

NEGLECT GUIDANCE 2021



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Accessibility

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- Captioning

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Kent's Practice Framework

The **principles** at the foundation of our framework are that ecological, systemic, familial, cultural and environmental factors and change can occur within relationships.

We aim to **develop** practitioners who are skilled and able to identify, understand and respond to the needs of families and the contexts that impact on their lives.



Creating practice for you

Motivational Interviewing can support children, young people and families to think about making changes to overcome hurdles and remain motivated.

The Practice Framework enables us to take a much broader **strengths-based** approach in our work with children, young people and families.



Sometimes we may not be aware of trauma, therefore it is important that we take a **trauma-informed** approach to our work.

Solution-Focused methods can help to empower children, young people and families by shifting their thinking from being 'problem-based' to identifying the possibilities for change.

Appreciative Inquiry helps identify all the things that are working well. Sometimes strengths and successes go unnoticed, yet they can help to build resilience during difficult times.

A **Contextual Safeguarding** approach helps identify community guardians and businesses that can improve the safety in a neighbourhood, or consider how a space can be changed and re-purposed for the benefit of the wider community.

We recognise that children and families do not exist on their own, but have ties and **interconnections** with others that can be sources of **strength and resilience**.

Social Connectivity practice may help identify and build a lasting support network, which can support that child's journey into adulthood and towards independence.

Restorative Approaches can support young people who are in conflict or affected by crime to communicate, repair harm and find solutions for the future.

Introduction

All children have the right to grow up in a safe and nurturing environment which positively helps them to reach their potential. This guidance is a suggested approach to helping families and our professional community to work together to ensure we each play our part in helping children to thrive and ensure their needs and rights are not neglected. Understanding neglect involves an awareness of the child's rights and needs. In this way, we can act early to respond and help families where there is concern that some of the child's needs may be being neglected. The purpose of this Neglect Guidance and the accompanying Neglect Tool Kit is to support practitioners working with children and their families to support understanding, identification, assessment and interventions in childhood neglect.

The fundamental basis of this guidance (adapted from Essex Safeguarding Children's Board) is the need for practitioners to identify when a child's needs for love, care, attention, education and human rights are being neglected and to help the child, the family and the professionals working with them to work together to improve the child's experiences. The principles of this guidance and the accompanying Neglect Tool Kit reflect Kent's Practice Framework and the KCSMP Neglect Strategy [KCSMP Neglect Strategy](#) all of which focus on timely interventions, finding safe solutions for families and enabling sustainable change by allowing them to become the experts in their own lives, discovering and celebrating their strengths and allowing them to find the answers to their situations.

Neglect - The Kent Picture (December 2020)

There are 2814 children, young people or families open currently for neglect or abuse reasons and to set this in context 45.99% of Child Protection plans are for the reasons of neglect.

Definition of Neglect

'Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger and it can also have long term effects on their physical and mental wellbeing'. (NSPCC 2011)

'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:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs' (Department for Education, 2018).

Recognising Signs and Indicators of Child Neglect

Types of Neglect

Howarth (2007) identified six types of neglect and this breakdown is helpful for workers to begin considering where the child's needs may be being neglected. A thorough and methodical way of addressing failure to meet need will assist in identifying and planning interventions in neglect.

Medical –The child's health needs are not met because of indifference, apathy, minimising or denying illness or health needs of children; or the child is not provided with appropriate medical treatment when needed as a result of illness or accident. The child is not taught how to clean their teeth, or not encouraged to wear prescribed glasses.

Nutritional – not providing adequate calories or sufficient food of reasonable quality in order to meet their physical and cognitive development needs; recently there have been discussions about obesity being considered a form of neglect.

Emotional – The child experiences inadequate nurturing; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them.

Educational – The child is unstimulated, or faces a lack of interest in their achievements, the child is denied appropriate experiences to enhance development including failure to respond to any special needs related to learning. The child does not receive appropriate schooling; failure to comply with statutory requirements regarding attendance.

Physical – The child is abandoned or excluded from home. The child has inadequate clothing, or hygiene, or experiences poor physical care despite the availability of sufficient resources.

Lack of supervision and guidance – The child experiences a lack of appropriate supervision, parents/caregivers are clearly inattentive to avoidable dangers, the child is exposed to hazards and risk, or is left with inappropriate caregivers.

Signs and Indicators of Neglect

Children can experience different types of neglect both sequentially and simultaneously. Therefore they can show signs of neglect in a variety of ways, dependent on the impact and their circumstances; their age, the severity, frequency and duration of the harm, their resilience and the availability of alternative sources of care. Children may exhibit many, some, or none of these indicators.

By themselves, many of these signs do not necessarily prove the existence of neglect but they may indicate an emerging picture for the child, prompting the need for further exploration and assessment into their lived experience. The key to gaining a wider understanding of what may be happening in the child's life, is to be:

- professionally curious
- listen to children
- observe them and their interactions with their parents / carers
- talk to the parents / carers
- seek multi-agency perspectives.

Safeguarding a child from neglect requires recognition and a timely response to the indicators of neglect. The longer a child is exposed to neglect, the more difficult it may be to reverse any adverse effects.

Children experiencing neglect are likely to also be exposed to other forms of abuse and adversities such as the effects of poor housing, isolation, parental mental ill-health etc. Overall, the interaction of multiple adversities including abuse and neglect, impact negatively on childhood development. When assessing neglect, the child's age, stage of development and specific needs (e.g. those relating to disability) should be a focus. The National Institute for Health and Care Excellence (NICE) has produced guidance, ['When to Suspect Child Maltreatment'](#) which considers issues such as neglect, emotional, behavioural, interpersonal and social functioning and parent/ carer and child interactions which is a helpful guide for practitioners to identify potential indicators of harm.

