Wandsworth Safeguarding Children Board

Multi-Agency Neglect Strategy and Practice Guidance

2017-2019

April 2017
# Part A: Neglect Strategy

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Introduction

This strategy has been developed with multi-agency partners to set out Wandsworth’s approach to child neglect. It identifies the key principles under which work around neglect should be undertaken and recognises key priority areas of work in order to ensure continual collective improvement within Wandsworth’s response to neglect. This strategy ensures that:

1. It has considered direction from the national, regional and local policy context of neglect.
2. It recognizes what we have done to date.
3. It identifies what we need to do to continue to prevent neglect by raising awareness and challenging attitudes.
4. It supports professionals with the tools to identify early signs and prevent neglect.

This strategy should not be viewed in isolation and should be considered alongside other key strategies, policies and procedures, such as:

- The London Child Protection Procedures
- The Wandsworth Guide to Early Help Processes
- Wandsworth Levels of Need framework
- NSPCC Graded Care Profile

1. Aims and Objectives of the Multi-Agency Neglect Strategy

Wandsworth aims to ensure effective service provision for children and young people affected by neglect through early recognition and robust multi-agency prevention responses.

CARE represents the neglect objectives to ensure there is:

- Collective commitment across all partner agencies
- Awareness of the language used to describe neglect and the thresholds for intervention.
- Recognition and understanding of the early signs of neglect
- Effective assessment tools and the use of early prevention methods
Business Priority for the WSCB

Neglect is a key priority for the WSCB in the Board’s priorities as revised in 2016:

WSCB Priorities 2016-2017

The Board has taken into account national priorities and local needs, findings and recommendations from the inspection and any issues arising from SCRs and multi-agency audits. When deciding our priorities, we acknowledge that our core business of safeguarding children is ongoing, including identifying, assessing and providing services and help to those children who need protection. In deciding the Board’s improvement priorities, we consider how well we have delivered our priorities from the previous year and if further work is needed. When deciding priorities the Board recognised that the areas identified would require a two year work plan at least to make the necessary improvements.
2. About Neglect

*Working Together to Safeguard Children (2015)* describes neglect as:

*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 or 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 caregivers)
- Ensure access to appropriate medical care or treatment

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

In addition the London Child Protection Procedures say:

1.38 *Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.*

Webpage: [www.londoncp.co.uk/chapters/responding_concerns.html](http://www.londoncp.co.uk/chapters/responding_concerns.html)

**Neglect in Practice**

Despite the prevalence and persistence of neglect as a form of child maltreatment it remains notoriously difficult to define. We know it often happens alongside other forms of abuse or adversity such as domestic abuse, substance misuse, mental illness and disability. Neglect is often marked by peaks and troughs in care giving which usually correspond with professional advance and retreat and this can make it difficult to take definitive action. As professionals we understand that neglect can be a product of acts of parental omission or commission but whatever the intent the impact on the child is likely to be significant.

The NSPCC identify the types of neglect as follows:

<table>
<thead>
<tr>
<th>Types of Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical neglect</strong></td>
</tr>
<tr>
<td>Failing to provide for a child’s basic needs such as food, clothing or shelter. Failing to adequately supervise a child, or provide for their safety.</td>
</tr>
<tr>
<td><strong>Educational neglect</strong></td>
</tr>
<tr>
<td>Failing to ensure a child receives an education.</td>
</tr>
<tr>
<td><strong>Emotional neglect</strong></td>
</tr>
<tr>
<td>Failing to meet a child’s needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It is often the most difficult to prove.</td>
</tr>
<tr>
<td><strong>Medical neglect</strong></td>
</tr>
<tr>
<td>Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.</td>
</tr>
</tbody>
</table>

Determining what constitutes a ‘persistent failure’, or ‘adequate clothing or supervision’ remains a matter of professional judgement. Even when professionals have concerns about neglect, research indicates that they may be unlikely to consider how they can help or intervene, apart from referring to Children’s Social Care. Research also indicates that social workers knowledge of child development is not always well developed and that as a result they are less likely to understand the impact of neglect and the importance of timely decision making to avoid significant harm. These factors contribute to neglect not being well recognised and its impact not well understood.

There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. When practitioners are working with children who are experiencing neglect an understanding of emotional abuse is important. At the end of 2016 28.33% of Child Protection Plans were under the category of neglect and 57.50% were under the category of emotional abuse. We know that those child protection plans for emotional abuse often represent children living with domestic abuse or parental substance misuse or mental illness; we are concerned that the presentation of adult needs may in some cases mask their effect on children and that effect is likely to be neglect.

**The effects of neglect**

The effect of neglect on children has been well documented.

A baby who is neglected and/or exposed to domestic violence in their first year can have impaired brain development. It can alter the way in which a brain functions leading to an increased risk of depression, dissociative disorders and memory impairment in later life. There are also links with panic disorders -trauma and ADHD.

Poor nutrition, hygiene and lack of parental supervision can result in faltering growth, skin conditions, infections, anaemia, more accidental injuries, dental problems and poor educational outcomes.

Emotional damage caused by the absence of love and care can alter how children behave and achieve at school, how they interact with peers and adults, and how they have relationships in their adult life.

Children who feel unloved or unwanted can be at increased risk of going missing, self-harm, anti-social behaviour, sexual exploitation and sexual abuse.

