



Bedford Borough
Safeguarding Children Board

SAFEGUARDING CHILDREN AND YOUNG PEOPLE FROM NEGLECT

**MULTI - AGENCY SAFEGUARDING CHILDREN AND YOUNG PEOPLE
INFORMATION TO ASSIST GOOD PRACTICE**

April 2014

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Acknowledgment is made to South Tees LSCB as originators of the majority of this guidance.

1. INFORMATION TO ASSIST GOOD PRACTICE

This guidance has been produced because it is recognised that neglect is a complex and multifaceted issue, which can often be difficult for professionals to address effectively. In order to work together successfully agencies need to have a shared understanding of neglect and the best way to effect change. It is intended to facilitate good interagency work, so that all those involved can play an effective role to improve outcomes for children. It also reflects practice requirements referred to in Working Together to Safeguard Children 2013 and Local Safeguarding Children Board Procedures.

“The support and protection of children cannot be achieved by a single agency Every Service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.”
Lord Laming in the Victoria Climbié Inquiry Report, paragraphs 17.92 and 17.93.

2. RECOGNITION OF NEGLECT

2.1 Defining and Recognising Child Neglect

“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 caregivers); 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 to Safeguard Children’ (2013)

In a review of the various definitions of neglect in 2007, Professor Jan Howarth identified the following types of neglect:

- Medical neglect – this involves carers minimising or denying children’s illness or health needs, and failing to seek appropriate medical attention or administer medication and treatments.
- Nutritional neglect – this typically involves a child being provided with inadequate calories for normal growth. This form of neglect is sometimes associated with ‘failure to thrive’, in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently, childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long term consequences.
- Emotional neglect – this involves a carer being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- Educational neglect – this involves a carer failing to provide a stimulating environment, show an interest in the child’s education at school, support their learning, or respond to any special needs, as well as failing to complying with state requirements regarding school attendance.

- Physical neglect – this involves not providing appropriate clothing, food, cleanliness and living conditions. It can be difficult to assess due to the need to distinguish neglect from deprivation, and because of individual judgements about what constitutes standards of appropriate physical care.
- Lack of supervision and guidance – this involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as underage sex or alcohol use. It can affect children of all ages.
- A simple and helpful way to view neglect is to consider the needs of children and whether or not their parents or carers are consistently meeting such needs. If not, then neglect may very well be an issue.
- Howe (2005) identifies 4 types of Neglect please refer to appendix 2

2.2 The Impact of Neglect

- The impact of neglect for a particular child, as with other forms of abuse, will be influenced by a number of factors that either aggravate the extent of the harm, or protect against it.
- Relevant factors include the individual child's means of coping and adapting, family support and protective networks available to the child and importantly, the way in which professionals respond and the success of any intervention initiated to safeguard and promote the welfare of the child.
- Generally however, the sustained physical or emotional neglect of children is likely to have profound, long lasting effects on all aspects of a child's health, development and wellbeing.
- *“Severe neglect of young children has adverse effects on children’s ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem, feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies and depending on how long children have been neglected, the children’s age, and the multiplicity of neglectful behaviours children have been experiencing.”* ‘Working Together to Safeguard Children’ (2013)

Neglect causes significant harm to children and its adverse consequences may last a lifetime.

2.3 Brain development

By the age of 3 a baby's brain has reached almost 80% of its adult size. The growth in each region of the brain largely depends on receiving stimulation. This stimulation provides the foundation for learning, research informs us that brain development is 'activity dependent'; every experience excites some neural circuits and leaves others alone. Neural circuits used over and over are strengthened those that are not used are left weakened. Poor brain underdevelopment can lead to difficulty regulating emotion, lack of cause effect thinking, inability to recognise emotions in others and lack of conscience. The development of a baby's brain is affected by the attachment

to their parents/carers; analysis of neglected children's brains has shown that their brain growth is significantly reduced.

3. ASSESSMENT FACTORS RELATED TO THE PARENTS

QUESTIONS

Is the carer concerned about the child or young person's welfare and wants to meet their physical, social, and emotional needs to the extent the carer understands them?

Is the carer determined to act in the best interests of the child or young person's and has realistic confidence that they can overcome problems?

Is the carer willing to ask for help when needed and is prepared to make sacrifices for children or young person?

Does the carer have the right 'priorities' when it comes to caring for the child or young person and may take an indifferent attitude?

Does the carer believe that there is something about the child or young person that deserves ill treatment and hostile parenting?

Does the carer seek to give up the responsibility for the child or young person?

During any professional contact with a child, consideration should always be given to the presence of the following factors that may indicate neglect as an issue. Where neglect is suspected the following aspects can be used as a tool to help assess if the child is exposed to an elevated level of risk. This list is not exhaustive or stated in order of importance.

3.1 History of Parenting

A significant factor associated with the neglect or the risk of neglect of a child is the known and/or assessed history of the level of care previously provided by the parents. Previous abuse and/or neglect of a child, which has not been addressed successfully through intervention, will heighten the risk of future neglect.

3.2 Basic Needs of the Child are Not Adequately Met

The basic needs of any child include adequate physical and emotional care. Examples include food, shelter, clothing, warmth, safety, protection, nurturing, medical care, school attendance and identity. The failure or unwillingness of a parent or carer to provide adequate care will contribute towards the overall assessment of significant harm and should be considered as an elevating risk factor.

3.3 Poverty

Neglect is a 'multi factorial' concept with a wide range of influencing characteristics. A major consideration associated with neglect is that of poverty. Although the majority of families living 'in poverty' parent their children perfectly well given their available resources, the stresses of living in such circumstances can, on occasions, result in the neglect of children.

It is often difficult for professionals to distinguish between indicators of early neglect and those of poverty and this can present dilemmas when considering if a child protection response is necessary.

It is more likely that neglect caused through financial poverty will be alleviated through the provision of support, finance and intervention; however, it must not be assumed that such provision will bring an end to the neglect.

Those children at most risk of neglect are those whose parents' or carers' emotional impoverishment is so great that they do not understand the needs of their children and despite intervention and provision of support, are unable to provide for their children's continued needs.

3.4 Household Conditions

The household conditions are a clear indicator in relation to physical neglect, for example, whether the children's bedrooms, beds and bedding are acceptable, whether the kitchen is hygienic, whether food is available and in date, whether the bathroom reaches an acceptable standard of hygiene.

Other risks to children in the home may come from objects that are accessible to them and pose a risk, such as drugs or drug taking equipment being left in reach. (Methadone in the fridge represents a significant risk).

3.5 Toxic Trio

Research shows that the environment in which a child lives is crucial to his or her health, safety and wellbeing. The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

3.5.1 Substance Misuse

Certain parental behaviours will be associated with elevating the risk of child neglect. Substance misuse is one of them. Children can be seriously neglected if substance use is chaotic, with the needs of the parents' addiction overriding their ability or willingness to meet the basic needs of their children.

