene? Is the house warm? Is there hot water for washing? Be prepared to ask these questions or ask the parents if you can look in the cupboards.

Talking to families about issues of neglect

- 7.2 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.
- 7.3 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.

Good Practice Box 6: Talking to Parents

- Get to know the children and family, build up a rapport with them if possible
- Be honest about the issues
- Be clear with the family about what you think needs to change. Think about how you will communicate this, could you use video, or other materials to demonstrate your concerns?
- Check out with the family that they have understood what you have discussed and that they are clear what their actions should be
- Tell the family what you will do now you have shared your concerns with them
- Don't use jargon
- If you plan to discuss the child and family with another agency ensure that the family are aware of this and have an opportunity to consent
- Consider using contracts if it seems appropriate
- If you are not able to engage the family in any meaningful discussion about the areas of concern consider who you will inform and what action you feel needs to be taken
- Take some time out every so often to reflect on your concerns and to consider the effectiveness of the service plan (if there is one at this stage)
- Be realistic about the help and support you can offer.

Maintaining a Focus on the Child

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

Seeing children

Observing children

Engaging children

Talking to children

Activities with children.

7.5 In families where neglect is occurring as in other complex situations, it is easy to lose sight of the child as they are over-shadowed by the needs of the parents or other factors. The significance of seeing and observing the child cannot be overstated in complex and chaotic circumstances.

7.6 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. These 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 relative or friend who might be willing to spend time doing activities with the child

Good Practice Box 7: 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.

Summary:

Good Practice Box 8: Undertaking Assessments

- Gather and analyse information gained from a number of different sources
- The child and family are key to the process
- They need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes
- It is valuable to establish the family's views of the concerns
- There is a need to communicate with families in an open and honest way
- Children value being treated with respect, honesty and care
- Assessments should actively consider equality issues such as a parents' ethnic origin or whether a parent has a learning disability
- Assessments have to be an ongoing process not a single event
- They should build on strengths as well as identify difficulties
- They should be grounded in evidence based knowledge
- They should consider the whole context of the child and families lives
- Consider the child and family in the context of wider society
- Be aware of the uniqueness and diversity of each child and family and communicate according to individual need
- Have a clear plan with clear aims. Review it regularly
- Use opportunities for consultation, with your manager, other key contacts for child protection or colleagues
- Ensure effective multi-agency working. Seek the views of your colleagues regularly and maintain frequent contact
- Don't allow the needs of the parents to let you lose sight of the child
- Don't underestimate the impact of a parent's mental health difficulties, drug use or domestic violence on the care they are giving to the children
- Keep your records up to date. Make sure they are signed and dated
- Make use of case summaries or chronologies to enable you to monitor and review progress.

d.

8.2 Where children are subject to a Child Protection Plan as a result of the concerns about neglect, the CP Plan will be reviewed in accordance with the expectations of the [Inter-Agency Safeguarding Children Procedures](#) (N.City and N.County).

8.3 Multi-agency Child in Need Plans should also be in place for children who are considered to be in need or vulnerable as a result of neglect. This plan should detail the

reason for service provision, the services that will be offered to the family and when, the changes that are required to improve the outcomes for the child and the timescales for the changes being achieved.

8.4 The plan should be SMART...

Specific
Measurable
Achievable
Realistic
Timed

8.5 The Child in Need Plan will be reviewed on a regular six monthly basis. A review should take place earlier if there is a change of circumstances or event such that the plan needs to be changed in any way. Parents and the child where appropriate, should always be encouraged and supported to attend the review.

8.6 It may be helpful in complex cases where professionals have been involved for a lengthy period of time and no progress appears to have been made for the review to be chaired by someone independent of the line management of the case.

8.7 In addition to the formal review process professionals may find it helpful to meet to discuss their progress with the assessment and ways of working etc. It may be necessary at times for these meetings to take place without the parents and the child being present but they should be informed of the meeting taking place and the outcome should be communicated to them.

8.8 In the City, a Consultation Panel is available on cases where Children's Social Care are involved, to groups of professionals who are "stuck". The child's social worker will have more information about this.