**Neglect in Adolescence**

The nature and impact of parental neglect alters as a young people develop their capacity to be independent and the requirement for the adults to meet the primary care needs of adolescents diminishes. Young people spend more time outside the home and the importance of peer relationships increases. At the same time parents and their children spend less time together but the intensity of parenting in those periods is of great importance. To parent adolescents effectively caregivers should be aware that a teenager’s needs are being covered in four areas:

1. Physical care
2. Educational support
3. Appropriate Supervision and protection (including online)
4. Emotional Support
3. The National and Local Picture of Neglect

National Picture

The most recent review of neglect and serious case reviews in March 2013 showed that neglect was present in 60% of SCRs from 2009-2011. The study concluded that neglect can be life threatening and needs to be treated with the same level of urgency as other forms of maltreatment and that neglect with the most serious and fatal outcomes is not confined to young children – it affects older children as well. Research on SCRs published in September 2015 by the NSPCC noted risk factors for neglect in case reviews which impact on the parents’ ability to provide safe and appropriate care and to meet their children’s needs.

- Living with domestic abuse, drug and alcohol misuse, and parents with mental health problems.
- Young parents.
- Postnatal depression - maternal depression was also linked to social isolation.
- Patterns of improvement in parental care, followed by deterioration.
- Financial problems including housing problems, homelessness, poverty and unemployment.
- Lack of resources. High caseloads and understaffing may result in absence of supervision and support for social workers.
- High staff turnover making it difficult to establish meaningful relationships with families.

Learning identified or improved practice included:

- Be aware of children who are more vulnerable to neglect
  Newborn babies, premature babies and babies with ongoing health needs are particularly vulnerable. Neonatal professionals have a key role in identifying neglect.
- Monitor missed appointments
  Professionals in all agencies should understand the significance of missed medical appointments for children. In one case the only indication of a sudden change in parenting capability was an emerging pattern of non-attendance at appointments.
- Pay attention to accidents and injuries
  Frequent accidents may be an indicator of poor quality parenting through lack of supervision or living in an unsafe home.
- Have the confidence and knowledge to effectively assess parental capability to change
  Be clear with parents about what needs to change and by when. Parents should be respectfully challenged when they fail to follow formal agreements.
- See the bigger picture and understand the long-term impact of neglect
  Always take the full history of the family into account and patterns of previous episodes of neglect. Include background information of the parents’ own childhood to better assess parenting capability.
- Support families through early evidence-based assessment and intervention
  Where there’s risk of neglect, families should be supported within a model of early intervention.
- Undertake robust and comprehensive assessments.
  Use a risk assessment toolkit and approach such as the X, which seeks to prevent case drift by focusing on specific areas of need.
- Keep focus on the need to improve outcomes for the child’s daily lived experience
Feelings of hopelessness in families experiencing neglect for a long time may also be felt by professionals. Where there is no change for the better, professionals may sometimes struggle to know how to proceed. The reviews show that sometimes cases were transferred to a colleague, or even closed.

- Use staff supervision to avoid case drift

Neglect is the most common category of abuse under which children in England become subjects of child protection plans. In 2016 the NSPCC reported that their helpline responded to over 16,000 contacts about neglect in the previous year, and that 30% of contacts to the NSPCC’s helpline were concerns about neglect. There were 25,590 children in the UK on child protection registers or the subject of child protection plans under a category that included neglect on 31 March 2015 (or 31 July 2015 in Scotland). This equates to 45% of all the children on child protection registers or the subject of child protection plans. This is based on figures from each UK nation and includes all categories that include neglect. These figures represent children identified and assessed as being at ongoing risk of significant harm from neglect. The NSPCC’s helpline responded to 54,865 contacts in 2015/16, from people who were concerned about a child’s welfare. 16,436 contacts (or 30%) were concerns about neglect. Where concerns indicate a child is at risk of harm, then we refer the concerns on to the police or children’s services. 36% of the referrals that we made to police or children’s services, related to neglect.

Children on the child protection register or subject to a child protection plan due to neglect by nation:

- England: 22,230
- Northern Ireland: 993
- Scotland: 1,017
- Wales: 1,350

36% of the concerns that the NSPCC’s helpline referred to police or children’s services related to neglect

The findings of Ofsted’s thematic inspections of neglect present a mixed picture in respect of the quality of professional responses to neglect. The quality of assessments in neglect cases overall was found to be too variable. Almost half of assessments reviewed either did not take sufficient account of family history or did not sufficiently convey or consider the impact of neglect on the child. The local authorities providing the strongest evidence of the most comprehensive action to tackle neglect were more likely to have a neglect strategy and a systematic improvement programme addressing policy, thresholds for actions and professional practice at the front line.

The research on neglect and SCRs recommends that practitioners, managers, policy makers and decision makers should be discouraged from minimising or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift and the key aim for the practitioner working with neglect is to ensure a healthy living environment and consistent good care for children.

There is an excellent digest to statistics and access or further research and information on the NSPCC webpage: www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/child-neglect-facts-statistics/

Key facts from the above link include:

- 1 in 10 children have experienced neglect.
- Over 25,500 children were identified as needing protection from neglect last year.
- Neglect is the most common reason for taking child protection action.
The last decade has seen the Borough’s population increase from 260,382 at the 2001 Census to 307,000 by the 2011 Census - the fourth largest population increase in London. A corresponding 15% (4,400) increase in the number of children (0-15) in the Borough is projected between 2014 and 2019 (GLA population projections 2011). The JSNA 2014 is the most recent information available and shows that 22.4% of children in Wandsworth were living in poverty compared to an England average of 21.2% and whilst poverty is not a cause of child neglect we know that the stress of living in poverty can increase the likelihood that children will suffer neglect. We recognise in Wandsworth that early recognition of neglect and timely and effective responses to neglect is vital to provide families with the help they need.

