Practice guidance: preventing and safeguarding children from neglect
## Contents

Introduction ........................................................................................................................................... 2

What children say about the experience of neglect ........................................................................... 3

Recognition and response ...................................................................................................................... 4

Common pitfalls in working with neglect and how to avoid them ..................................................... 8

Supporting best practice ...................................................................................................................... 10

Practice guidance resources for practitioners with different roles and in different settings .......... 10
Preventing and safeguarding children from neglect

Introduction

a. Neglect is the most prevalent child maltreatment issue in Royal Greenwich. Tackling neglect is a key Greenwich Safeguarding Children Board priority. Neglect affects children of all ages. The Greenwich Children and Young People Plan 2014-17 sets our ambition to break the cycle of multi-generational neglect. Neglect affects children of all ages. Neglect can involve a single catastrophic event or more commonly is the persistent failure to meet children’s needs that accumulates undermining the child’s resilience, leading to avoidable health and developmental problems, distress and unhappiness for the child, harm and poorer life chances.

b. The local multi-agency Neglect Strategy sets out our shared definition of neglect, our ambitions, key principles that will inform how we work together and evaluate the quality of practice and its impact, and the objectives we have set ourselves. There is an annual action plan setting out what we will do to achieve our ambitions.

c. Neglect is directly linked to the parent or carer’s capacity to recognise and respond to the child’s needs whatever their age. Children living in households where there is domestic violence and abuse, parental substance misuse and parental mental ill health are much more likely to experience both a catastrophic single event and persistent neglect throughout their childhood. There is GSCB Practice guidance for working with children living in families affected by domestic violence, parental mental ill health and substance misuse. Neglect is also associated with parents who have physical health and capacity issues or learning disabilities.

d. The purpose of this practice guidance is to support effective multi-agency practice to prevent children from experiencing persistent neglect that is or is likely to seriously impair the child’s health or development and, to effectively protect children who are at risk of significant harm because of persistent neglect.
What children say about the experience of neglect…

Action for Children spoke to over 4,600 children and young people across the UK to get their thoughts on what neglect is and what needs to be done about it. Here’s what they said:

Sometimes no-one believes you or no-one comes to your house to see what’s going on so no-one might know or can tell from the outside.

If you see an unhappy kid you need to ask them what is wrong…..

Some children don’t know they are being neglected and not ever getting a hug is being neglected. If you’ve never had one, you just don’t know.

It can be a big burden for a child to ask for help.

I used to talk to my dog and it really helped me.
Recognition and response

Neglect is the persistent failure to meet the needs that every child has the right to have met. There is a GSCB Fact Sheet about Neglect. The assessment framework summarises these needs relating to:

- Health
- Education
- Emotional & behavioural development
- Identity
- Family and social relationships
- Social presentation and self-care skills

Neglect arises from parental incapacity in relation to providing:

- Basic care
- Ensuring safety
- Emotional warmth
- Stimulation
- Guidance and boundaries
- Stability

Each child is unique and their needs have to be understood in the context not only of their own age, disability and health but the wider context in which they live. There are different approaches and views on what is ‘the norm’ and acceptable reasonable parenting both through time and within different communities. There are different ways of parenting children.

Cultural and religious beliefs are significant in forming beliefs about how children should be parented. The child’s gender, disability or age can be significant in terms of the parent’s beliefs about their child’s needs. Parenting behaviour reflects the values of the parent or care giver.

It is important that practitioners understand the parents’ beliefs and attitudes towards disability or developmental difference (such as autism) or particular health problems (including mental ill health) which can negatively impact on how they meet their child’s additional or different needs.

There are resources to provide practical help and advice in relation to income maintenance, housing, food and goods. Information about advice and benefits can be accessed at the Royal Borough website: http://www.royalgreenwich.gov.uk/info/100001/advice_and_benefits
Good Practice Guidance
Preventing and safeguarding children from neglect

LEARNING POINT - Making value judgements about parenting behaviour

Practitioners can sometimes be wary of making what they feel maybe unjustified value judgments about someone’s parenting behaviour or think that neglectful behaviours are somehow acceptable for children given the social and cultural context of their family, the complexity of the child’s needs or indeed their age. Raising issues about how someone is parenting is often sensitive because the parent can feel their core beliefs are being challenged. Practitioners may worry about ‘harming the relationship’ they have with a parent. **It is important to stay focused on the rights of the child – any child of any age in any circumstances – it is our responsibility to act when a child’s needs are not met or they have unexplained health or developmental issues.**

Neglect can affect all the children in the household, this is particularly true where there is a combination of parental risk factors – domestic violence, parental substance misuse and parental mental ill health. Parents may hold beliefs about what children need and how to meet those needs that lead to neglect or they may hold beliefs about individual children that lead to that child’s needs being neglected. These may include beliefs about disability, differences in development such as autism or specific illnesses especially mental ill health.