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.

3.5.2 Domestic Abuse

Experiencing an intimidating, threatening or violent environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical harm.

Professionals need to be aware that a main carer's ability to parent a child adequately can be adversely affected if the carer is the victim of domestic abuse. There is a need to carefully explore and assess the circumstances of recurrent domestic violence and to consider the likely consequences for the child in terms of their development and wellbeing. Chronic, unresolved disputes between adults, whether these involve violence or not, may indicate that some of the child's needs are being persistently unmet and hence neglect may be an issue.

3.5.3 Parental Mental Health Issues

The experience of mental ill health by a parent or carer should not in itself lead to an assumption of impaired ability to provide 'good enough' parenting.

It is recognised however that mental ill health can significantly impact upon parenting capacity depending on the type of condition and individual circumstances. As such, parental mental ill health should be considered as a possible contributory factor to neglect when identified. For example:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistency in parenting.
- Delusional beliefs about a child, or being shared with that child, to the extent that the child's development and/or health are compromised.
- Extreme anxiety states in an adult leading them to limit or curtail their child's developmentally appropriate activities.

Specialist advice as to the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner.

3.6 Low Maternal Self esteem

This has been identified within research as a risk factor associated with child neglect. Low maternal self-esteem impacts upon the 'normal' parent child interactions, which if affected significantly, can lead towards emotional and/or physical neglect.

3.7 Learning Disabilities

Identified or suspected learning disabilities of parents or carers do not necessarily indicate that parenting capacity is affected to a degree that a child is neglected. Any disability however must be considered within any assessment as the potential impact upon the ability of the parents or carers to meet their child's needs may be significant.

If identified, practitioners must not seek to minimise the effects or likely effects upon the child through justifying neglectful actions as unintentional. The risk to the child is the same.

3.8 Age of Parent or Carer

The risk of child neglect can be associated with the age of the mother at the time of the child's birth. Generally, this risk is increased for younger, teenage mothers. Furthermore, the levels of risk to the child will be exacerbated should the level of maturity of the parent or carer be low. The degree of maturity exhibited by a parent or carer will reflect in apathy and impulsivity and will affect their ability to respond to their child's needs accordingly.

Professionals should be aware of the support network for the child via other relatives or friends and actively assess their involvement with the child. If the network is assessed as limited, there will be the potential for an increased risk of neglect.

3.9 Negative Childhood Experiences of Parents or Carers

A parent's capacity to meet the needs of their children and hence increase the risk of neglecting their child can be seriously affected by themselves having experienced neglect as a child.

“The children at greatest risk are those where the adult’s own childhood was abusive and neglectful, resulting either in an inability to recognise the needs of their own children or the development of a need to impose their will at the expense of their own children.”

(‘Paul Death through Neglect’ Bridge Childcare Consultancy Service 1995)

3.10 Dysfunctional Parent Child Relationship

A child has a basic need for stability, with simple and consistent boundaries in which they can develop. This stability also needs to be present in the child’s relationship with their main carer(s). Absence of such stability can lead to difficulties in attachment.

Hostile physical contact, hostile eye contact, hostile verbal contact, ignoring, avoiding and rejection of the child are all indicators suggesting a dysfunctional parent/carer–child relationship.

Identification of poor or inappropriate interaction between the parent or carer and the child should heighten concerns for professionals when considering neglect.

3.11 Lack of Affection

Refusal or failure by a parent or carer to show appropriate affection towards their child can be profound. The absence of a loving and nurturing environment or the making of regular threats, taunts and verbal attacks can all significantly undermine a child’s confidence and self-esteem. The resulting effects and the long term consequences for the child can be significant in terms of both their physical and emotional development.

3.12 Lack of Attention and Stimulation

Children require positive attention from their parents or carers – this assists in their maturation and provides them with a sense of value and identity within their families. Children also require adequate stimulation and should be encouraged to learn, experience and explore within safe perimeters.

Intentional or unintentional neglect of attention and stimulation can affect the child through their attachments with their parents or carers and their opportunities to develop emotionally, socially, intellectually and behaviourally and encounter positive life experiences.

3.13 Placing Dangerous or Damaging Expectations upon Children

Parents or carers who place significantly unreal and potentially damaging or dangerous expectations upon their children are neglecting their child’s needs as well as possibly placing the child at risk of physical harm.

Children who are not allowed or restricted in undertaking age appropriate activities on a regular basis, or who take on the adult’s responsibility in the household through providing care for themselves, younger siblings or the parents/carers themselves, may very well suffer from impaired normal development. There could also be the associated risk of children being exposed to danger through being left in a position to provide such care by themselves.

3.14 'Home Alone'/ Inappropriate Supervision

It is important for practitioners to consider the consequences or likely consequences for the child in being left alone or inappropriately supervised and to consider whether the child's needs for safety, protection and nurture are being compromised.

Generally, the level of risk will increase the younger the child or supervisor. The NSPCC and The Children's Legal Centre recommend that the minimum age of a babysitter should be 16 years of age. This age limit is linked to possible action which could be taken by the police if anything were to go wrong and an injury to the child resulted. However, this recommended age limit can only act as a guide as an irresponsible 16 year old lacking in maturity would be considered as unsuitable.

Factors to consider include:

- The child's / supervisor's age & level of maturity.
- The length of time the parent / carer was absent and their explanation.
- Who has/had access to the house when home alone / inappropriately supervised.
- Whether this has happened before

Professionals will also need to be alert to children presenting frequently at A& E Departments or 'Walk in Clinics' for injuries that have resulted from accidents caused through poor / inappropriate supervision.

3.15 Failure to ensure access to appropriate medical care and treatment.

Failure by parents to ensure access to appropriate medical care and treatment generally takes one of three forms

- Failure to act on obvious signs of serious illness or injury
- Failure to follow medical treatment and guidance
- Failure to consistently attend follow up appointments

In common with other forms of neglect failure to seek medical care and treatment usually becomes neglectful when it is persistent. However the impact of failure to respond to a significant incident or illness can be so severe for the child as to constitute neglect on a single occasion. An example of this would be the parent who fails to bring a child to hospital clearly in pain from a fracture or burn.

As with other presentations of neglect the failure to address a child's medical needs is multifactorial both in nature and causative factors. It is vital therefore that where there is concern from a professional that a child may be suffering significant harm as a result of not having their medical needs met an holistic assessment is obtained as detailed in section 6 Any written agreements (section 6.3) should be drawn up in conjunction with the child's medical team to ensure a clear understanding of the child's medical needs is shared between, health, social care professionals and the family.