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

9. Common Problems

9.1

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

9.2 Try the following;

Share the chronology you have compiled with the family

Think of creative ways to discuss the issues you are concerned about. Things to try might include use of videos (perhaps something from the soaps that you can discuss without the issues being personalised to the family), write your concerns on flipchart paper and leave it at the home, use the needs game

Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about

Do the parents have learning disabilities? Consider using the tools from the Parent Assessment Manual written by Sue McGraw (contact the Safeguarding Children Board to locate a copy)

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.

9.3

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

9.4 Try the following;

Discuss your concerns with your line manager, the named person within your organisation who has responsibility for safeguarding or where the child is subject of a

Child Protection Plan the Chair of the Core Group or the Chair of the Review Child Protection Conferences

Ask for the review to be brought forward

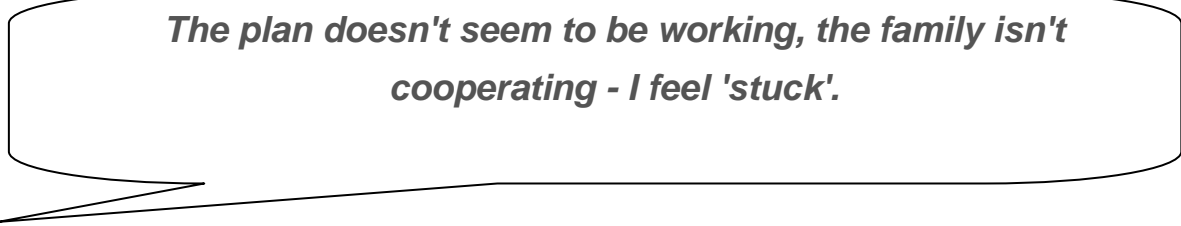
Produce a chronology

Reflect on concerns in relation to the child and parent and the effectiveness of the current plan

Use tools/resources to consolidate concerns

Seek legal advice.

9.5



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

9.6 **Try the following;**

Review what you have done so far to engage the family – what has been most successful? What has been least successful and why?

Discuss the case with your line manager

If there are practical issues blocking progress attempt to resolve these. It may be that the home is so chaotic when you visit that you are unable to complete any assessment within that environment, if this is the case plan carefully how you can assess the family in these circumstances

Resolve some of these 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

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

Consider using contracts with the family

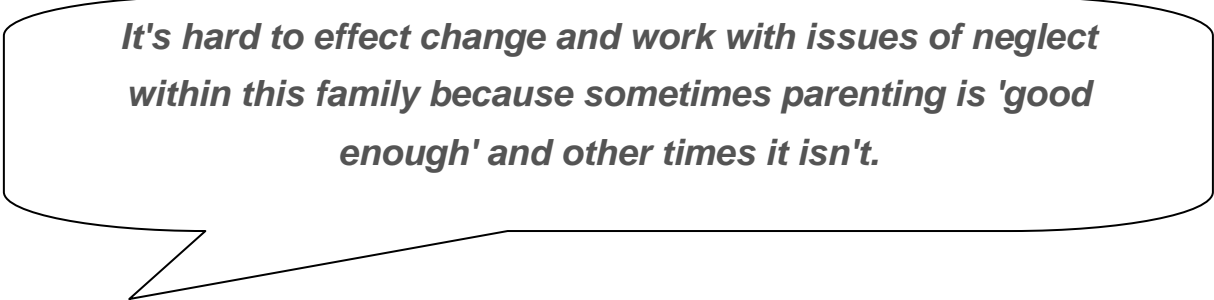
Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this

Consider discussing your family within your team, possibly at a team meeting, your colleagues may think of new ways of engaging the family or offering support

Consider having a colleague co-work with you. This will provide you with support and may also help to provide a "fresh" outlook on the case

Consider using consultation forums if they are available in your area.

9.7



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.

9.8 **Try the following;**

What is the overall level of care, is this good enough?

Consider what it is that affects the level of parenting – when is it good enough and why?

When is it not good enough and why?

Does it apply to all the children?

Keep a diary in order to be able to map changes and when they occur in order to be able to identify possible causes. In this way it may make it easier to put in additional services or supports at stressful times.

Case Example: a mother of six children may care adequately whilst her partner is at home to help her. However, mother's partner is involved in criminal activity and the main trigger for neglectful parenting is when mother's partner is in prison, this is usually only for short periods of time. It may be possible to put together a plan of support that is mobilised at such times; for example, extended family support could be increased at these times.