Reactive and chronic neglect

Neglect can be something that occurs to a child or young person over a long period of time, e.g weeks, months and years or it could be a one-off incident, e.g being left home alone. Reactive neglect can be an event or series of events in response to a change in family circumstances e.g ill health or financial difficulties whereas chronic neglect is pervasive and ongoing sometime from pregnancy throughout a child's life. Episodic and chronic neglect are not mutually exclusive. For example, some children experience both – chronic failure to have their developmental needs met, punctuated by episodes of lack of supervision, parental indifference, and a breakdown in the care giving process.

Although situations of neglect are often multifaceted and complex, as professionals we should be able to make a clear distinction between what Stevenson (2007) describes as those acts of omission (for which good parents know that they are sometimes responsible) and child neglect. It is worth noting that in many cases where children suffer neglect it is often alongside other forms of abuse. For example, Farmer and Owen (1995, cited also by Davies and Duckett, 2013) found that in one-third of neglect cases, physical abuse was also a concern, in one-fifth of physical abuse cases there was an additional concern about neglect, and in a quarter of all sexual abuse cases there was a concern about neglect.

COVID-19

Covid-19 presents a new challenge for children suffering or at risk of suffering from neglect as the measures to control the outbreak such as social distancing and self-isolation have made children less visible to professionals. The factors which can contribute to and exacerbate neglect within households have also increased as a result of Covid-19, such as financial pressures, emotional stress and families juggling working and childcare.

As practitioners we need to be alive to this issue and consider the implication for the children and families we support. [Covid-19-guidance-for-childrens-social-care-services](#)

Children and Young People more Vulnerable to Neglect

Research suggests that certain circumstances may make children more vulnerable to neglect. It is important we employ professional curiosity, to get to know our families and understand the lived experience of the child based on evidence. This list is neither exhaustive nor listed in order of importance:

- Children living in poverty
- Children born to parents with maternal mental health issues, learning disabilities, drug and alcohol abuse, domestic abuse
- Children born to adolescent parents
- Low birth weight babies and prematurity
- Children with disabilities
- Homelessness
- Vulnerable adolescents
- Children who go missing from Home or Care
- Asylum Seeking Children
- Refugees

Specific Children and Young People Vulnerable to Neglect

Disabilities

Children with disabilities are at (about 3-4 times) higher risk of being abused and neglected (Sullivan & Knutson, 2000). Neglect of severely disabled children is frequently through lack of engagement and stimulation e.g. that the disabled child is left in their chair unstimulated or not included in family activities. Lack of engagement can often be observed through poor interaction and rapport between parent and child. There may be no suitable toys and occasionally the parent has not learnt the child's communication system. However, disabled children are not a homogenous group and careful assessment of their unique circumstances is required. Nevertheless, some of the increased risk factors for disabled children are:

- They have a prolonged and increased dependence upon their carers
- Disabled children may be less likely to be able to protect themselves or be less able to speak out about their experience
- Parenting capacity may decrease as caring responsibilities for parents may increase stress levels
- Workers relate the signs and indicators of distress or harm to the disability and not necessarily to the possibility of neglect or other forms of abuse
- Workers can accept a different or lower standard of parenting of a disabled child than of a non-disabled child (Brandon et al, 2012)

Age of the Child

Prenatal Neglect

Physical, emotional and medical neglect are all possible in the prenatal period and all can have an adverse impact on the developing child. A baby surviving prenatal neglect may have to endure life-long consequences in terms of its physical and emotional health. Prenatal neglect can involve, this list is neither exhaustive nor listed in order of importance:

- smoking
- misuse of drugs and alcohol by the Mother.
- exposure to prenatal maternal stress or anxiety - linked with domestic abuse
- failure to keep prenatal appointments

Babies

Babies and toddlers depend almost exclusively on their parents / carers to meet their basic physical and emotional needs. Babies who are not fed or cleaned do not have the capacity to do this themselves. The younger the child, the greater the vulnerability and the more significant the potential risk in terms of either their immediate health or longer-term emotional or physical consequences.

Ofsted (2011) found that practitioners underestimated the fragility of babies and there was a need for improved assessment of, and support for, parenting capacity.

Adolescents

Research shows that neglect at home during teenage years can be as damaging as neglect during early years. The Children's Society conducted research with 1000 adolescents in 2016 which found 8% of teenagers experienced some form of neglect, with lack of supervision being the most common (58%). Research shows a strong correlation between young people taking risks with their health and their future prospects and them not being emotionally supported at home. There is also a very strong correlation between young people experiencing very poor health and being exposed to neglectful parenting.

Young people that experience neglect report they feel that no one cares for them, are negative about their future, have difficulty in engaging in education and are generally unhappy with their lives overall. If the young person experienced different forms of neglect then their emotional wellbeing deteriorated with an increase in externalising behaviours e.g. drinking alcohol and truanting from school and internalising behaviours, such as depression.

An Ofsted document titled Growing up neglected: a multi-agency response to older children (2018) reports that when older children who have experienced neglect come to the attention of agencies, the presenting risks such as exploitation or offending behaviour may elicit an appropriate response from professionals, however in failing to understand and address the underlying impact of neglect, the effectiveness of any work to support these children will be limited. Carlene Firmin (2020) makes the link between intra familial experiences of abuse and neglect and difficulties in adolescence.