3.16 Preventative health care and developmental screening

There is no requirement in English law for parents to present children for preventative health care, developmental screening or immunisations. However, presenting a child for these services can give an indication of capacity or willingness of parent to meet these particular areas of need. Failure to do so should not be considered as neglectful in isolation, however; this failure should form part of the holistic assessment of the child where other presentations of abuse or neglect are found.

4. ASSESSMENT FACTORS RELATED TO THE CHILD

4.1 Age of the Child

It is vital that the child's age is specifically considered when assessing indicators of risk. Babies and toddlers depend almost exclusively on their parents or carers for the provision of their basic physical and emotional needs. Generally, the younger the child, the greater the vulnerability and the more serious the potential risk will be in terms of either their immediate health or the longer term emotional or physical consequences. Babies who are not fed cannot compensate by eating at school. Similarly, babies or toddlers who are not cleaned do not have the capacity to do this themselves. The importance of safe and effective action cannot be emphasised enough when considering risks to babies and toddlers. When assessing neglect the child's age and specific needs should be the main focus.

Every effort should be made to obtain the child's views or an understanding of their situation and to ensure that this is done in the child's first language or other relevant format if the child has a disability.

4.2 Physical Indicators

The following are indicators, or possible indicators, of neglect of physical basic care of a child or of emotional neglect.

Inadequate warmth/ shelter	Inadequate food / rest / inappropriate diet	Inadequate hygiene/ physical care
Cold injury	Abnormally large appetite	Alopecia (hair loss)
Hypothermia	Diarrhoea caused by poor or inadequate diet	Clothing – inappropriate for the time of year / inadequate / dirty
Pneumonia	General physical immobility or lethargy	Dirty / smelly
Red, swollen, cold hands & feet	Height & weight below the 3rd centile – or levelling off / declining	Dry, thin hair
Recurring chest infections	Lack of response to stimuli or contact	Nappy Rash
	Malnutrition	Repeated episodes of gastro Skin infections enteritis
	Poor skin condition, particularly in the nappy area of younger children	
	Rickets	
	Stunted growth / protruding abdomen	
	Vitamin deficiencies	

4.3 Emotional, Social, Intellectual and Behavioural Indicators

Professionals should be alert to the following developmental and behavioural indicators of neglect.

Any observations concerning a child's development or behaviour must be accurately recorded and justified in terms of evidence e.g. what indicates that the child has low self-esteem, what behaviours suggest the child is anxious / withdrawn?

- Low self-esteem and poor confidence
- Anxiety
- Child is withdrawn
- Child is distressed in the parent's presence
- Frozen Watchfulness
- Rocking
- Child moves away from parent/carer when under stress
- Little or no distress when child is separated from their main carer.
- Child is clearly avoiding contact with parent or carer
- Child's emotional responses are inappropriate to the situation
- Unpredictable and unprovoked attacks by the child on the parent/carer
- Eating disorders, including stealing & hoarding of food
- Language delay
- Cognitive & socio emotional delays – school related difficulties

4.4 Failure to Thrive

The term 'failure to thrive' describes children who fail to gain weight adequately and who do not achieve a normal or expected rate of growth for their age.

In addition, failure to thrive is used to describe infants and young children whose body length and head circumference have fallen significantly below expected norms and who are failing to achieve full developmental potential.

Although the term is most often used with babies and young children, failure to thrive can persist throughout childhood and into adolescence. If it is unrecognised and untreated it can have adverse consequences for a child's health and development, including poor growth and developmental delay. In babies or toddlers, it is particularly serious.

Failure to thrive can result from illness or genetic or metabolic disorders and are termed 'organic failure to thrive'. The associated factors are complex and varied. Where there is no underlying medical reason explaining a child's lack of growth and development, this is termed 'non organic failure to thrive'.

Non organic failure to thrive has been linked to poverty, limited parenting skills and abuse and neglect. It is important for professionals to recognise that failure to thrive may result from both physical and emotional factors.

Whenever failure to thrive is identified as an issue of concern, a paediatric assessment will be required to fully determine the extent of the poor growth and development and to determine if there is evidence of organic or nonorganic factors causing the failure itself.

Professionals should also remember however that failure to thrive could result from a combination of organic (medical problems) and nonorganic reasons (neglectful parenting & abuse). Whenever a child is identified as suffering from nonorganic failure to thrive consideration must be given to the possibility that this directly results from neglectful parenting.

4.5 Age Specific Risk Indicators of Child Neglect

4.5.1 Key features in Infants (0-1)

Physical	Development	Behaviour
Failure to thrive, weight, height and head circumference small	Late attainment of general developmental milestones	Attachment disorders, anxious, avoidance, difficult to console.
Recurrent and persistent minor infections	Lack of social responsiveness	
Frequent attendance at G.P, casualty departments. Hospital admissions with recurrent accidents/illnesses.		
Late presentation with physical symptoms (impetigo, nappy rash)		

4.5.2 Key features in Preschool Children (2-4)

Physical	Development	Behaviour
Failure to thrive, weight and height affected	Language delay, attention span limited	Overactive, aggressive and impulsive
Unkempt and dirty / poor hygiene	Socio emotional immaturity	Indiscriminate friendliness
Repeated accidents at home	Seeks physical contact from strangers	

4.5.3 Key Features in School Children (5-16)

Physical	Development	Behaviour
Short stature, variable weight gain	Mild to moderate learning difficulties	Disordered or few relationships
Poor hygiene, poor general health	Low self esteem	Self stimulating or self injurious behaviour or both
Unkempt appearance	Poor coping skills	Soiling, wetting
Underweight or obese	Socio emotional immaturity	Conduct disorders, aggressive, destructive, withdrawn
Delayed puberty	Poor attention	Poor / erratic attendance at school
Runaways, delinquent behaviour		

Schools may be unable to compensate for the long term lack of cognitive stimulation at home because neglected children have huge difficulties attending to learning tasks. This may be exacerbated by poor attendance. Neglect should be considered as a possible cause in children who are disruptive and difficult to manage in school.

4.5.4 Adolescence

Questions;

Are the adolescent's needs fully considered with consistent adult care?

Does the carer recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. lack of awareness of the adolescent's whereabouts for long periods of time or seeking to address either directly or by seeking support of risky and challenging behaviour?

Does the carer have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm?

Neglect can continue to affect children's cognitive development throughout their school careers, not just in the early years. Physically neglected adolescents are more likely to have poor academic development, to be involved in alcohol/substance misuse and to drop out of school, which in turn affect future life chances as an adult in terms of employment.

Emotionally neglected children may remain isolated throughout their school life and on occasion become the target of bullying. *'It is not surprising therefore that these children are significantly more likely to attempt suicide compared with other maltreated children'* (Howarth 2007, p 59)

In addition there is an increasing association between neglect and the development of antisocial behaviour, due to lack of parental support and supervision. Such children are also more likely to receive more exclusion's from school which in turn increases the opportunity for antisocial behaviour, possibly leading to contact with criminal justice agencies.

For more information on this please go to <https://www.gov.uk/government/publications/neglect-matters-a-multi-agency-guide-for-professionals-working-together-on-behalf-of-teenagers>

5. PRACTICE MATTERS

Practitioners should be aware of a number of key practice issues that can impact on the quality of assessment.

5.1 Necessity of In-Depth Exploration

Neglect will usually be characterised by a compilation of events, such as persistent failure by the parents or carers to meet the child's needs, which can be evidenced as gradually corroding and impairing the child's health and development or being likely to. This means that assessment on the basis of a 'snapshot' view of the child will be insufficient. An in-depth exploration of both past and present circumstances will always be required when neglect is raised as a concern.

5.2 The Rule of Optimism

For a variety of reasons, professionals can often think the best of families with whom they work. This can lead to a lack of objectivity, a lack of focus on the child, minimising concerns, failing to see patterns of neglect and/or abuse and generally not believing or wanting to believe that risk factors are high. If during this process,

optimism replaces objectivity, the risk to the child will be significantly heightened as the protective professional network relaxes.

5.3 Values and Difference

Neglect, more than other forms of abuse, is open to significant degrees of interpretation. This interpretation will undoubtedly vary amongst professional who will differ in opinion about whether certain circumstances are neglectful or not. One danger is a practitioner may be so concerned of being accused of trying to impose their own values on others, or measuring others against their own standards, that they fail to act when they should. Practitioners should always guard against this.

Giving a description of what causes concern and separating fact from fiction is necessary and will help to alleviate any issues to do with different interpretations or values.

5.4 Culture and Religion

Children from all cultures are subject to abuse and neglect. In order to make sensitive and informed judgements about a child's needs, and parents' capacity to respond to their child's needs, it is important that professionals are aware of differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups. At the same time professionals must be clear that child abuse cannot be condoned for cultural or religious reasons. Anxiety about being accused of racist practice must not prevent the necessary action being taken to safeguard and promote a child's welfare.

5.5 The Need to Share Information

Different organisations will hold different information that when brought together will enable professionals to consider concerns of neglect more fully in terms of significant harm. It is imperative that all agencies and professionals ensure a solid commitment to the process of information sharing, recognising that this will be paramount to the effectiveness of protecting children and assessing and providing for need.

5.6 The Need to Maintain a Focus on the Child

Professionals working with children and families may spend a large amount of their time interacting with adults in order to effect a positive change in parenting capacity. This is necessary and reflects good practice when intervening with families.

However, contact with parents or carers must not be at the expense of losing focus on why the professional is actually there – the child. Neglectful parents are often emotionally and materially deprived and they may attempt to use professionals to meet their own needs. In such circumstances it can be easy to lose focus on the child. Supervision, consultation and maintaining multiagency networks are all essential to maintaining a child focused perspective. Workers need to be creative in gathering the information and may wish to consider using or adapting the following framework to ascertain 'A Day in the Life Of'

It is only when professionals can see what life is actually like for the child that they can effectively understand and plan for the needs of the child.

5.7 Common Assessment Framework (CAF)

Common Assessment Framework (CAF) supports agencies working together with children, young people and their families. The CAF process should improve the way that these different people and agencies communicate, share information and work together, to make sure the needs of all children and young people are met. Sharing information is vital for early intervention and prevention.

The CAF process may be used when possible indicators of neglect are emerging e.g. school attendance, lateness at school. However in circumstances when you feel a child or young person is at risk of significant harm, then the multiagency child protection procedures must be instigated www.bedfordshirelscb.org.uk

The CAF process may also be initiated as a 'step down' from specialist services. The 'Team Around the Child' may be responsible for ensuring the needs of the young person are still being met, although they no longer meet the threshold of a specialist service, and example of this in relation to this could be once a child has been removed from a protection plan.

6. Managing Neglect Cases

Ensure that the drift of cases is avoided. Do parents/carer's understand the professional concerns and agree with the plan? Is the parent/carer able to make the necessary changes i.e. do they have influence/authority/resources within the home to do so? What is the plan? Are all the professionals involved aware of the plan and of their role? Is it realistic?

Avoid 'start again syndrome' where each new episode of neglect is dealt with as a new incident rather than building up a picture of ongoing neglect over time. Producing and maintaining a chronology of actions and outcomes will indicate the level of compliance over time. Regularly discuss cases in supervision and prioritise these effectively. Consider what has worked before and when a different approach might be needed.

Maintain your multi-agency links, communication and consistency of approach.

Liaise widely: share/gather information from those involved in the child and family, such as children's therapists, health visitors and school nurse as well as youth workers, children's social care, police and education.

Be clear about the threshold at which more stringent action may be required to safeguard and promote the welfare of the child.

When developing plans and written agreements, be explicit about what action is required of the parents. The parent's capacity to change **and maintain** that change is a critical factor. This is especially so in cases of serious neglect.

Develop 'contingency plans' that should be implemented as soon as it is clear that parental capacity is not improving.

Avoid the 'rule of over optimism' when small changes and improvements mask the greater number of risks unchanged.

Be aware of 'false engagement' and 'feigned compliance'. True engagement by parents shows by changes in their behaviour, measurable improvements in the situation for the child and visible improvements in the child's health, educational achievement and general well-being.

Remember, always think about what this means for the child.

What difference is this making for the child or young person's life and home?

7. Planning Meetings/Strategy Meetings

The nature of neglect highlights the importance of obtaining a holistic view of the child's health and development, the care provided for the child and the family circumstances. Neglect is often characterised by many 'minor' incidents repeating over time. It is essential that information from agency records and chronologies is brought together to try and ensure these incidents are known to all involved and to inform the planning process. It is always best policy for involved practitioners to meet to share information and to plan on a multiagency basis. This means that where child protection procedures are applied, there should always be a Strategy Meeting of all involved professionals, as opposed to a telephone Strategy Discussion.

7.1 Undertaking Enquiries about Neglect

When undertaking enquiries about neglect it is important that all relevant factors associated with the family and home conditions and with the child should be covered. Children are a key source of information about their experiences. It is important that even initial discussions with children are conducted in a way that minimises any distress caused to them and maximises the likelihood that they will provide accurate and complete information. Wherever possible, children should be seen separately and factors such as their level of understanding and any special needs should be taken into account.

All children of the household should be seen and, if of age, spoken with. It should be remembered that with neglect it is less likely that questions can be asked about a specific incident (i.e. who did what, when, where and how?).