How do fluctuations impact on the child?

It may take some time to find answers to these questions. If the standard of parenting is related to substance misuse, for example, or domestic violence, the family may be reluctant/unwilling to discuss these issues with you. You may need to think of creative ways to encourage the family to talk with you

Inform the family what you want to look at and why. Ensure that you look in cupboards and at bedrooms if there are issues of concern about sleeping arrangements and food provision. It is very common for the living area to be maintained at an acceptable level whilst the sleeping or other areas of the house are unacceptable

Use chronologies, this will help you to see how frequently there have been issues of concern

Undertake direct work with the children to find out what is happening for them. What is their experience within their family?

Use Olive Stevenson's tools to evaluate your concerns (See Section 10). Do the exercises regularly so that you can compare and contrast the findings. Feedback your findings to the family, use the positive ones to reinforce to the family that they can do it.

9.9

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

9.10 **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. These individuals could be family aids, family workers, volunteers, extended family or any professional with time and commitment. The aim of this exercise would be to spend significant periods of time in the home assisting and guiding parenting. It might mean helping a young mother or father to safely bath a baby. Or, helping a family to understand the necessity for good hygiene in the kitchen

Keep the needs of the children in focus. Talk to the children and find out what their experiences are

When you know that parents can care adequately some of the time it becomes harder to remain objective and there could be a tendency to err on the side of optimism. Record carefully when the dips in parenting occur and compile chronologies of accidents and issues around poor supervision

Discuss your chronology with your line manager.

10. Assessment Tools

These are some ideas that practitioners suggested have been useful. You will wish to add to it as you go along.

10.1 Assessing Parenting Capacity Ensure Safety Guidance and Boundaries

Three circles cut out of different coloured paper / card:



One red - (on this one write Danger), one yellow - (on this one write Unsure) and one green - (on this one write Safe).

Write on some small cards a set of scenarios (7-8) relating to the case, for example

You have just moved house, your neighbour says they will baby-sit

OR

Your 7 year old son wants to go and play on a local park with 2 of his friends

Method: Read out to ensure understanding, then ask the parent to identify which category they feel they should belong i.e. Red (danger) and place it on the circle. Encourage the parent / carer to discuss their reasoning and challenge any concerns their comments may raise.

10.2 Assessing Child Developmental Needs

Overview: this tool will enable the worker to obtain a picture of the parent's / carer's perceptions of child development in relation to their child, for example, do they expect too much? Do they baby the child? Do they have an understanding of their child's developmental stages and what is within "normal" limits?

N.B. This can successfully cover emotional development as well as physical.

Tools/ Materials Required:

Copy of Mary Sheridan development checklist from birth to 5 years.

Small cards onto which you can record extracts from the development records to represent expected achievements at a certain age. For example:

Dry during
the day

Can dress
self

Can drink
from beaker

Sits
unsupported

Plus a large sheet of paper divided into age sections i.e.

3 months	6 months	1 year	18 months
2 years	3 years	4 years	5 years

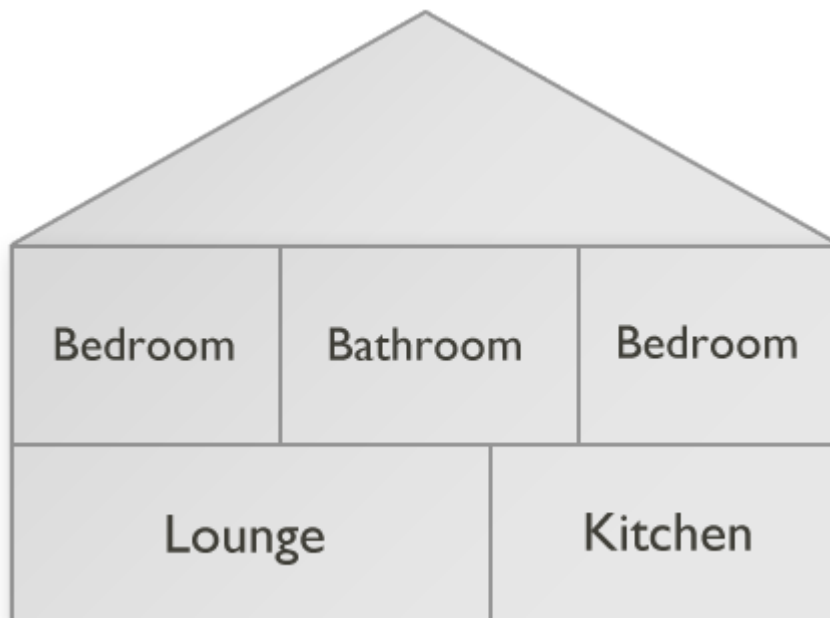
Method: make up achievement cards to cover a varying age range (some typically reflective of subject children's age). Read the card out for the parent and ask them to place in the section they see as age appropriate. Discuss with them why they feel they should be in that particular section.

10.3 Assessing Parenting Capacity

Ensuring Safety

Overview: This activity will enable workers to build up a perception of the parent / carers understanding of safety within the house. It also provides an opportunity to discuss any accident injuries the child may have had and how they may be avoided in the future.

Tools / Material Required: large sheet of paper with the simple framework of a house / flat drawn on it. Mark on it the individual rooms known to be in the family home.



Method: Along with the parent / carer draw on or stick furniture representative of their home. By using the diagram, it will enable parents / carers to visualize the rooms in their house. The worker, through careful questioning can get the parent to talk about their awareness of safety in each room, plus storage of dangerous / risk equipment. This is especially helpful for parents / carers with learning difficulties who find free recall difficult and benefit from the use of visual prompts.

10.4 Assessing Parenting Capacity

Basic Care/Environment

Ensuring Safety

Emotional Warmth

Stimulation

Guidance and Boundaries

Stability

Overview: The "Needs Game" is a pictorial tool. It is intended as an aid in the assessment of a parent / carer's understanding of the needs of his / her child. The game provides a basis upon which to define the help that is needed and can be useful in identifying gaps in parenting capacity. It can also be used as a tool for monitoring the progress which is being made.

Tools/ Materials Required: the Needs Game.

Method: choose the cards most appropriate from the pack that meet the needs of the child/ family. Get the parent / carer to place them in priority – most important first.

When all the cards have been placed get the parent / carer to talk about why the child needs what is identified on the card, how they provided it. It also provides the opportunity to double check understanding, highlight with parents / carers any positives or concerns.

10.5 Assessing Parenting Capacity

Play and Stimulation
Education

Overview: encourage the parent/ carer to talk about what toys the children have now and what they like to play with, when they play, how, when and if they play with them. Also a good way to discuss appropriate supervision.

Tools/ Materials Required: old catalogues such as Argos, Early Learning etc.

Method: present to the parents/ carers that they have:

- a. ***a certain amount of money to spend***
or
- b. ***they can choose 2 toys for each child.***

Get the parent/ carer to look through the catalogues and identify what they would buy and why, plus what do they think the child would gain from it. Discuss finance and cheap alternatives to entertain children. From their comments it will be easy to determine if they provide any, or have an understanding of a child's need to play.

N.B. As previously stated, parents / carers with learning difficulties respond well to visual stimulation. If appropriate, you or they can whilst having the discussion, cut out the chosen toys and stick them on sheets of A4 paper with each child's name on.

10.6 Identifying Concerns/ Assessing all 3 domains

Overview: The starting point of any assessment is to get the parents to understand and acknowledge Children's Social Care services' concerns. They will have possibly been involved in an "Initial Child Protection Conference" or another agency meeting, but what have they understood? The aim of this session is to make sure the couple understand what the concerns are and to determine the potential for change.

Tools: make up some cards labelled with identified concerns relating to the case e.g.

Susan's
drug use

Non-attendance
at school

Home
Conditions

Method: read the ICPC recommendations, go over each point, get the parent / carer to talk about their opinions.

To use the cards, get the parents / carers either singularly or together, to place the cards with the concerns on in 2 piles – "high" concerns or "low" concerns. Encourage them to say why they feel this way.

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Contacts

For additional information about anything in this website please contact the person with named/designated responsibility for child protection in your agency.

In addition useful sources of advice or support are:

Nottingham City:

NCSCB Service Manager on 0115 8764722

Nottinghamshire County

NSCB Business Manager: 0115 9773935