### The Number of Children in Wandsworth who were the subject of Children Protection Plans by category of abuse to 2016

<table>
<thead>
<tr>
<th>Category of abuse</th>
<th>Emotional abuse</th>
<th>Multiple</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-16</td>
<td>135</td>
<td>1</td>
<td>91</td>
<td>17</td>
<td>13</td>
<td>257</td>
</tr>
<tr>
<td>Feb-16</td>
<td>145</td>
<td>1</td>
<td>88</td>
<td>24</td>
<td>15</td>
<td>273</td>
</tr>
<tr>
<td>Mar-16</td>
<td>143</td>
<td>5</td>
<td>94</td>
<td>32</td>
<td>10</td>
<td>284</td>
</tr>
<tr>
<td>Apr-16</td>
<td>152</td>
<td>8</td>
<td>92</td>
<td>35</td>
<td>10</td>
<td>297</td>
</tr>
<tr>
<td>May-16</td>
<td>175</td>
<td>7</td>
<td>97</td>
<td>31</td>
<td>8</td>
<td>318</td>
</tr>
<tr>
<td>Jun-16</td>
<td>182</td>
<td>8</td>
<td>97</td>
<td>37</td>
<td>8</td>
<td>332</td>
</tr>
<tr>
<td>Jul-16</td>
<td>194</td>
<td>4</td>
<td>91</td>
<td>32</td>
<td>11</td>
<td>332</td>
</tr>
<tr>
<td>Aug-16</td>
<td>204</td>
<td>9</td>
<td>88</td>
<td>39</td>
<td>11</td>
<td>351</td>
</tr>
<tr>
<td>Sep-16</td>
<td>227</td>
<td>5</td>
<td>92</td>
<td>33</td>
<td>12</td>
<td>369</td>
</tr>
<tr>
<td>Oct-16</td>
<td>251</td>
<td>4</td>
<td>98</td>
<td>32</td>
<td>12</td>
<td>397</td>
</tr>
<tr>
<td>Nov-16</td>
<td>252</td>
<td>5</td>
<td>98</td>
<td>20</td>
<td>18</td>
<td>393</td>
</tr>
<tr>
<td>Dec-16</td>
<td>221</td>
<td>4</td>
<td>99</td>
<td>22</td>
<td>18</td>
<td>364</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2281</td>
<td>74</td>
<td>1124</td>
<td>348</td>
<td>140</td>
<td>3967</td>
</tr>
<tr>
<td>%</td>
<td>57.50</td>
<td>1.87</td>
<td>28.33</td>
<td>8.77</td>
<td>3.53</td>
<td>100.00</td>
</tr>
</tbody>
</table>

(The overall rise in numbers is due to an increased level of focus on child protection in 2016)

A large proportion of active child in need plans are tackling concerns about neglect and there is a wide range of support to reduce neglectful parenting being offered through early help provision in schools, children’s centres and the voluntary sector.
4. Arrangements to Support Tackling Neglect in Wandsworth

The role of Health

Healthcare professionals working in primary care, acute, mental health, community health and educational settings have a key role to play in identifying signs of neglect.

One example of such an opportunity is the consideration of underlying neglect in children not attending appointments. The following statement of best practice outlines how GPs should act:

<table>
<thead>
<tr>
<th>Primary Care Statement of best safeguarding practice for handling hospital correspondence pertaining to children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any safeguarding concerns identified should be flagged appropriately in the notes and discussed with the practice child safeguarding lead where necessary to ensure appropriate action is taken.</td>
</tr>
</tbody>
</table>

Appropriate actions may include:
- Await the follow up which has been scheduled by the hospital team
- Assertive follow up with parents/ carers to discuss attendance or DNA
- Re-referral if child has been prematurely discharged with ongoing issues
- Discussion in practice safeguarding meeting
- Escalation to other members of the child safeguarding team
- Interagency enquiry

In some cases no action will be required. This should be based on appropriate enquiry and application of clinical judgment.

Health Managers should ensure that all health professionals are up to date with relevant training, which should consider all factors which contribute to neglect. Clinicians should feel confident to recognise the signs of neglect; even when possibly hidden by factors such as social, cultural or professional standing of parents or caregivers. To make this more robust, professional meeting should be called if parents are challenging to a particular part of the network.

Health professionals should continue to build good working relationships across networks, to feel empowered to challenge each other and strive for best practice. When good practice is not happening this should be escalated through management structures so it can be addressed at the earliest opportunity.

Professionals should consider the impact of an adult’s health presentation on associated children at every opportunity, this is particularly important in cases of adult mental illness, disability, substance misuse and domestic abuse. Those identifying concerns about a child should take action to explore and document these concerns through professional conversations and/or referral to appropriate services (universal or specialist) via the MASH. Health professionals should always consider possible neglect alongside other safeguarding issues, even if more immediate risk is present, such as violence or sexual abuse and this should be recorded.
The role of Schools

An Ofsted survey in 2014 of neglect[1] noted that schools were ‘seen to play a key role and provided a wide range of support to children. The role of learning mentors in providing one to one support to children in schools was of particular value to neglected children. Many services in schools had a positive impact on children and for some the support they received enabled them to make positive progress.’

Schools are an important part of the early help offer. There is clear evidence of good outcomes for early, structured and intensive intervention with child neglect.

Poor school attendance can be an important indicator of neglect, as can issues such as poor cognitive functioning, difficulty in adapting to being taught, poor coping strategies for anger and sadness and difficulty forming peer relationships.

Schools should avoid the danger of seeing neglect symptoms as ‘unremarkable in the context of so many other cases’. Ofsted reported that social workers and schools in particular may become ‘desensitised to neglect’.