Impact of neglect on Children & Young People

The impact of neglect on a child can be unclear at times but its effects are often long lasting and harmful to the child, broadly affecting four development areas, there are some examples below:

- Health and Physical Development - Inadequate growth and failure to thrive
- Cognitive and Intellectual Development - Impact on brain development which effects functioning across life course.
- Emotional and Psychological - Negatively impact on attachment behaviours leading to insecure or disorganised attachment, struggle with emotional regulation, a higher chance of having mental health problems, including depression.
- Social and Behavioural - Taking risks, like running away from home, using drugs and alcohol or breaking the law, getting into dangerous relationships and difficulty with relationships later in life, including with their own children

The impact of neglect in one area of a child's life can, and often does, have impact across multiple aspects of their development. [Summary of stages of child development](#)

Risks and Protective Factors Associated with Child Neglect

The assessment of risks and strengths in parenting requires a holistic, multi-agency assessment using professional judgement. Risk factors raise concern that the care given by parents and carers may be compromised, they do not inevitably mean that parenting capacity is reduced but does need to be assessed: if care given to the child is deemed to be good, then concerns require no further action. However, risk factors are dynamic, and, in the future, some may still affect care adversely if the severity worsens or if the care required becomes more demanding (e.g. a child is unwell). Some risk factors (e.g. substance abuse, mental illness) may mean that the care the child receives is inconsistent which affects their health and development. Focus, when considering risk factors, is the safety and wellbeing of the child.

Research (Ofsted 2011) suggests that certain family and environmental factors may be predisposing risk factors in child neglect. This list is neither exhaustive nor listed in order of importance:

Factors in Parents/Carers

- History of physical and/or sexual abuse or neglect in own childhood; history of care
- Multiple bereavements
- Multiple pregnancies, with many losses
- Economic disadvantage/long term unemployment
- Parents with a mental health difficulty, including (post-natal) depression
- Parents with a learning difficulty/disability
- Parents with chronic ill health
- Domestic abuse in the household
- Parents with substance (drugs and alcohol) misuse
- Attitude to parenting
- Early parenthood
- Families headed by a lone mother or where there are transient male partners
- Father's criminal convictions
- Strong ambivalence/hostility to helping organisations

Environmental Factors

- Families experience of racism/discrimination
- Family isolated
- Dispute with neighbours
- Social disadvantage
- Multiple house moves/homelessness and security

Factors which indicate strengths in parenting capacity are also important to address, when relating to risks and strengths in parenting, it requires a holistic, multi-agency assessment using professional judgement. This list is neither exhaustive nor listed in order of importance:

- Support network / extended family meet child's needs
- Substance misuse is 'controlled'
- Presence of another 'good enough' parent or carer
- Parent / carer -child relationship is strong
- Capacity and motivation for change; capacity to sustain change.
- Support available to minimise risks.
- Recognition and change in previous patterns of domestic abuse and sustaining this change
- Positive childhood.
- Understanding of own history of childhood adversity; motivation to parent more positively
- Trauma addressed in treatment
- Age appropriate activities and responsibilities provided.
- Evidence of parent or carer engaging positively with agency network to meet the needs of the child

Poverty

According to Bywaters et al (2016) there is a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect and whilst the vast majority of parents living in poverty do not neglect their children, the clear association between poverty and neglect has been highlighted for many years (Action for Children, 2014). A child in the most deprived decile of neighbourhoods nationally has an 11 times greater chance of being on a child protection plan and 12 times greater chance of being a looked after child than a child living in the most affluent decile (Featherstone et al, 2015).

The parenting task is invariably more difficult and challenging with a lack of resources. 'It's not just poverty as in lack of money. It's also all the associated issues that occur linked to poverty, like poor housing, debt, unsafe neighbourhoods. It makes parenting much harder. It adds to stress' (Featherstone, 2019). However, those working with children and families should be cautious about 'excusing' or minimising neglect because a family is in poverty. Neglect is about a child's needs being unmet through a parent or carer's action or inaction to such a degree that there is impairment of a child's health and development. This can occur in families that are in poverty or in those who could be considered as 'well-off'. It should be noted that many parents are able to bring up their children happily and effectively in spite of limited financial resources but Burgess et al. (2014, p. 41) rightly suggest that 'assessments of neglect should explicitly pay detailed attention to the wider environmental factors that place additional pressure on parents and affect children's lives'.

[BASW Anti Poverty Practice Guide](#)

Affluent Neglect

Less attention is paid to children of affluent parents who have their own set of problems and parental wealth can be used to disguise neglect, parental substance misuse and parental emotional unavailability. A study has found (Bernard, n.d) parents from affluent backgrounds can use their social status to undermine the work of social care workers. Affluent parents can be resistance to joint working and hostile and intimidating in their interactions with social care workers often engaging legal representation to intimidate and scrutinise practice in a way that is designed to deflect from the issues.

Substance Misuse

If parents or carers misuse either drugs or alcohol and this use is chaotic there is a strong chance the needs of the child will be compromised. Any concerns of substance misuse need to be assessed thoroughly and the household carefully checked for dangers and risk of immediate harm. Should it be identified the parent or carer has addiction issues this can alter the parents or carers capacity to prioritise the child's needs over their own and in some cases leading to inconsistent care and including ignoring the child's needs. The key message contained in Hidden Harm – Responding to the Needs of Children of Problem Drug Users (2003) was that parental problem drug use can and does cause serious harm to children of every age. The report states that reducing the harm to children should be the main objective of drug policy and practice and concludes that:

- Effective treatment of the parent can have major benefits to the child
- By working together, services can take practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.
- Whenever substance misuse is identified as a concern, a thorough assessment of the impact upon parenting and potential implications for the child must be completed.

Mental Health

It is known that mental health problems in parents and carers can significantly impact upon parenting capacity. Type of mental illness, the impact of said mental illness and individual circumstances are factors that need to be considered in any assessments. Specialist advice about the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health worker in these situations.

It is essential that there is a collaborative and joined up approach between those working with adults who have mental health difficulties and those workers safeguarding children, so that there is a clear understanding between both sets of staff about:

- The degree and manifestation of the mental health difficulty, treatment plan and prognosis.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the mental health difficulty.