When speaking with a child, professionals should try and establish facts about their experiences in the family in the first instance. This may lead to specific events that can be explored further. It is important to listen carefully to what the child is saying.

The child should always be interviewed in their first language. Observations about the child's physical and emotional presentation should be noted. Specialist advice should be sought if the child has communication difficulties or disabilities or other factors that may affect the interview with the child as use of signers or advocates maybe required.

Parents and other family members should be encouraged to participate fully. Every effort should be made to engage family members in a way that promotes genuine involvement.

It may be beneficial to construct an ecomap to help determine who is involved in the child's life. Genograms also provide a useful structure to analyse a family's relationships.

7.2. Criminal Neglect

Section 1 of the Children and Young Persons Act 1993 outlines the offence of 'cruelty to persons under sixteen', which incorporates neglect. According to section 1, if anyone who is 16 years or over wilfully assaults, ill treats, neglects, abandons or exposes a child in a manner likely to cause unnecessary suffering or injury to health they will be guilty of an offence. Injury to health includes any injury to or loss of sight, hearing, limb or organ of the body and any mental derangement.

The definition of neglect is outlined in section 2(a) of the Act. The offence is committed if a parent, guardian or other person legally liable to maintain a child has failed to provide adequate food, clothing, medical aid or lodging or has failed to take such steps as to procure these items. The neglect must be deemed to be a manner likely to cause injury to the child's mental or physical health.

For an offence under section 1 to be committed, there must be evidence that it was 'wilful'. There is no statutory definition, but the term has been interpreted by the courts. In *R v G* (2004) 1 AC 1034 it was said that wilful misconduct means deliberately doing something that is wrong, knowing it to be wrong or with the reckless indifference as to whether it is wrong or not. Although there is no definable threshold for when a minor neglectful act becomes a criminal offence, each single incident must be examined in the context of other acts or omissions and the possibility of a criminal offence should be considered. There will be occasions when the issue is one of poor parenting and/or the carer's lack of knowledge, rather than a deliberate and wilful act.

Where Police involvement is needed to investigate concerns about neglect of children, the Public Protection Unit of the Police should be contacted on 01234 846960

7.3. Environmental Health

Environmental Health have powers to deal with a range of issues including substandard housing, public health problems and nuisance issues such as filthy and verminous premises, excessive noise, and dangerous electrics in a rented property etc. Staff will assess each case on its merits with due regard to the legislation. In general, formal action can be taken where necessary to investigate and resolve a problem. Where evidence supports the need for such action, legislation usually allows staff to apply for a warrant to gain access to a property if necessary.

Environmental Health professionals visit a wide range of premises in the course of their work. Basic child protection training should be given to all staff making visits to help them identify when a referral should be made to Children's Services Social Care. Each case will have to be assessed on its merits but referrals could be in response to living conditions, housing conditions or to other situations that may arise. For example, seizing noise equipment from a property with children present where a parent is unlikely to be cooperative.

In all cases checks should be undertaken to find out if a child/young person is living at the property. This should include checking council records and speaking to

neighbours etc. Where evidence suggests a child/young person is living at the property all attempts should be made to gain entry to the property. Liaison with Children's Services Social Care at this stage would also be helpful to find out if they are aware of this property/child. It is also likely to be helpful to liaise with the police to try and gain access to the property if necessary. Where access to a property has been denied and evidence suggests there might be a problem, formal procedures should be used to try and get a warrant to enter the premises.

Referrals should be made to Environmental Health at Bedford Borough Council, telephone 01234 267422 or email ehadmin@bedford.gov.uk

7.4. Paediatric Assessment

Paediatric assessments of all children in the household should be undertaken whenever deemed necessary. This will evidence if the concerns relating to physical and/or emotional neglect have had a direct impact upon the children's health and development

http://www.bedford.gov.uk/health_and_social_care/children_young_people/safeguarding_children_board/professionals.aspx

7.5. Written Agreements

Within any case of identified or suspected neglect written agreements between the professional group and parents/carers must be used as a way of setting early benchmarks against which progress or lack of it can be judged. Written agreements must be explicit about what actions are required, by whom and when, in order to ensure the welfare of the child is safeguarded and promoted on an ongoing basis. Where the child is subject to a Child Protection Plan, a written agreement will compliment this and will be a tool to help professionals and parents during the child protection process.

7.6. Ensuring Change within Meaningful Timescales

The impact of neglect varies depending on how long the child has been neglected, the child's age and the extent of the neglectful behaviours. Professionals must be clear that desired changes can be realistically achieved, within a timescale that is meaningful for the child's needs, and can be sustained.

7.7. Risk Analysis

The analysis of the nature and extent of neglect and the likelihood of it continuing are central to any assessment. When assessing risk, in addition to consideration of the factors listed above, there should also be consideration of the following:

- The history of the care given to the children or any previous children
- The history of level of response by the parents to intervention
- The capacity of the parents to attain good enough parenting and to maintain that change
- Events/incidents which have been the catalyst for the concerns
- The present circumstances that may facilitate further events/incidents of this kind
- The circumstances that would reduce the likelihood of these events being repeated
- An evaluation of the risks versus protective factors.

7.8 Risk Factors versus Protective Factors

The factors stated below are not exhaustive and other risk or protective factors may be equally relevant. The areas of risk primarily relate to the adequacy of parental care.

Risk Factors	Protective Factors
Basic need of child are not adequately met	Support network/extended family meets child's needs
	Parents or carer works in partnership to address shortfalls in parenting capacity
Age of the child	Child is of age where risks are reduced.
Substance misuse	Substance misuse is 'controlled'.
	Presence of another 'good enough' carer
Dysfunctional parent child relationship and lack of affection	Good attachment
	Parent child relationship is strong
Lack of attention and stimulation	
Mental health difficulties	Presence of another 'good enough' carer
	Support to minimise
Learning difficulties	Capacity for change
	Presence of another 'good enough' carer
	Support to minimise
Low maternal self esteem	Mother has positive view of self
	Capacity for change
Domestic Violence	Recognition and change in previous violent pattern
Age of parent or carer	Support for parent/carer
	Cooperation with provision of support/services
	Maturity
Negative childhood experiences	Positive childhood or understanding of own history of abuse
History of abusive parenting/negative childhood experiences	Understanding of own history of abuse
	Abuse addressed in treatment
Dangerous/damaging expectations of child	Appropriate awareness of child's needs
Child home alone/inappropriate supervision	Age appropriate activities/responsibilities for child
Failure to seek appropriate medical attention	Evidence of parent engaging positively to meet health needs of child

8. Good Practice Indicators

A shared multiagency perspective of what constitutes neglect is essential. Workers should take the opportunity to understand each other's perspectives and ways of identifying cases of neglect, and resources to address them.

Areas of disagreement should be explored, with a child focused perspective, and consideration given to engaging managers and supervisors in the resolution of difficulties.

- Supervision should proactively consider case planning and review.
- Ongoing management oversight and review of cases of neglect within all agencies is essential.
- Professionals must agree ways of sharing information and communicating with each other whilst in contact with the family. Difficulties in communication must be discussed during supervision and if necessary taken up with line managers within the appropriate agency.
- Professionals must always work in partnership with parents. This does not however exclude them from taking action when necessary. Good quality interagency assessment is the basis of good practice in neglect cases.

Lord Laming's enquiry into the death of Victoria Climbié as a result of neglect identified that all agencies involved with working with children and families have a responsibility to safeguard and promote the welfare of children. This message has also been a cornerstone of Every Child Matters and was embodied in statute in the Children Act 2004, and Working Together 2006, 2010 and 2013. These legal frameworks have expanded the range of agencies with responsibilities towards children and created new frameworks for them to work together.

In 2008 Lord Laming however was again commissioned by the Secretary of State for Children, Schools and Families to undertake a progress review of Every Child Matters following the death of Baby Peter in Haringey. Lord Laming's findings were published in March 2009.

Neglect is a major concern for all agencies. It is therefore imperative that the community and all agencies that provide services to children and families must work effectively together if we are to recognise and reduce the incidents and effects of neglect.

9. ISSUES TO CONSIDER WHEN VISITING HOMES

Before you go

- What is the purpose of your visit? Assessment , monitoring , support
- Who do you want to see?
- Do the family know you are coming?
- Will the children be at home?
- General Issues
- Cleanliness,
- Warmth,
- Smell –urine ,smoke ,rubbish ,mould
- Hygiene – rubbish ,nappies ,pets, pests
- Safety- age appropriate eg matches, socket covers, stair gates.

What is your overall impression of the home .Did you have an opportunity to access all areas, if not why not?

Childs needs

What evidence do you see in relation to the child's care? Are the child's needs being met within this home;

- Food –availability ,storage preparation cooking, eating

- Clothing –size , appropriate to weather ,clean
- Shelter-heating, hot water ,services ,security (of tenure and of property)
- Supervision-age appropriate
- Stimulation –age appropriate

Assessment of the home

You cannot make a thorough assessment by talking to the parent in the lounge.

You are assessing the **child's** home.

Where does the child sleep, play, wash, eat. Where is the baby changed?

Is there space to do homework? Can the child show you their bedroom?

You need to look around the child's home to find out what life is like for them.

Think about the general issues and the child's needs;

Kitchen Food, Laundry,

Bathroom /Toilet Towels, toiletries, toothbrushes and toothpaste

Bedroom Bedding, toys, clothing, storage, space

Living area Tidiness, clutter, rubbish

Garden/Outside Safety /Hazards, Rubbish gates/fences.

Concerns –any indications of substance misuse or domestic violence. Broken windows, doors, furniture, alcohol/ drug debris.

10. Using photographs as evidence

- The use of photography can support assessment processes. Photographs can provide a clear record of the home conditions that are causing concern. Written description of household conditions can give an outline, but more detail is captured in photographs and will allow for further scrutiny and evaluation.
- Photographs can support work with families by helping them to see the conditions from another person's perspective, to motivate them and they act as a useful 'before and after' tool for families to see the progress they have made. Photographs can provide opportunities to set clear objectives with families.
- The objectivity of photographs assists different practitioners to compare conditions without different personal standards which can be found in recording. Their use in supervision can assist the supervisor to understand the conditions that are causing concern. They can also assist in reflection about the situation as the conditions of the house can lead to practitioners feeling overwhelmed, so analysing the risks present in these conditions can be helpful after the visit. There may also be opportunity to identify strengths, such as the presence of cleaning materials or areas which are maintained tidily.
- When there are repeat referrals as conditions improve and deteriorate, photographs can help different workers to gauge whether the conditions are better or worse than at previous referral points.
- Photographs can also assist when seeking input from colleagues in other agencies, such as environmental health/housing. They provide evidence of conditions that may not have been identified by professionals visiting the accommodation or in requests for service.
- Photographs can assist where parents deny the conditions that have caused concern and refute records made by professionals involved.

If you require photographs to be taken of a property as pictorial evidence of the poor conditions in which a child is living, a referral should be made to environmental health or the police. Supervision should be taken at this point from your Safeguarding Lead who will consider consulting Children's Social Care for advice or to make a referral.

It is unlikely that any agencies apart from Police and Environmental health will be able to use photographs in any legal proceedings.

It is expected that environmental health and police will provide copies of photographs to social care and health for their records.

If your agency has a clear expectation that you should take photographs, you should be provided with the appropriate equipment and there should be a detailed protocol in place covering the taking, storage and use of photographs. Photographs should never be taken on mobile phones or other personal equipment.

11. Recording the condition of a property

A framework is available at Appendix 1 which may be used to accurately record the condition of the home in your relevant agency notes. The framework will enable a consistent multi agency approach to recording conditions in the home and avoid the use of subjective blanket terms such as 'grubby', 'good enough' and 'satisfactory'.

Practitioners must continue to use their professional judgement to decide if the child's home conditions are such that a referral to Children's Social Care is needed.

This tool is not intended to be definitive but simply a table laying out the levels of living conditions from 1 to 4 broken down by areas of a property. It is not anticipated that all the factors will be present at any one time. You should be able to repeatedly use this framework to review and record what you see when visiting the child's home, and make a quick comparative assessment. It will be a matter of professional judgement as how this framework is used and the comments box may be used to justify the level given.

This framework may be photocopied and the practitioner may 'tick off' areas relevant to the family they are visiting. It may then be signed and dated and added to the records for future references and comparison. Alternatively, practitioners may simply use it as a reference guide in order to help them more accurately record conditions in their notes. It may be taken to supervision for professionals to reflect on the work in progress with the family.

If you have concerns about the home conditions or progress being made you may decide to make a referral to Children's Social Care.

If the conditions of the home are poor but do not meet the threshold for a referral to Children's Social Care your recording will be vital when assessing whether the conditions are deteriorating over a period of time. The circumstances may then meet the criteria for referral to Children's Social care.

This framework is particularly relevant for those working with families and monitoring properties where it may not currently meet the threshold for a referral but are subject

to regular reviews. The framework will help to clarify when parents are not engaging meaningfully to improve/maintain circumstances for the child/ren.

Appendix 1 - This framework is a recording only tool and you are still required to use your professional judgement as to whether the conditions in which a child is living warrant a referral to Children's Social Care.