Keeping Children Safe in Education, 2016 the statutory guidance, states clearly that ‘All school and college staff members should be aware of the types of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.’

The role of Early Help

Agencies use the Early Help Assessment (EHA) tool to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a ‘Whole-Family’ approach owned by all stakeholders working with children, young people and families.

In order to address neglect in Wandsworth it is important that all agencies work together in an integrated way, using the EHA and co-ordinating work through the Team Around a Child or Family to assess and plan services for children and families.

The Early Help Hub in the Family Information Service (FIS) supports practitioners to access services to support this work: www.wandsworth.gov/fis/earlhelphub

The role of Wandsworth Children’s Services Department

CSD is accessed via referral to the Multi-Agency Safeguarding Hub (MASH) where decisions are made about whether to progress and assessment of a child under S.17 or s.47 Children Act 1989. The level of need to access CSD is set out in WSCB Thresholds for intervention

[1] In the child’s time: professional responses to neglect. Thematic Inspection report. Ofsted, 2014
All agencies that refer neglect into the MASH receive clear communication about whether the referral has been accepted, the role of the referrer going forward, and if the referral has not been accepted why this is the case and what support the referrer can offer or seek for that child.

Any child who is the subject of an assessment and on-going support will have a plan that identifies their needs, what outcomes the plan hopes to achieve and what actions the adults in the child’s life will have to take to achieve the outcomes. These plans are multi-agency and the ambition of all our plans is that children have permanent and secure homes where the adults are able to meet their needs without on-going support of statutory safeguarding services.

All social workers in the Children’s Services Department (CS) have been trained to understand how neglect presents, the long and short term effects on children, and they are supported to make judgements about when child protection plans or court action is required to safeguard a child from neglect.

Children’s Services work with partner agencies throughout their involvement with the child or young person and provides a clear plan for when involvement is stepped down to targeted or universal services

**Partnership working**

The WSCB monitors and quality assures multi agency practice on safeguarding children. As neglect is often – but not always – a symptom of other factors within families, it is also covered in the work addressing domestic violence, mental health and a range of other concerns.

### 5. Continuing and Emerging Priorities in Wandsworth

Set out below are the key emerging themes and priorities for consideration.

#### Knowledge

Professionals will have a shared and common understanding of the causes, presentation and impact of neglectful parenting on children. A common language should be used for describing neglectful caregiving and its effect so that professionals are able to direct the right level of support to fit the level of need.

#### Communication

Professionals will have the common language for describing neglectful caregiving and its effects on children and will share their concern with a family and other professionals in a timely manner. They will feel confident to approach and share work with families and colleges to improve outcomes for a child. Professionals will feel empowered to challenges families regardless of professional or social status.

#### Diversity and social class

An understanding that all children can suffer neglect regardless of social class, culture, special needs or disabilities. Practitioners must be aware of the indicators of neglect for all children and with particular attention to children with special educational needs and disabilities whose vulnerabilities can be overlooked. It is important to note that class and power relationships can affect interaction with parents and family members, and may be used to attempt to coerce or unduly influence proceedings. This effect has been identified in recent Serious Case Reviews and other learning across south west London. Over identification by practitioners with family can be a significant risk.

#### Threshold

The aim will be to ensure all professionals understand the threshold for access to Children’s Services. This is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of neglect - cumulative harm, non-incident focused, improving and worsening often in line with the advance
and retreat of professional help - can present challenges for practitioners assessing parental behaviours and the impact on children. Professionals will feel confident to have a professional discussion with a MASH social worker prior to making the decision to refer to Children’s Services.

Pathways
We aspire to seamless provision of help throughout the levels of need will be promoted by clear pathways for help across the differing levels of need and children and adult services to support consistency both from the practitioners and the services offered.

Early help
The impact of neglect of children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, will identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and ‘start again’ syndrome.

Signs of Safety and Wellbeing framework used by all professionals working with children in Wandsworth
From the earliest identification of need through to provision of specialist support, practitioners will use the Signs of Safety and Wellbeing approach to work with a family and other practitioners to understand the history, to be curious and inquisitive about family circumstances and events and to use the team around the child to develop and evaluate plans to improve outcomes for children.

Challenge
Practitioners should feel empowered to be challenging of each other and families when improvements are not being made or sustainably. Team around the child meetings (TACs) will ensure whether statutory actions is necessary due to the ongoing risk to the child, and will continue to work together to review progress.

6. Key Performance Indicators

It is important that the impact of the strategy is effectively measured.

The following outcome measures serve to provide insight into the effectiveness of the strategy:

- Reduction in the number of re-registrations under the category of neglect
- Reduction in the number of repeat referrals
- Reduction in persistent school absence
- Reduction in the number of Looked After Children with neglect as a category of abuse
- Increase in the referral rates to MASH that include concern about neglect
- Reduce the number of young people who go missing.

An indicator used in the WSCB dataset is:

Increase the No. and % assessments completed in year where neglect is recorded as a primary or secondary feature of the abuse. (This is a ‘statutory’ indicator).

(Children’s Services also report in detail on child protection to the WSCB – see the table on Page 7 as an example.)
7. Governance and Accountability

Governance and accountability will be provided by the WSCB, with subgroups to support the work of the board. The Board will hold all members to account for the delivery and implementation of the strategy.

WSCB will challenge the effective delivery of the strategy via the key performance indicators annually through reports to the Sub Committees and the Executive Board.

The strategy will be reviewed and updated in 2019 but may also be amended or refreshed as required.