Learning Disabilities

Many parents and carers with a learning disability have an instinct to parent their child well, whilst others may not. However, even with a good caring instinct, parents and carers with a learning disability may have difficulty with acquiring skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as commitment and capacity to undertake the parenting task are key areas to assess. It is a priority that the child's health and development needs are met both now and, in the future, and that the child is not exposed to harm or significant harm as a result of parenting which deprives them of having their needs met. Thus, any interventions will also need to consider the level and length of time that support for parents will be required to assist them to parent adequately, and to ensure that plans made in this regard are viable and robust.

Specialist advice about the nature and severity of the learning difficulty is required as well as the impact on parenting capacity. It is essential that there is a collaborative and joined-up approach between those working with adults who have learning difficulties and those working to safeguard the children so that there is a clear understanding between both sets of staff about:

- The degree and manifestation of the learning difficulty, support and services available and prognosis
- The implications for parenting capacity and good care being offered to the child consistently in relation to the learning difficulty

The Parenting Assessment Model (PAMs) is a helpful approach often used in Kent when children whose parents have learning difficulties meet the criteria for a Children's Social Work Service. This model helps identify ways in which practitioners can work with parents to improve their understanding of their children's needs and to improve their ability to meet those needs.

Domestic Abuse

Domestic Abuse (DA) has a serious impact on parenting capacity, it creates an inconsistent and unpredictable environment for children. Parents deeply affected by DA can exhibit a lack of emotional warmth and higher levels of aggression or rejection (Calder et al 2004).

Growing up in a violent and threatening environment can expose children to an ongoing risk of physical harm and significantly impact on their health and development. Those working with children and families need to remain alert to the indicators of neglect, making use of supervision to reflect on the child's lived experience and observations whenever domestic abuse is raised as an issue, and equally consider whether the child is exposed to domestic abuse when working with cases of neglect.

Involving Fathers, Father Figures and Significant Males

Caring for children is likely to be more effective where there is positive support from fathers and most children benefit from this contact. To understand the role fathers and father figures have in child's lives, whether it be as a positive care giver or where they pose a risk to a child they need to be involved in the assessment process to identify strengths and or identify and understand risks or protective factors to inform the future plan and interventions.

A number of reviews and analysis of Serious Case Reviews have raised the issue of 'hidden males', i.e. fathers or father figures who either absented themselves or were not known, but who had a significant influence in the family and on the welfare of the child. Learning from reviews it is essential to understand these male figures and have a clear understanding of their role in the home and any risk posed by:

- Being aware of your own assumptions, prejudices and personal biography that may influence your view of fathers. Reflect how your experience of your own father / males influences your practice.
- A commitment to involving the father and the paternal extended family from the earliest possible opportunity in the assessment
- Practitioners being consistent in what they say, in the information they provide and, in their authenticity, and in the way, they treat fathers.
- Carrying out what you say, use their names to address them instead of Dear Parent say Dear Mr Smith

Parent and Child Relationships and Neglect

Relationships with a parent or carer is a foundation for a child's experience of the world. It is about relationships and so is subtle and complex. All humans share a common need to connect and have people who are close (primary caregivers) who act as a secure base and safe haven (Shemmings, 2016). A close bond with parents / carers enables children to gradually learn to become independent and confident when dealing with new experiences and challenges. A positive relationship is dependent upon the child's parents / carers being physically and emotionally available. These qualities may be absent in some parents for a variety of reasons, and consequently a neglected child cannot rely on their parent / carer's availability and is likely to experience inconsistent, unpredictable or hostile care. Persistent, severe neglect indicates a breakdown or a failure in the relationship of trust between parent and child.

It's increasingly recognised attachment assessments should be completed by qualified psychologists, however by saying what they see practitioners can observe behaviours of parent and child that may signify positive or worrying relationships. In line with Kent's Practice Framework, practitioners need to prioritise making real connections with families, moving away from checklist-driven practice, by developing a relationship-based focus on parent/ carer and child lived experiences rather than on their behaviour. Good practice is where practitioners confidently express 'what they see' and consider if these insecure experiences impact on the child, describing what that looks like. [Attachment Theory - Applying it in Your Practice](#)

When working with children (and carers) who have been abused, neglected and maltreated (and so who experience great difficulty organising their attachment system) practitioners should always try to be:

- Available
- Loving, caring
- Interested
- Responsive
- Sensitive,
- Accessible
- Co-operative and trustworthy (Shemmings, 2016)

Common Issues When Working with Neglect

Drift

To avoid drift and lack of focus it is important to have clear time-scales for finalising written assessments, plans and interventions. Reflective and critical discussions can be used to explore reasons for drift or feeling stuck.

Culture

There are many differences in methods of parenting across cultures and parents may explain their approach to parenting in terms of cultural factors, so it is important to explore and seek to understand their perspective if we have concerns. However, caution is required in placing too much emphasis on cultural factors; the focus must be about the impact on the child's health and development. When working with a family, it is useful to gain an understanding of the extended family and who should be included in the interventions for example:

- If you have questions about a family's culture, ask them in a nonthreatening, honest manner.
- Look for opportunities to learn about other cultures, either formally or informally.

- Ask the family who should be involved, as this may include extended family members and friends.
- Look closely at your own racial and cultural attitudes and values and unconscious biases.
- Be careful when ascribing certain characteristics to specific groups, every individual is unique.
- Consider the role that work, pride, and shame play.

Invisible Children

When practitioners are overwhelmed by the chaotic circumstances of the families there is a danger that they may deal with and form a collective view of children in the same family. Take steps to establish the wishes and feelings of children and young people so their voice is sufficiently heard, use supervision effectively to consider the day in the life of each significant child.

Group Think

A psychological phenomenon where more importance is placed on group harmony and conformity, resulting in dysfunctional decision making, ignoring alternatives and a tendency to take irrational actions can be described a group think. Practitioners need to be open to the fact that they may be affected by this bias and take steps to hypothesize, fully exploring the lived experience of the children and young people.