Kitchen	Observations, what did you see, smell?
Cooker	
Floor	
Sink	
Tea cloths	
Work surface	
Fridge	
Freezer	
Bins	
Animal food + litter	
Doorway	
Safety issues – electric, knives, bleach	
Washing machine – laundry/where is it?	
Cupboards	
Adequate utensils	
Smell	
Pests	
Alcohol	

Living Area	Observations, what did you see, smell?
Flooring -	
Heating	
Untidiness	
Curtains	
Décor	
Nicotine	
Paintwork	
Doors	
Lampshades	
Clock	
Toys	
Stairs	
Hall	
Bannisters	

Bedrooms	
Beds – does each child have a bed? What is the state of the mattress	
Bedding – pillows/duvet, are there enough for each child, are they clean?	
Flooring – what is on the floor? what is	
Cupboard – hangers/wardrobe	
Personal items	
Curtains	
Chest of drawers	
Clothing – how much/do they fit	

Lighting – is there a bulb? Does the light work?	
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Bathroom	Observations
Bath	
Toilet + seat	
Sink	
Loo paper	
Floor	
Deodorant	
Toothbrush and paste	
Flannel and towels	
Soap	

Equipment/Garden	
Rubbish	
Old Utensils	
Pests	
Rubble	
Broken Fences	
Pets	
Ponds	
Gates	

Animals if Present	
Are animals are well cared for and do not present a danger to children or adults?	
Are children are encouraged to behave properly towards animals?	
Is there a presence of faeces or urine from animals and animals are not well trained?	

Appendix 2 - Howe (2005) identifies 4 types of neglect Forms of Neglect

Form of Neglect	Summary	Children	Parents	Case Management
Emotional	<p>Family may be materially advantaged and physical needs may be met but no emotional connection made</p> <p>Children have more rules to respond to and know their role within the family</p> <p>Sins of commission and omission</p> <p>'Closure' and 'flight': avoid contact, ignore advice, miss appointments, deride professionals, children unavailable</p> <p>However, may seek help with a child who needs to be 'cured'</p> <p>Intervention often delayed</p> <p>Associated with avoidant/defended patterns of attachment</p>	<p>Children learn to block expression/or awareness of feelings</p> <p>They often do well at school and can appear overly resilient/competent mature</p> <p>Frightened, unhappy, anxious, low self-esteem</p> <p>Withdrawn, isolated, fear intimacy and dependence</p> <p>Precocious, 'streetwise', self-reliant</p> <p>May show compliance to dominant caregivers but anger and aggression in situations where they feel more dominant.</p> <p>May learn that power and aggression are how relationships work and you get your needs met</p> <p>Behaviour increasingly anti-social and oppositional</p> <p>Brain development affected: difficulties in processing and regulating emotional arousal</p> <p>They take on the role of care giver to the parent which permits some closeness that is safer for the parent</p> <p>Children may appear falsely bright, self-reliant, but have poor social relationships due to isolation</p> <p>Learns that caregiver's physical and emotional availability is reduced when emotional demands are made;</p> <p>Caregiver most available when child is showing positive affect, being self-sufficient, undemanding and compliant;</p> <p>Reverse roles, "false brightness" to care for/ reassure parent.</p>	<p>Parent may have inappropriate expectations in relation to the child's age/development</p> <p>Parents have closed down awareness of children's needs</p> <p>Parents may go through the basic functions of caring, but lack responsiveness to child's signals and may feel awkward or tense when alone with their children</p> <p>Can't cope with children's demands: avoid/disengage from child in need; dismissive or punitive response</p> <p>Children provided for materially but there is a failure to connect emotionally</p> <p>More rules; everyone has a role and knows what to do.</p>	<p>As families may appear successful, there is less likely to be professional involvement</p> <p>Parent will feel threatened by any proposed intervention</p> <p>Help parents to access other sources of support to reduce isolation</p> <p>Parents need to learn how to express feelings/emotionally engage with the child</p> <p>Fear of affect – need clear rules & roles</p> <p>Must be highly structured as neither parent or child know how to interact normally & spontaneously.</p> <p>Children will benefit from socially inclusive opportunities</p> <p>Child needs support from non-abusing family member</p>

<p>Disorganised</p>	<p>Classic 'problem families' Generational abuse</p> <p>Families constantly recreate crisis, because feelings dominate behaviour Thick case files Can annoy and frustrate but endear and amuse Chaos and disruption Reasoning minimised, affect is dominant Feelings drive behaviour and social interaction Worker may feel agenda co-opted by family's immediate needs 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</p>	<p>Children become anxious and demanding Infants: fractious, fretful, clinging, hard to soothe Young children: attention seeking; exaggerated affect; poor confidence and concentration; jealous; show off; go to far Teens: immature, impulsive; need to be noticed leads to trouble at school and in community</p>	<p>Feelings of being undervalued or emotionally deprived in childhood so need to be centre of attention/affection. Neglectful parents feel angry and helpless: reject the child; to grandparents, care or gangs</p> <p>Parent appears to need/want help and professionals are welcomed, but efforts by professionals are sabotaged</p> <p>May be regarded as overwhelmed but amenable to services Crisis is a necessary not a contingent state Associated with ambivalent/coercive patterns of attachment Feelings of being undervalued or emotionally deprived in childhood so need to be centre of attention/affection Demanding and dependant with respect</p>	<p>Logic would argue for warding off crises for a while so that families can be taught to organise their lives, but... Family may want to have needs met, but cannot delay gratification or trust logic and planning; Without intense demands associated with crises, have no way of being important to others; Will CREATE new crises. Parents feel threatened by attempts to put structures and boundaries into family life These families respond least to attempts by professionals to create order and safety in the family 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 Teach parents how to use cognitive information to regulate feelings (without denying them) Gradually introduce alternative strategies to build coping skills - There are rewards for clear, direct, and undistorted communication of feelings and accurate cognitive information about future outcomes</p>
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			to professionals May be regarded as overwhelmed but amenable to services Crisis is a necessary not a contingent state Associated with ambivalent/coercive patterns of attachment.	– Family can learn the value of compromise Support will be long term Professional can become easily absorbed into the family, resulting over-optimism and feeling positive about minimal change when in fact the needs of the child remain unchanged.
Depressed/ Passive	Classic neglect Material and emotional poverty Homes and children dirty and smelly Urine soaked mattresses, dog faeces, filthy plates, rags at the windows A sense of hopelessness and despair (can be reflected in workers)	Child is likely either to give up through lack of response and become withdrawn/sullen, or behaviour may become extreme Children benefit from access to outside stimulation e.g. day care <ul style="list-style-type: none"> • Younger the child, more debilitating the effects • Lack interaction with parents required for mental and emotional development • Infant: Incurious and unresponsive; moan and whimper but don't cry or laugh At school: isolated, aimless, lacking in concentration, drive, confidence and self-esteem but do not show anti-social behaviour <ul style="list-style-type: none"> • Must experience responsive and stimulating environments that also provide human comfort for a few hours each day. • The longer the child is exposed to helplessness, the more intense and longer the intervention needed to remedy the situation. 	Often severely abused/neglected: own parents depressed or sexually or physically abusive Parents may love their children but have closed down awareness of children's needs or believe anything will change Parent is passive and helpless Uninterested in professional support and unmotivated to change Parental presentation is generally dull/withdrawn Parents may go through the basic functions of caring, but lack responsiveness to	Parents unlikely to respond to strategies which use a threatening approach that requires parents to learn new skills Medication may be helpful but beware side effects Emphasise strengths Parental education needs to be incremental and skills practised and reinforced over time Support likely to be long term Often linked to substance misuse or mental health problem. Professionals need to be realistic about the level of change. Easy for practitioners to get caught up in a parallel process the sense of "hopelessness" Dementors Involves much more than teaching appropriate parenting All family members must learn that their behaviour has predictable and meaningful consequences Teach that it helps to share