8. Future actions

Data and Quality Assurance

The board will continue to monitor through the performance indicators and by seeking to incorporate the voice of the child.

Practice guidance

The WSCB will continue to identify good practice examples and guidance which complement those available in the London Child Protection Procedures and ensure these are disseminated to all practitioners.
Part B: Practice Guidance

1. The London Child Protection Procedures

All London authorities are signed up to the London CPP. Chapter 2 deals with Neglect, see: http://www.londoncp.co.uk/chapters/neglect.html?zoom_highlight=neglect

This contains sections on:

2.1 Definition
2.2 Risks
2.3 Indicators
2.4 Protection and Action to be Taken
2.5 Issues
2.6 Further Information

2. Signs, Symptoms and dealing with Neglect

Neglect can be difficult to identify, vigilance to the signs and symptoms is vital. Having one of the signs or symptoms below doesn’t necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there’s a serious problem and action should be taken. Professionals from all sectors should avoid the danger of seeing neglect symptoms as ‘unremarkable in the context of so many other cases’. Ofsted reported that social workers and schools in particular may become ‘desensitised to neglect’.

Poor appearance and hygiene:

The child may:

- Be smelly or dirty.
- Have unwashed clothes.
- Have inadequate clothing, e.g. not having a winter coat.
- Seem hungry or turn up to school without having breakfast or any lunch money.
- Have frequent and untreated nappy rash in infants.
- Poor dental care, in particular in younger children.
- Have frequent and untreated nappy rash in infants.

Health and development problems:

The child may have:
- Untreated injuries, medical and dental issues.
- Repeated accidental injuries caused by lack of supervision.
- Recurring illness or infections.
- Not been given required medicines and vaccinations.
- Poor muscle tone or prominent joints.
- Skin sores, rashes, flea bites, scabies or ringworm.
- Thin or swollen tummy.
- Anaemia.
- Tiredness.
- Faltering weight or growth and not reaching developmental milestones (known as failure to thrive).
- Poor language, communication or social skills.

**Housing and family issues:**

The child may be:

- Living in an unsuitable home environment for example dog mess being left or not having any heating.
- Left alone for a long time.
- Taking on the role of a carer for other family members.
- Live in a poorly maintained, unsafe or temporary home.
- Have to move often due to repeat evictions.
- Have disruptive neighbours.
- Lack of support from family, friends, neighbours or the wider community.
- Living in isolated area or because they have language difficulties or cultural differences.

**Parental difficulties:**

Problems with mental health, drugs or alcohol, domestic violence or learning disabilities can make it harder for parents to meet their child’s needs. Children living with parents who have one or more of these issues may be more at risk of abuse and neglect.

Parents may have:

- Mental health difficulties.
- Drug dependency.
- Alcohol dependency.
- Domestic abuse.
- Learning difficulties.
- Parental childhood abuse (parent suffered abuse a child).
- Belief systems which may impact on the wellbeing and/or health of the child, e.g. imposing deficient diets affecting developmental milestones.
Families under Pressure:

All families come under pressure from time to time. But increased or continued stress can seriously affect how well a parent can look after their child.

Research shows that parents/carers may:

- Fail to prioritise the child’s needs.
- With a low income are more likely to feel chronically stressed than parents with higher incomes.
- Be living in poorer neighbourhoods which have high stress levels.

Keeping Children Safe From Neglect

It can be difficult to know when to take action to protect a child from neglect.

One-off signs may not mean that a child is being neglected. Knowing when a child or family need help requires someone to recognise that there are ongoing or persistent patterns of neglect.

So it’s important for concerns to be reported and recorded. This helps social workers and other professionals build up a picture of a child’s life over time.

Signs and Symptoms

Lack of Basic Care

- Poor skin and hair – infections and infestations.
- Inappropriate clothing.
- Poor hygiene.
- Persistent nappy rash.

Medical/Dental Neglect

- Failing to seek appropriate medical/dental intervention.
- Minimising children’s illnesses.
- Failing to attend appointments.
- Failure to administer medications or treatments.
- Dental caries.
- Skin – poorly controlled eczema.
- Uncontrolled symptoms.
- Illness.
- No immunisations.
## Emotional Neglect

Unresponsive to child’s needs or cues =

- Insecure attachment.
- Lack of self-esteem.
- Lack of social skills.
- Passive child or fractious, irritable, difficult to soothe child, from two years may be more demanding and seeking attention with challenging behaviour.
- Withdrawal of warmth and love as a punishment.

## Stimulation Neglect

Failure to interact with child =

- Delayed development.
- Delayed speech and language.
- Low concentration.

## Supervisory and Safety Neglect

- Leaving child alone.
- Leaving child with inappropriate carers.
- Not supervising child.
- Unsafe environment.

Any of these situations could lead to:

- Accidents.
- Injuries.
- Death.

## Specific Signs and Symptoms for up to Five Years

## Neglect in Pregnancy

Factors or behaviours in a pregnant women can impact on the development of the child and place them at risk of neglect.

- Domestic Abuse
- Substance misuse
- Mental illness
These factors can impact on the development of a child, mothers who do not engage in pre-birth care can lead to failures in parenting a child, alone or in combination these factors should be indicators of risk. They also make it more likely that a child will be born prematurely.

**Physical/Nutritional Neglect**

**Dietary intake:**
- Can mean ‘failure to thrive’.
- Overweight.
- Poor immune system.

**Failure to interact with child:**
- Delayed development.
- Delayed speech and language.
- Low concentration.

**Specific Signs and Symptoms for Parental Neglect Of Adolescents**

**Physical Care**
- Does not encourage young person to wash or shower regularly.
- Does not ensure young person sees a doctor if they need one.
- Fails to ensure young person eats healthy food.
- Does not support young person to look after their teeth.