Rule of Optimism

Practitioners tend to want families to change for the better which may lead to a tendency to focus on adults' strengths, interpreting information and situations through an optimistic lens and even confusing parental participation with meaningful engagement by parents. Take steps to be professionally curious looking beyond the face value explanations. Ask open questions and challenge if the explanation seems unrealistic.

Working with Resistance

Resistance is used here as a phrase to indicate a range of parental behaviours which serve to keep practitioners in Integrated Children's Services at bay from identifying, assessing and intervening in neglect. Working with resistant families is very challenging and good multi-agency working and effective supervision is essential to support those working with children and families to help maintain the focus on the needs of the child. Refer to The Neglect Tool Kit for more resources on understanding motivation and ability to change.

Resisting behaviours by family members can seriously hamper professional practice and leave already vulnerable children subject to significant harm. In terms of prevalence, a 2005-2007 analysis of Serious Case Reviews found that 75% of families were characterised as 'uncooperative' (Brandon, 2008). The existence of resistance may be identified when parents:

- Only consider low priority areas for discussion
- Miss appointments
- Are overly co-operative with those working with them
- Are aggressive or threatening
- Minimise or deny events or responsibility or the effects on the child

Parents and carers resist in numerous ways and their reasons for doing so vary. At one end of the continuum, parents may genuinely not understand the problem or the way it has been defined and feel they are unfairly caught up in a process which is not their responsibility. At the other end, some parents understand they are harming their children and wish to continue to behave in this way without interference. In the middle are parents who fear authorities, have had previously poor experiences of authority, lack confidence and feel anxious about change. They may struggle to work with individual workers. Research indicates that families want to be treated with respect and in a non-judgemental way, be kept fully involved in processes and receive services which meet their needs in a timely way.

When considering if resistance is a dynamic in the family, it is useful to clarify the behaviours and reasons for these. On occasion sometimes what appears to be resistance a family's frustration regarding the type and quality of service they are receiving rather than an attempt to divert attention from the safeguarding concerns in their family. Resistance can be grouped into four types:

- Ambivalent
- Denial/Avoidance
- Violent/Aggressive/Intimidating
- Unresponsive to intervention/disguised compliance

Ambivalent

Ambivalence occurs when families are not sure of the need to change or are 'stuck' at a certain point. Parents or carers may have mixed feelings towards the agency, the individual worker or the safeguarding issue. Behaviours related to ambivalence include avoidance of people, meetings or of certain topics; procrastination, lateness for appointments or superficially undertaking the tasks required.

Denial/Avoidance

This could be about parents' or carers feelings of despair about change or wishing to hide something relevant or being resentful of outside interference. Indicators include an unwillingness to acknowledge the neglect; purposely avoiding those working with children

and families; avoiding appointments or cutting visits short due to other apparently important activity.

Violent/Aggressive/Intimidating

Parents who actively display violence or anger or make threats which could either be obvious or be covert or implied (e.g. discussion of harming someone else); use threatening behaviour e.g. deliberate use of silence, bombarding professionals with e-mails and phone calls or entering personal space; use intimidating or derogatory language, or swear, shout and throw.

Disguised Compliance

Disguised compliance is identified by Fauth et al (2010) as “families where interventions are not providing timely, improved outcomes for children”. Reder et al (1993) state that it is where a parent or carer gives the appearance of co-operation to avoid raising suspicions, allay professional concerns and diffuse professional intervention. Indicators of disguised compliance include:

- No significant change at reviews despite significant input
- Parents agreeing about the change needed but making little effort
- Change occurring but only as a result of external agencies' efforts
- Change in one area of functioning not matching change in other areas
- Parents engaging with certain, preferred, aspects of a plan, and aligning themselves with certain workers
- A child's report of matters conflicting with that of the parents

Disguised compliance is ‘passive-aggressive’ resistance, occurring when parents want to draw practitioner’s attention away from allegations of harm due to feelings of hostility, antagonism and anger, thereby giving the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention. It is a significant concern because it can prevent or delay understanding of the severity of harm to the child. Examples of disguised compliance include a sudden increase in school attendance, attending a run of appointments or engaging with professionals such as health workers for a limited period of time.

Disguised compliance has been reported to be a dynamic in many Serious Case Reviews and the learning from these indicates that the following practice is helpful:

- Focus on the child: see and speak to the child, listen and take account of what they say
- Cross check what parents say, question the accounts they give, get additional opinions from other agencies and remain curious. Above all, don’t take at face value explanations that parents give for significant events or incidents.
- Address the safeguarding aspects for children who are living in chronic neglect
- Don’t be overly optimistic without good enough evidence. Be curious about what is happening to the child

- Consider in supervision and with the multi-agency network what strategies to employ when families are hostile and able to keep those working with them at arm's length and if there is an impact on assessment or interventions.
- Share information with other workers and other agencies, check your assumptions with your colleagues; explore with each other the parents' accounts of events.

Impact of Resistance, Non-Compliance, Threat and Intimidation where there are real concerns for child's safety and welfare.

Practitioners must be mindful that children in these circumstances may:

- Feel too frightened to tell others, feel they're safer by not telling others or be intimidated by the aggressors not to tell others
- Feel the need to cope with their situation and appease the adults including aggressors or professionals,
- Identify with the aggressor.
- Minimise their experiences,
- Blame themselves for what is happening to them.

Assessment

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child from within and outside their family. It is important that the impact of what is happening to a child is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate (Working Together 2018).

An assessment must address the aspects of the child's needs and the capacity of the parents or carers to respond to these needs within the wider family and community context. The assessment should be informed by a variety of relevant sources, of the utmost importance is the engagement of children and their parents/ carers and family in the assessment process. Isolated incidents of neglect are rare, it is likely that there will be several, possibly minor incidences of neglect, which over time begin to identify patterns of parenting and heighten concerns. It is important to identify and analyse any patterns of neglectful behaviour. Below are three assessments models:

The Department of Health (DoH) Assessment Triangle

This framework applies an ecological approach to forming an understanding of the lived experiences of the child/ren family, the triangle gives us prompts to support our conversations based on three domains:

- children's developmental needs
- the capacity of parents and carers to respond appropriately to these needs
- the impact of wider family and environmental factors on parenting capacity and children. The model below shows these three inter-related systems.

Each domain relates to the others and helps us to understand how a child's development is shaped by both their experiences and the interaction between the domains. Practitioners can use the triangle to support their assessment by proportionately referring to some of the prompts within the domains to explore the circumstances within the context of the family's current and historical.



Signs of Safety Mapping

This strengths-based and safety-focused approach is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen a child's and family's situation. The Signs of Safety framework can be used to gather information for assessments. This framework is simple for all parties to understand, there is no script to follow: it's flexibility and simplicity lends itself to being easily adaptable for applying different perspectives. Using the three columns from Signs of Safety.

What are we worried about?	What's going well?	What needs to happen?
Past Harm	Proven Safety Factors	Next Steps
Current worries		
Complicating Factors	Existing Strengths	Which strengths can be developed into safety factors?

Case Formulation

Assessments explore early life experiences and how they influence the young person and their presenting behaviour. By understanding life events and family relationships/reactions to these, they help to analyse the possibilities for maladaptive schema development.

The 4Ps model is used as a basis for formulation:

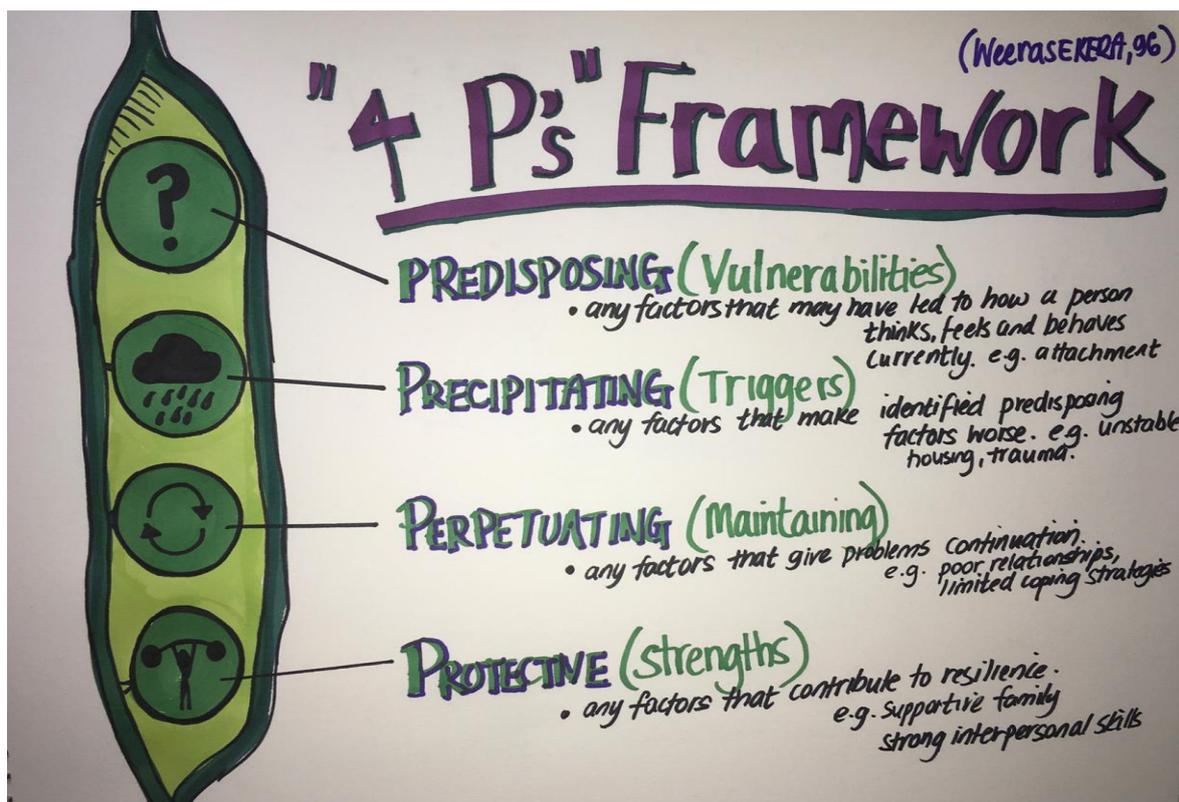
Predisposing factors which made the individual vulnerable to the problem eg. significant life events, family issues;

Precipitating factors which may trigger the problem;

Perpetuating factors such as mechanisms which keep a problem going or unintended consequences of an attempt to cope with the problem; and

Protective factors that may contribute to resilience.

It explores the origins and development of “at risk/problem” behaviour, the factors that maintain the problem behaviour and any protective factors that may help to buffer/assist with risk management and risk reduction.



Talking with parents / carers about the neglect

It is often difficult to raise issues with parents about neglect because it requires those working with children and families to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process, those working with children and families need to ensure that their specific concerns are clearly and explicitly understood by parents, who can then be informed about what needs to change in the care of their children, why and in what timescales. It is important to be honest, clear and sensitive, not to use jargon and check that parents have understood what has been said to them.

Maintain a focus on the child

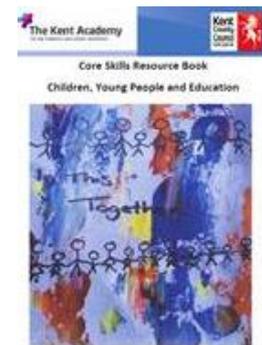
In complex situations such as working with neglect, it is easy to lose sight of the child whose needs can be over-shadowed by the needs of the parents or where parents are reluctant for workers to have access to the child. The significance of seeing and observing the child cannot be overstated in such complex circumstances in identifying the impact of neglect on individual children. Guidelines for keeping the child in focus include:

- Children should be seen in their family unit and in other settings, i.e. school, nursery, respite care, to observe any differences in their demeanour and behaviour. They should be seen on their own. The child's views should be sought in relation to where they would be comfortable to meet with you.
- It is important to use age and interest appropriate tools, games and other methods to communicate with children. These are relevant to begin to engage with the child and get to know them as a person so that there is an understanding about what life is like for the child every day in their home. Remember that neglect is less about an event or an incident but about the daily lived experience of a child who doesn't get their needs met.
- Speak with the child in their first language or using the communication methods with which they are comfortable. This may require you to use interpreters or to seek specialist advice.
- Children value being treated with respect, honesty and care. This involves listening to them and showing that you have heard, remembered and have considered what they have expressed. It also involves making sure that they are not let down e.g. missing appointments with them or making last minute changes to plans that have been agreed with them. These behaviours can impair any relationship that they want to form with you and reinforce any negative feelings about themselves.
- Children should be spoken to and observed to determine the quality of relationship they have to their parents and siblings and other members of the family. Observation is an important aspect of assessment; it is helpful to observe children and adults together to assess the quality of their relationship to each parent, siblings and other significant others within their life. Observations are an important way in which the child's voice can be captured. What a practitioner observes is just as important as what the child says.

- Consideration should be given to each child within the family. How are they different or similar, e.g. in appearance and personality? Are any of the children in the family more resilient than others to the care they are receiving?
- Theories of child development should be used as a benchmark by which to measure concerns about a child's presentation and welfare.
- Give children age appropriate explanations about why you are involved and what information you will discuss with their parents.

Core Skills Resource Book

This resource book is intended to support practitioners who attended the Core Skills training workshops during 2019/20 to further engage children and young people in their assessments and future interventions in a supportive and enabling way. The tools have been gathered from a variety of sources and they are underpinned by key concepts such as 're-framing' and strengths-based intervention. Access the Core Skills Resource Book on the Academy



The assessment must develop a critique and an analysis, make conclusions about risks and protective factors and create plans for a way forward. Ensuring there is a shared understanding by the child, parents, family, the community and the practitioners of how the needs of the child will be met through a devised plan, this should include the child and family's goals and wishes along with identified actions to address these goals. These plans need to be implemented, monitored and reviewed. Refer to The Neglect Tool Kit for assessment resources.

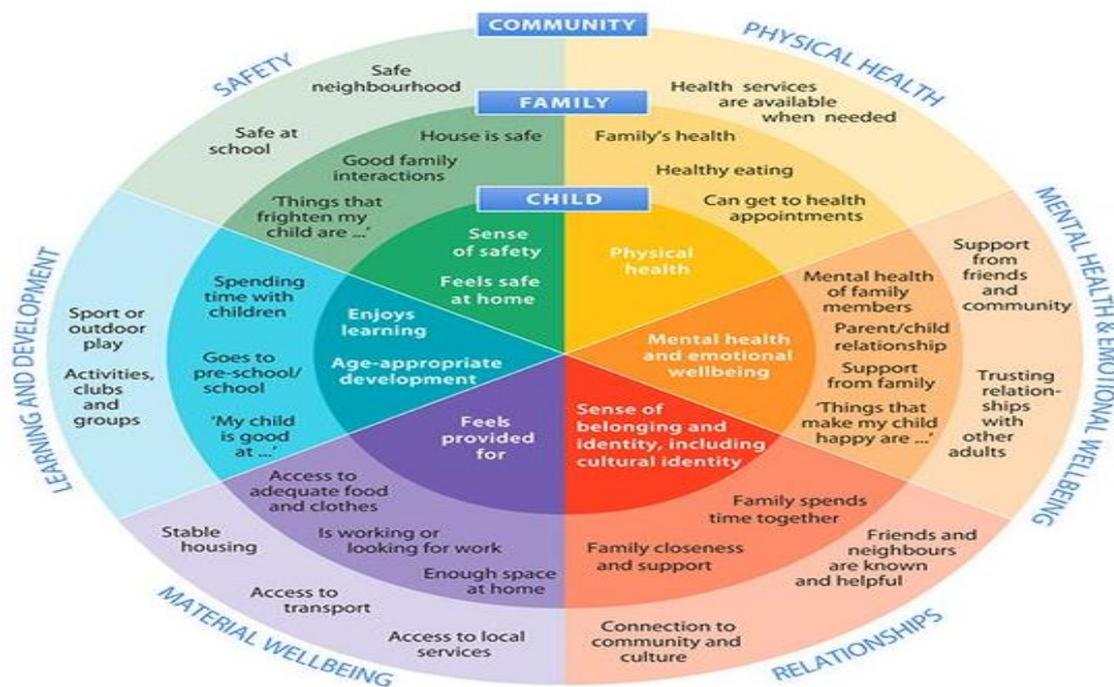
A good assessment that those working with children and families can be confident in is one that includes:

- All relevant information (and comments on the unknowns or grey areas)
- An evidence base, including tools, guidance, research
- Analysis is key to any assessment and involves interpreting and attaching meaning and significance to the information that has been gained and to observations that have been made. If the information that has been gathered is a description of 'what' has happened, the analysis should reflect on 'so what does that mean' for the individual child now and in the future
- Reasoned conclusions and professional judgements
- Plans for the logical next steps and timeframes, i.e. the 'now what'. It is imperative that those next steps are implemented, and their effectiveness monitored and measured.