			<p>child's signals</p> <p>May seem unmotivated, appear to have mild learning disability</p> <p>Learned helplessness in response to demands of family life;</p> <p>Stubborn negativism; passive-aggressive</p> <p>Have given up both thinking and feeling</p> <p>Listless and unresponsive to children's needs and demands, limited interaction</p> <p>Lack of pleasure or anger in dealings with children and professionals</p> <p>No smacks, no shouting, no deliberate harm but no hugs, no warmth, no emotional involvement</p> <p>No structure; poor supervision, care and food</p>	<p>feelings with empathetic others</p> <p>Our standard approaches don't work</p> <p>Threats / punitive approaches particularly ineffective:</p> <ul style="list-style-type: none"> - Parents don't believe they can change so don't even try. - Even most reasonable pressure results in "shutting down" / blocking out all info. <p>Parent education – may be ineffective because judgment impaired and gains not transferable.</p> <p>Long term involvement</p> <p>Supportive approach</p> <p>Must learn appropriate ways to show their feelings</p> <ul style="list-style-type: none"> • Practice smiling, laughing, soothing • May be mechanical at first • Genuine feelings will emerge with repetition • As parents learn to show their feelings, the child's responsiveness will increase; virtuous spiral <p>Responsiveness to family's signals and needs</p> <p>BUT these need to be balanced with a recognition of the children's needs. (How long is too long? How much is too much?)</p>
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<p>Severe Deprivation</p>	<p>Eastern European orphanages, parents with serious issues of depression, learning disabilities, drug addiction, care system at its worst Children left in cot or 'serial caregiving' Combination of severe neglect and absence of selective attachment: child is essentially alone</p>	<p>Infants: lack pre-attachment behaviours of smiling, crying, eye contact Children: impulsivity, hyperactivity, attention deficits, cognitive impairment and developmental delay, aggressive and coercive behaviour, eating problems, poor relationships Inhibited: withdrawn passive, rarely smile, autistic-type behaviour and self-soothing Disinhibited: attention-seeking, clingy, over-friendly; relationships shallow, lack reciprocity</p>		<p>Highly unlikely to be in the child's best interests to remain in the environment which caused the harm; It is probable that the child and new carers will require substantial therapeutic and emotional support; Significant challenges often persist despite a move to a caring and predictable environment.</p>
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Howe, D (2005) *Child Abuse and Neglect*, Basingstoke: Palgrave Macmillan)

Appendix 3: Good Practice Tool for talking to a child/young person

Question	Factors to Consider
Do you get yourself up in the morning?	<ul style="list-style-type: none"> • Is the child/young person expected to get themselves up? • Is there a regular routine or does it depend on the motivation of the parent/carer? • Does the child/young person have to take responsibility for parents/carers and /or siblings in the morning? • Is an alarm clock /mobile phone used to make sure child/young person is up in time for school etc?
Do you have anything to eat?	<ul style="list-style-type: none"> • Is there usually food in the house? • What is available to the child/young person? • Does an adult/sibling or child/young person themselves take responsibility for preparing breakfast? • Is the child/young person given money to buy something on way to school? • If so, what do they tend to buy?
What happens about getting dressed?	<ul style="list-style-type: none"> • Are clothes readily available, clean and in a good state of repair? • Does the child/young person have to find their own clothes? • Do they have their own clothing? • What happens about washing, etc? • Does the child/young person wash and brush their teeth in the morning? Is this appropriately supervised? • Are there facilities available, e.g. tooth brush?
What happens if you are going to school?	<ul style="list-style-type: none"> • How does the child/young person get to school? • Who is responsible for getting the child/young person to school? • Is the child/young person responsible for other children?
What happens at school?	<ul style="list-style-type: none"> • What is the nature of the child/young person's relationships with their peers, teachers and support staff? • What do they enjoy at school? • What do they find difficult? • What makes them happy and sad at school? • Do they have friends? • Are they bullied? • What do they do at playtime?

<p>What happens if it's the weekend or school holidays?</p>	<ul style="list-style-type: none"> • Is the child/young person expected to look after other children and/or the parent/carer? • Are they expected to do errands, etc. for the parent/carer? • How do they spend their time? • Do they have any friends? • Are they left unsupervised or allowed to undertake inappropriate activities? • What happens about food? (Consider areas below)
<p>What happens after school?</p>	<ul style="list-style-type: none"> • Are they collected from school and, if so, on time? • Do they stay for after school activities? • Are they responsible for other children? • Do they have friends that they see? • What is the journey home from school like? (Consider opportunities for bullying etc) • Is there anyone at home when they arrive back? • What happens when they get home? • Do they have any caring responsibilities? • Is food available when the child/young person gets home from school?
<p>What happened in the evening?</p>	<ul style="list-style-type: none"> • Is there food available? • What kind of food does the child/young person eat in the evening? • What does the child/young person enjoy eating best? How often do they have this? • Does anyone prepare an evening meal? If so does the family eat together? • If not, does the child/young person get their own food and/or get food for others? • When does the child/young person usually have their last meal/snack? • What happens if the child/young person says they are hungry? • Does the child/young person spend their time watching TV? Do they go out where and with whom? • Does the child/young person enjoy games and toys; which ones? Do they have toys? • What do the parents/carers do in the evening? What does the child/young person think about their activities? • Does anyone talk to the child/young person or give them any attention? • Is the child/young person left alone or expected to supervise other children in the evenings?

What happens at bed time?	<ul style="list-style-type: none">• Does the child/young person have a bedtime?• Who decides when the child/young person goes to bed?• Where does the child/young person sleep?• Do they change their clothes before bed?• Do they have a wash and brush their teeth?• Does the child/young person get disturbed? E.g. parents/carers making a noise, child sleeping on settee.• Is the child/young person left alone at night and/or expected to look after other children?
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