**Emotional Support**
- Unavailable or fails to help if young person has a problem.
- Does not support a young person if they are upset.
- Fails to tell young person when you think they have done something well.
- Fails to take care of young person if they become ill.

**Supervision**
- Lack of knowledge or interest in where young person is going when they go out.
- Disinterest in knowing where young person goes after school.
- Does not expect young person to call or text to let you know if they are going to be late home.
- Makes no attempt to ensure young person attends school.

**Educational Support**
- Lack of knowledge of how young person is doing at school.
- Lack of interest in achievements or reading reports.
- Lack of interest in what young person is doing at school.
Failure to attend parents’ evening at school.
Fail to provide opportunities to learn things outside of school.

**Likelihood of Neglect**
- Dysfunctional Family Structure.
- Parental Problems.
- Economic Factors/Poverty.
- Lack of Social Support.
- Characteristics of the community and environment.

**Consequences of Neglect of Young People**
- Poor Physical Health.
- Poor Mental Health and Emotional Wellbeing.
- Poor Peer relationships.
- Risky Behaviours.
- Poor Educational outcomes.
- Anti-social behaviour.
- Poorer longer term outcomes & life chances participation.

**Talking to Parents About Neglect / Abuse Concerns**

Before talking to the parent, be aware of the risk factors and harm the children may have experienced

*What does it feel like to be this child?*

Be proactive and challenging where necessary – it is important to establish whether poor parenting is a regular occurrence – what level of care is provided in a variety of settings / times of day?

Does the parent:

- Meet the child’s health and development needs?
- Put their child’s needs first?
- Provide routine and consistent care?
- Acknowledge problems / difficulties?
- Engage with support services if offered?

Or does the parent:

- Neglect the child’s basic needs?
- Put their own needs first?
- Have an unwillingness to engage with support services?
- Live with chaos and lack of routine?

We need to work effectively with parents while retaining a focus on the child’s welfare and safety. We should not become so immersed in parent’s problems that we lose sight of children’s needs. Issues of power and
class should not be allowed to cloud judgment or intimidate necessary decision making as noted above under Diversity and class (Part A, Section 5)

We need to be open, honest and clear with parents without creating hostility and show empathy without colluding with unacceptable behaviour or dishonest explanations.

Explain to parents what will happen next, ensure steps have been taken to reduce risk, record information clearly and communicate to relevant agencies.

3. Consequences for the Child – tool to grade/monitor neglect

There are various tools to monitor or grade neglect based on the levels of commitment to care. Parallel with the level of commitment is the degree to which a child’s needs are met. These can be observed – below is a modified version of the graded care profile designed by Dr Leon Polnay and Dr O P Srivastava (Bedfordshire and Luton Community NHS Trust and Luton Borough Council). It can be used with parents/carers to reduce neglect and gain lower scores. Professionals can use the tool to discuss or assist with further assessment.

There are four domains of care: PHYSICAL, SAFETY, AFFECTION/LOVE, ESTEEM. The purpose of using the profile is to clarify areas of concern in order to plan appropriate single agency or inter agency intervention. It is unlikely that the child who is neglected scores low in one or two care domains but will scores higher in most or all of them. This is how the grading works:

### Neglect – guide – Southampton

<table>
<thead>
<tr>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All child’s needs met</td>
<td>Essential needs fully met</td>
<td>Some essential needs unmet</td>
<td>Most essential needs unmet</td>
<td>Essentially needs entirely unmet/hostile</td>
</tr>
<tr>
<td>2. Child priority</td>
<td>Child first most of the time</td>
<td>Child and carer equal</td>
<td>Child second</td>
<td>Child not considered</td>
</tr>
<tr>
<td>3. Best</td>
<td>Adequate</td>
<td>Borderline</td>
<td>Poor</td>
<td>Worst</td>
</tr>
</tbody>
</table>