LEARNING POINT - The parents’ experience of being parented

Talking to parents in general terms about what they believe children need and how to best meet them according to the child’s age or individual needs is useful. It helps practitioners to understand the part that parental belief systems play in why parents behave as they do. This can be done by talking about topical news, soaps or social media. Exploring a parents own experience of being parented is also a way of understanding how the parent understands the needs of their children and how best to meet them.

Very few parents provide consistent high quality care everyday throughout their child’s entire childhood. Some acts of omission are the consequence of a particular set of events or pressures on the parent at that point in time. Family and environmental factors can impact on the parents’ resources to meet their child’s needs.

The following factors diminish the resilience of parents:

- Parents experienced poor parenting, have no model of reasonable parenting or support from grandparents or their own siblings
- Single parent ‘on their own’ without wider family or friendship support
Good Practice Guidance

Preventing and safeguarding children from neglect

- Poor housing, a lack of basic amenities and poor transport links
- Unemployment in the household and low income

LEARNING POINT - Barriers to developing parenting capacity

A strengths based approach when practitioners raise with parents concerns provides the opportunity to think about what they do well and could do better and talk about any immediate stress or difficult experiences and opens up a dialogue about the child, their needs and how to best meet them. It also enables you to understand what factors are impacting on the parent’s capacity to meet their child’s needs, whether these are short term or indicate more serious concerns about persistent neglect of the child.

Practitioners may find it difficult to understand how serious their concerns are, what to do and who to contact. The practitioner may have only a short limited ‘window’ into the child’s world and the parenting behaviour. The level of risk often relates to the age of the child, whether they are disabled or have a specific developmental difference that places them at greater risk and whether they are likely to suffer avoidable injury or harm. Babies and very young children are at greater risk of illness, physical injury and death, but older children can experience significant harm as a result of neglect.

LEARNING POINT - The importance of chronology

Note your concerns. It is important to look at concerns chronologically and in terms of frequency. Consider the protective factors or strengths and the child’s health and development. How serious is what you have observed or noticed in that context? Understand any child development or health problems – do you know the cause? Don’t let it go. Is the explanation from the parent reasonable and credible? How do you know the child has got a specific health condition causing them to lose weight? Do not rely on what parents tell you when you are concerned about a child’s health or development. Do you know what causes the children’s presentation and behaviour? This may improve when there is another care giver and then relapse back when that person is not there. A new person in the household may be linked to a child becoming neglected. Use the assessment framework (see Early Help practice guidance) as a tool. Discuss your analysis – what you know and what might be happening with your safeguarding lead or supervisor. Another perspective is helpful in evaluating concerns. If a parent tells you a behaviour is a cultural norm check out whether it is – we have a rich and diverse workforce who you can talk to or use a search engine and learn about other cultural practices in bringing up children.
Parents can react to a practitioner in a hostile or avoidant way however sensitively an issue is raised with them. How parents respond to sensitive ‘difficult conversations’ tells you a lot about their motivation and capacity to use parenting and family support help to strengthen their parenting. We know that most parents want to learn and improve the way in which they meet their child’s needs – they want the best for their children.

The refusal or failure to make sure a child accesses health professionals or to provide appropriate health care for a child when this is likely to lead to avoidable illness, suffering and affect the child’s development is a challenging form of neglect. There is specific relevant guidance on working with induced and fabricated illness and parents whose beliefs conflict with medical best practice in treating illness.

Always involve your safeguarding lead where your concerns relate to neglect leading to avoidable suffering or developmental impairment. Parents may not use the equipment or aids that their disabled child needs because their beliefs about disability are affecting their behaviour towards the child. