



North Yorkshire Safeguarding Children Partnership

Neglect

Practice Guidance

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Title	Neglect Practice Guidance
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Update and Approval Process			
Version	Group/Person	Date	Comments
1.0	NYSCB	June 2015	Approved by NYSCB
1.1	NYSCB	May 2017	Updated research, referral and contact details.
1.2	NYSCP Business Unit	11/11/2019	Updated following NYSCP launch

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This guidance has been written in line with the Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2018. The practice guidance has also considered current research including reports by [DfE, Missed Opportunities: indicators of neglect – what is ignored, why, and what can be done? November 2014](#), [Ofsted's, in the child's time: professional response to neglect, March 2014](#) and [DfE, The impacts of abuse and neglect on children; and comparison of different placement options, March 2017](#)

The document includes the definition of neglect; indicators of neglect; links to other useful information and research into the impact of neglect on children. The practice guidance is also designed to help practitioners to identify, assess, question and consider all the risk factors within the context of neglect using tools such as the North Yorkshire [Vulnerability checklist](#), observation sheet and an accumulative chronology shared by South Gloucester Safeguarding Children Board.

Scope

This guidance is for all professionals who work with children and young people.

Legislation and Standards

- Working Together to Safeguard Children (2018)
- Children and Families Act (2014)
- Children Act (2004)
- Children Act (1989)
- NICE (2009)

Policy Statement

The guidance will provide an overview of:

- Risk indicators to establish if a child is being neglected in accordance with the Working Together, 2018 definition
- Assessment method to aid the practitioner to identify if the child is being neglected
- Latest research into the impact of neglect on children to assist with practitioners having a fuller understanding of the issues

What is Neglect?

The definition of 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'.

Working Together, 2018.

Dental neglect is defined as:

'...the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development.'

British Society of Paediatric Dentistry

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/carer. More often neglect is defined as omission of care by the child's carers, meaning that the needs of the child or children will be consistently unmet. There may be many different reasons parents are unable to consistently meet the needs of their child or children. For example, this may occur as a result of parental mental ill health, substance misuse or learning disabilities.

Various forms of neglect have been described by Howarth (2007):

- **Medical neglect** is where carers minimise or deny a child's illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of health care including dental, optical, speech and language therapy, and physiotherapy
- **Nutritional neglect** is usually associated with inadequate food for normal growth leading to "failure to thrive" (now referred to as 'faltering growth'). Increasingly another form of nutritional neglect from an unhealthy diet and lack of exercise can lead to obesity, which increases the risks to health in adulthood
- **Emotional neglect** Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It's sometimes called psychological abuse and can seriously damage a child's

emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them.

- **Educational neglect** includes carers failing to comply with state requirements, but also include the broader aspects of education such as providing a stimulating environment; showing an interest in the child's education and supporting their learning including that any special educational needs are met.
- **Physical neglect** refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from his peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, and exposed electric wires and sockets.
- **Failure to Provide Supervision & Guidance** refers to the carer failing to provide the level of guidance and supervision to ensure that the child is physically safe and protected from harm.

In addition to Howarth (2007) there are the following categories and indicators of neglect which are based on research (Crittenden 1999, cited in NCH Action for Children, 'Action on Neglect' 2013) and these too may help practitioners to plan and manage neglect cases. The research suggested that neglect can be grouped as follows:

- Disorder Neglect
- Emotional Neglect and
- Depressed Neglect

Detailed below is a table which provides examples of what these forms of neglect may look like, possible solutions and cautionary words for practitioners. It must be noted that it is not possible to create a comprehensive and exhaustive list of indicators of neglect as these will be presented in very different ways according to the family and child/ren

Indicators: Disorder Neglect (driven by chaos and crisis)	Possible Solutions/ Interventions	Practitioner Caution
<ul style="list-style-type: none"> - Families have multi-problems and are crisis ridden - Care is unpredictable and inconsistent, there is a lack of planning, needs have to be met immediately - Parent appears to need/want help and professionals are welcomed, but efforts by professionals are sabotaged by the parent - Generational abuse - Children become overly demanding to gain attention - Families constantly recreate crisis, because feelings dominate behaviour - Parents feel threatened by attempts to put structures and boundaries into family life - Interpersonal relationships are based on the use of coercive strategies to meet need - Families respond least to attempts by professionals to create order and safety in the family 	<ul style="list-style-type: none"> - Feelings must be attended to in order to develop trust, express empathy and reassurance, be predictable and provide structure in the relationship - Mirror the feelings - Gradually introduce alternative strategies to build coping skills - Support will be long term 	<p>Practitioner can become easily absorbed into the family, resulting in over-optimism and feeling positive about minimal change when in fact the needs of the child remain unchanged</p>

Indicators: Emotional Neglect (absence of empathy, not good at forming relationships)	Possible Solutions/ Interventions	Practitioner Caution
<ul style="list-style-type: none"> - Opposite of disorganised families where focus is on predictable outcomes - Family may be materially advantaged and physical needs may be met but no emotional connection made - Children have more rules to respond to and know their role within the family - High criticism/low warmth - Parental approval/attention achieved through performance - Children learn to block expression/or awareness of feelings - They often do well at school and can appear overly resilient/competent mature - They take on the role of care giver to the parent which permits some closeness that is safer for the parent - Children may appear falsely bright, self-reliant, but have poor social relationships due to isolation - Parent may have inappropriate expectations in relation to the child's age/development - Parent will feel threatened by any proposed intervention 	<ul style="list-style-type: none"> - Parents need to learn how to express feelings/emotionally engage with the child - Children will benefit from socially inclusive opportunities - Help parents to access other sources of support to reduce isolation - Child needs support from non-abusing family member 	<p>Practitioners find this type of family difficult to work with because of the lack of understanding of emotional warmth by the parent. Removal of the child will reinforce their feelings of rejection</p> <p>As families may appear successful, there is less likely to be professional involvement</p>

Indicators: Depressed Neglect (withdrawn and dulled parental characteristics, unresponsive)	Possible Solutions/ Interventions	Practitioner Caution
<ul style="list-style-type: none"> - Parents love their children but do not perceive their needs or believe anything will change - Parent is passive and helpless - Parent is uninterested in professional support and unmotivated to change - Parental presentation is generally dull/withdrawn - Parents have closed down awareness of children's needs - Parents may go through the basic functions of caring, but lack responsiveness to child's signals - Child is likely either to give up through lack of response and become withdrawn/sullen, or behaviour may become extreme 	<ul style="list-style-type: none"> - Children benefit from access to outside stimulation e.g. day care - Parents unlikely to respond to strategies which use a threatening approach that requires parents to learn new skills - Consider if the parent may be depressed and if so encourage them to make an appointment with their GP - Emphasise strengths - Parental education needs to be incremental and skills practised and reinforced over time - Support likely to be long term 	<p>Often linked to substance misuse or mental health problem.</p> <p>Practitioners need to be realistic about the level of change. Easy for practitioners to get caught up in the sense of 'hopelessness'.</p>

NEXT STEPS

All agencies should consider this guidance alongside the Vulnerability Checklist, these should be used as a guide to identify how children's needs might be met across universal, early help, targeted prevention and intensive/acute services.

North Yorkshire Children and Families Multi-Agency Screening Team (MAST) is a single point of contact for all referrals relating to safeguarding, Prevention, Disabled Children's Services and HDFT Health Child Programme.

All referrals relating to Prevention (Level 2), Specialist Services (Level 3) and Acute Intervention (Level 4) should be sent to the Multi-Agency Screening Team.

Agencies should complete the [Universal Referral Form to Children and Families Service](#) and send to:

Children&families@northyorks.gov.uk

If you have a concern that a child or young person has suffered or is likely to suffer significant harm or would like to discuss the referral then please contact the Customer Resolution Centre on 01609 780780.

In cases where there is immediate danger to a child or young person, the assistance of Police should be requested without delay.

The professionals in the Multi-Agency Screening Team work together to ensure the right services are provided to the child and their family at the right time. On receipt of the referral the MAST will:

- Undertake multi-agency screening of the referral
- Share information from each agency
- Consistently use the Signs of Safety approach and ensure a outcome for that referral within 24 hours
- Ensure a response to the referrer within 5 working days

For further information on the referral process please see [NYSCP Procedures](#)

Talking to children and their families about the referral

It is good practice to be open and honest at the outset with parents and carers about the concerns, the need for the referral and information sharing between agencies. All reasonable efforts should be made to inform parents prior to making of the referral. A referral should not be delayed if you are unable to discuss your concerns with parents.

Concerns should not be discussed with parents/carers where this would put the child at significant risk of harm. If you need to seek advice then please contact the Customer Resolutions Centre on 01609 780780.

Assessment

It is recommended in the study by Department for education [DfE, November 2014](#) for practitioners to undertake an assessment for neglect by considering three key areas:

- a) Description of current state and identification of any current indicators of neglect:
 - i. Exploration of persistence of indicator – is this something that happens frequently /all the time/ never been noticed before?
 - ii. Assessment of the current functioning of the child and of the family.
- b) Review of underlying risk factors incorporating a previous history of:
 - i. The child and of each parent/caregiver.
 - ii. Professional involvement and the family's response to this.
- c) Assessment of the parents' capacity to change:
 - i. This can only be tested as part of the parental response to sound, supportive intervention which focuses on social and environmental risk factors and neglectful parent-child interactions.

It is stated in Working Together, 2018, page 25, para. 47

“The local authority should act decisively to protect the child from abuse and neglect including initiating care proceedings where existing interventions are insufficient. Where an assessment in these circumstances identifies concerns but care proceedings are not initiated, the assessment should provide a valuable platform for ongoing engagement with the child and their family”.

Good Practice – Ofsted's research report, March 2014 found that practitioners had better assessments where they adopted a standardised, structured approach and one that social workers valued which had clear theoretical foundations. The examples recognised were Signs of Safety (which is an approach underpinned by North Yorkshire) and the Graded Care Profile.

ESCALATION PROCESS

If a professional disagreement occurs between agencies regarding the management of a particular case, the NYSCP has practice guidance on 'Professional Resolutions'. The practice guidance provides an overview of how agencies should address their concerns using a seven stage approach. The practice guidance is available from the NYSCP website:
www.safeguardingchildren.co.uk/professionals/practice-guidance/ Practical Tool

The interaction observation chart¹ maybe a useful tool for any professional as part of their assessment.

¹ South Gloucester LSCB, Child Neglect Toolkit for Practitioners

INTERACTION OBSERVATION CHART

Parent/carer details

Childs details

Date and venue

	Child	Parent	Reaction
Playing			
Talking			
Touch/Affection			
Reassurance			
Boundaries			
Guidance			
Praise			
Criticism/ negative comment			

USEFUL RESOURCES (the below list is hyperlinks to the original online sources)

[Child Protection and the dental team: an introduction to safeguarding children in dental practice](#)

[Child Neglect: A thematic review of child neglect in the City of York, Joe Cocker, City of York Safeguarding Board Manager](#)

[DfE, \(2014\) Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?](#)

[Neglect and Serious Case Reviews: A report from the University of East Anglia commissioned by NSPCC](#)

[NYSCP Vulnerability Checklist](#)

[South Gloucester Safeguarding Children Board, Child Neglect Toolkit for Practitioners.](#)

[The state of child neglect in the UK, An annual review by Action for Children in partnership with the University of Stirling](#)

[University of Sterling research on neglect](#)