### Areas of physical care.

<table>
<thead>
<tr>
<th></th>
<th>Grade 1 Child priority</th>
<th>Grade 2 Child first most of the time</th>
<th>Grade 3 Child and carer equal</th>
<th>Grade 4 Child second</th>
<th>Grade 5 Child not considered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition quality</strong></td>
<td>Ample</td>
<td>Adequate</td>
<td>Adequate to variable</td>
<td>Variable to low</td>
<td>Mostly low or starved</td>
</tr>
<tr>
<td><strong>Nutrition (organisation)</strong></td>
<td>Meals carefully organised. Seated, timing, manners.</td>
<td>Well organised, often seated, regular timing</td>
<td>Poorly organised, irregular timing, improper seating</td>
<td>Ill organised, no clear meal time</td>
<td>Chaotic, eat what you can when you can.</td>
</tr>
<tr>
<td><strong>Hygiene 0-4yrs</strong></td>
<td>Cleaned, bathed hair, brushed more than once a day</td>
<td>Regular, almost daily</td>
<td>No routine, sometimes bathed and hair brushed</td>
<td>Occasionally bathed, seldom hair brushed</td>
<td>Seldom bathed or clean, hair never brushed</td>
</tr>
<tr>
<td>Hygiene 5-7 yrs</td>
<td>Hygiene 7 yrs +</td>
<td>Clothing (fitting)</td>
<td>Clothing (insulation)</td>
<td>Health (opinion sought)</td>
<td>Health checks and immunisation</td>
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<td>Grade 4 Child second</td>
<td>Grade 5 Child not considered</td>
<td></td>
</tr>
<tr>
<td>Some independence, always helped and supervised</td>
<td>Reminded and products provided regularly. Watched and helped if needed</td>
<td>Irregularly reminded and products provided. Sometimes watched.</td>
<td>Reminded only now and then. Minimum supervision</td>
<td>Not bothered</td>
<td></td>
</tr>
<tr>
<td>Hygiene 5-7 yrs</td>
<td>Hygiene 7 yrs +</td>
<td>Clothing (fitting)</td>
<td>Clothing (insulation)</td>
<td>Health (opinion sought)</td>
<td>Health checks and immunisation</td>
</tr>
<tr>
<td>Excellent fitting</td>
<td>Proper fit, even if handed down</td>
<td>Clothes too large or too small</td>
<td>Clothes clearly the wrong size</td>
<td>Grossly improper fitting</td>
<td></td>
</tr>
<tr>
<td>Well protected with high quality clothes</td>
<td>Well protected even if with cheaper clothes</td>
<td>Adequate to variable weather protection</td>
<td>Inadequate weather protection</td>
<td>Dangerously exposed</td>
<td></td>
</tr>
<tr>
<td>Illness and other genuine health matters thought about in advance with sincerity.</td>
<td>From professionals or experienced adults on matters of genuine and immediate concern</td>
<td>On illness severity or frequently unnecessary consultation and or medication</td>
<td>Delayed consultation, only when illness becomes moderately severe</td>
<td>When illness becomes critical or even then ignored</td>
<td></td>
</tr>
<tr>
<td>Visits in addition to scheduled health checks. Immunisation up to date. Up to date with schedules</td>
<td>Health checks and immunisation unless exceptions, plans in place to address.</td>
<td>Omissions for reasons of personal inconvenience, takes up if persuaded</td>
<td>Omission because of carelessness accepts if tackled at home.</td>
<td>Clear disregard of child’s welfare. Blocks home visits</td>
<td></td>
</tr>
<tr>
<td>Essential and additional fixtures and fittings, good heating, play and learning facilities.</td>
<td>All essential fixtures and fitting. Efforts to consider the child (if lacking due to practical constraints)</td>
<td>Essential to bare, no effort to consider the child.</td>
<td>Adults needs for safety, warmth and entertainment come first</td>
<td>Child dangerously exposed or not provided for.</td>
<td></td>
</tr>
<tr>
<td>Good awareness of safety issues, however remote the risk</td>
<td>Aware of important safety issues</td>
<td>Poor awareness and perception except for immediate danger</td>
<td>Oblivious to safety risks</td>
<td>Not bothered</td>
<td></td>
</tr>
<tr>
<td>Very cautious with handling and laying down, seldom unattended</td>
<td>Very cautious with handling and laying down, frequently checks if unattended</td>
<td>Handling careless. Frequently unattended when laid within the house.</td>
<td>Handling unsafe. Unattended even during care chores (bottle left in mouth)</td>
<td>Dangerous handling. Left dangerously unattended during care chores like bath.</td>
<td></td>
</tr>
<tr>
<td>Constant attention to safety and effective measures</td>
<td>Effective measures against any danger about</td>
<td>Measures taken against danger about to</td>
<td>Ineffective measures if at all. Improvement</td>
<td>Inadvertently exposes to dangers</td>
<td></td>
</tr>
<tr>
<td>Grade 1</td>
<td>Grade 2</td>
<td>Grade 3</td>
<td>Grade 4</td>
<td>Grade 5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant school</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Close supervision indoors and outdoors</td>
<td>Supervision indoors no supervision outdoors if known to be in a safe place.</td>
<td>Little supervision indoors and outdoors. Will act if in noticeable danger</td>
<td>No supervision intervenes after mishaps which soon lapses.</td>
<td>Minor mishaps ignored or the child is blamed. Intervenes casually after major mishaps</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Junior &amp; senior school</th>
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</thead>
<tbody>
<tr>
<td>Allows out in known safe surrounding within appropriate time. Checks if goes beyond set boundaries.</td>
<td>Can allow out in unfamiliar surrounds if thought to be safe and whereabouts known. Reasonable time limit, checks if worried.</td>
<td>Not always aware of whereabouts outdoors, believing it is safe as long as returns in time.</td>
<td>Not bothered about daytime outings, concerned about late nights in case of child younger than 13</td>
<td>Not bothered despite knowledge of dangers outdoors – railway lines, ponds, unsafe building or staying away until late evening/nights.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traffic 0-4yrs</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Well secured in the pram. Harness or when walking hand clutched. Walks at child’s pace</td>
<td>3-4yrs old allowed to walk but close by, always in vision. Hand clutched if necessary in crowd.</td>
<td>Infants not secured in pram, 3-4 yrs old expected to catch up with adult when walking. Glances back now and then if left behind. Babies not secured.</td>
<td>3-4 yrs old left far behind when walking or dragged with irritation.</td>
<td>Babies unsecured, careless with pram. 3-4 yrs old left to wander and dragged along in frustration when found</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traffic 5yrs +</th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>5-10 yrs old escorted by adult crossing a busy road, walking together</td>
<td>5-8 yrs old allowed to cross road with a 13+ child. 8-9yrs old, allowed to cross alone if they relyably can</td>
<td>5-7 yrs old allowed to cross with the older child (but below 13) and simply watched. 8-9 crosses alone</td>
<td>5-7 yrs old allowed to cross a busy road alone in belief that they can</td>
<td>7 yr old allowed to cross a busy road alone without any concern or thought</td>
</tr>
</tbody>
</table>