Planning & Intervention

Creating a Clear Plan

To create a plan that uses a strengths-based approach, as practitioners, we may want to consider Bronfenbrenner's ecological approach. We know from research that involving a family's support network can improve outcomes for children and as practitioners we have a responsibility to understand the wider factors influencing the child's lived experience.



(Bronfenbrenner, 1979)

Strength Based Plans

The plan should seamlessly link to the assessment including the strengths that have been drawn out from the assessment process. If we disregard the strengths, then the family may feel that their story has not been heard and that the process has not been worthwhile. By acknowledging the strengths and using them to mitigate risk, we will empower families to take ownership of their plan and they are more likely to stick with it.

A strengths-based plan is one that includes:

- A plan that has been designed collaboratively and is family-owned
- Considers what a person can do for themselves
- Uses the network of support around the family identified in the assessment – formal and informal networks
- Uses the family's strengths to mitigate risk
- Is outcome focused
- Meaningful interventions, actions and support

Multi Agency Working

Neglect is complex and multi-faceted, requiring multiagency working that is defined by strong cooperation and communication. 'Silo' working whereby those working with children and families did not look at the needs of the child beyond their own specific brief is a dangerous practise and should be challenged. When working with families where neglect is present there needs to be clear communication pathways in place, meaning workers are aware of all concerns presenting and have knowledge of implementation plans and who is responsible for set tasks, including when to report a concern.

Chronologies

Significance of Chronology in Child Neglect

A chronology provides a useful overview of the major events, including progresses as well as concerns in a child's life in the form of a recorded timeline. This summarised account of events provides accumulative evidence of patterns of concerns as well as emerging need and risks, particularly important when working with neglect where there may be fewer critical incidents, but where children live in families where they experience longer term harm. Chronologies can help identify these patterns of harm and can be used to inform decisions making regarding support needed to improve a child's welfare.

Chronologies sit alongside case recording but offer a succinct view of events and interventions in a child's life in date order. These could be, for example, changes in the family composition, address, educational establishment, in the child or young person's legal status, any injuries, changes to health, interventions by services. The changes that are noted could be positive or negative events.

Purpose of Chronologies:

- To focus on the child / children
- To identify risks, patterns and issues in a child's life. It can help in getting a better understanding of the immediate or cumulative impact of events

- It helps us to make links between the past and the present; helping to understand the significance of historic information and whether this has an impact on what is happening in a child's life now
- To enable new workers to become familiar with the case
- Family files are just that, chronologies in the future will enable children, young people and families make sense of their past
- To recognise if seemingly unrelated events or information have links or identify a pattern
- To promote better engagement from children and families by preventing them from repeating their story again to another professional
- Accurate chronologies can assist the process of assessment, care planning and review
- Chronologies can improve the sharing, and understanding of the impact, of information about a child's life between agencies

Management Oversight

Supervision

Supervision is a key element of a robust and effective safeguarding system and it has a clear link to the protection of children. Effective supervision gives focus and purpose to the work and allows those working with the children and family to 'step back' and reflect on the family's situation as well as on their own judgements and interventions. Supervision should be used to clarify and focus on:

- Exploring the family work, assumptions and hypotheses held, promote evidence-based analysis and sound professional judgement
- Clarifying roles and responsibilities of the worker and those involved in the multi-agency response; support for worker in managing stress to ensure that they can carry out their responsibility
- The intended and desired outcomes for the child
- The needs of the child, developmental progress and their presentation
- Assessment of parenting capacity, and parent's motivation and capacity to change
- Identification of clear targets and timescales and methods of monitoring these
- Ensuring that the work is undertaken within the framework of legislation, policy, procedures and KCC objectives in safeguarding children
- Reviewing the plan and ensuring there is no drift

Regular assessment of the engagement between the family and the practitioner should take place to ensure the balance between support and challenge to families is maintained.

Without this sense of balance, there is a risk that the case will drift, lose focus or collusion could feature in the relationship between practitioner and family.

The complexity of a family's situation can be overwhelming in many ways and it is important to have a space to reflect and explore the following aspects if necessary:

- Have I become desensitised to the effects of neglect or have I become acclimatised to an individual neglectful family?
- Am I drawn into working with the complexities that parents face, that I have lost focus on the child?
- I am finding it hard to make objective assessments and struggling to identify what is good enough parenting in a particular family or resolve any differences between my own views and those of others in the professional network...
- I am unsure of when thresholds for escalating safeguarding actions have been met ...
- I can feel I am mirroring the chaos and helplessness within a family and therefore I am struggling to act in a timely or effective way...
- I am feeling anxious to challenge parents through a lack of confidence or fear of an aggressive response...
- I am challenging the family less, am I being drawn into the dynamics of disguised compliance and accepting what the family say at face value?
- Sometimes I find it easier to focus on specific issues and ignore others...
- I need support to participate fully in the multi-agency work in a particular family...

Regular Supervision undertaken in this way is the opportunity to acknowledge these feelings and aspects and look at ways of minimising the effects and can help to identify ways forward in the management of cases, e.g. calling a professional's meeting, arranging co-working in a complex case or joint visits being established. Supervision should also consider the worker's learning and development needs.

Further Reading

https://learning.nspcc.org.uk/media/1345/learning-from-case-reviews_neglect.pdf

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>

<https://www.ccinform.co.uk/knowledge-hubs/neglect-knowledge-and-practice-hub/>

<https://learning.nspcc.org.uk/research-resources/2015/spotlight-preventing-child-neglect>

<https://www.researchinpractice.org.uk/children/publications/2016/november/attachment-in-children-and-young-people-key-signs-of-attachment-patterns-or-behaviours-at-different-stages-frontline-chart-2016/>

<https://www.researchinpractice.org.uk/children/publications/2016/april/attachment-understanding-and-supporting-parentcarer-bonding-before-birth-and-in-infancy-frontline-chart-2016/>

<https://www.childrensociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect>

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