**Areas of affection/love**

<table>
<thead>
<tr>
<th>Grade 1</th>
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<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
</tr>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Carer – sensitivity</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Looks for or picks up very subtle signals – verbal or nonverbal expression or mood</td>
<td>Understands clear signals – distinct verbal or clear non verbal expressions</td>
<td>Not sensitive enough – messages and signals have to be intense to make an impact eg. Crying</td>
<td>Quite insensitive, needs repeated or prolonged intense signals</td>
<td>Insensitive to even sustained intense signals or dislike child</td>
</tr>
<tr>
<td>Timing of response</td>
<td>Grade 1 Child priority</td>
<td>Grade 2 Child first most of the time</td>
<td>Grade 3 Child and carer equal</td>
<td>Grade 4 Child second</td>
</tr>
<tr>
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</tr>
<tr>
<td>Responds at time of signals or even before anticipation</td>
<td>Responds mostly at times of signals except when occupied by essential chores</td>
<td>Does not respond at time of signals if during own leisure activity. Responds at time of signals if fully unoccupied or child in distress</td>
<td>Even when child in distress, responses delayed</td>
<td>No responses unless a clear mishap for fear of being accused</td>
</tr>
</tbody>
</table>

| Mutual engagement – beginning interactions | Carer starts interaction with child. Child starts interaction with carer, carer does this more often | Carer starts interactions with child. Child starts interaction with carer. Equal frequency. Positive attempt by carer even if child is defiant. | Child mainly starts interactions, sometime the carer. Carer negative if child’s behaviour is defiant | Child mainly starts interactions. Not very often the carer | Child does not attempt to start interactions with carer. Carer does not start interactions with child. Child appears resigned or apprehensive. |

**Areas of esteem**

<table>
<thead>
<tr>
<th>Grade 1 Child priority</th>
<th>Grade 2 Child first most of the time</th>
<th>Grade 3 Child and carer equal</th>
<th>Grade 4 Child second</th>
<th>Grade 5 Child not considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2yrs</td>
<td>Plenty of appropriate stimulation, plenty of equipment</td>
<td>Enough and appropriate intuitive stimulation. Less showy toys, gadgets, outings and celebrations</td>
<td>Inadequate and inappropriate – baby left alone while carer pursues own amusements, sometimes interacts with baby</td>
<td>Baby left alone while adult gets on with pursuing own amusements unless strongly sought out by baby.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2-5 Yrs</th>
<th>1/ interactive stimulation talking to, playing, reading – frequent and of good quality.</th>
<th>1/ interactive stimulation, sufficient and of satisfactory quality</th>
<th>1/ interactive stimulation, variable adequate if usually doing own thing. (?)</th>
<th>1/ interactive stimulation, scarce even if doing nothing else.</th>
<th>1/ interactive stimulation – nil.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/ interactive stimulation talking to, playing, reading – frequent and of good quality.</td>
<td>2/ toys and gadgets, provides all that is necessary and tried for more. (?)</td>
<td>2/ toys and gadgets, essential only, no effort to make do if unaffordable.</td>
<td>2/ toys and gadgets, lacking on essential.</td>
<td>2/ toys and gadgets, nil unless provided by other sources, gifts or grants.</td>
<td></td>
</tr>
<tr>
<td>2/ toys and gadgets, including uniform, sports equipment, books – plenty and of good quality</td>
<td>3/ outing, enough visits to child centred places</td>
<td>3/ outing, child accompanies carer whenever carer decides,</td>
<td>3/ outing, child simply accompanies carer. Adult focused holiday/local</td>
<td>3/ outing, no outings for the child. May play in the street but carer goes out</td>
<td></td>
</tr>
<tr>
<td>Grade 1</td>
<td>Grade 2</td>
<td>Grade 3</td>
<td>Grade 4</td>
<td>Grade 5</td>
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<td>Child not considered</td>
<td></td>
</tr>
<tr>
<td>purposes). Frequent visits to child centred places locally and away.</td>
<td>locally and occasionally away</td>
<td>usually child friendly places</td>
<td>outings/plays outdoors in neighbourhood. (?)</td>
<td>locally eg to pub with friends</td>
<td></td>
</tr>
<tr>
<td>4/ celebrations, both seasonal and personal, child made to feel special.</td>
<td>4/ celebrations, equally keen and eager (as what) but less showy (?)</td>
<td>4/ celebrations, mainly seasonal and low key personal birthday</td>
<td>4/ celebrations, only seasonal and low key</td>
<td>4/ celebrations, seasonal festivities absent or dampened.</td>
<td></td>
</tr>
</tbody>
</table>

**5+ years**

| Education – active interest in schooling and supportive | Education, active interest in schooling support at home when can | Maintains schooling but little support at home even if carer has spare time | Little effort to maintain schooling | Not bothered or encouraged. |


**Resources:**


Southampton LSCB has undertaken significant work on addressing neglect. Very useful resources can be found at: [http://southamptonlscb.co.uk/neglect-conference-2016](http://southamptonlscb.co.uk/neglect-conference-2016).

Ofsted survey in 2014 of neglect: *In the child’s time: professional responses to neglect. Thematic Inspection report*, Ofsted, 2014:


In September 2017 the National Institute for Health & Care Excellence (NICE) is expected to produce comprehensive guidance on neglect. See [www.nice.org.uk](http://www.nice.org.uk) for more information.

**References for Pre-birth, Birth – Under 5’s:**

- WSCB
- Neglect: Research Evidence to Inform Practice NCH 2007
- Howe, D. Child Abuse and Neglect 2005
- Music, G. Nurturing Natures 2011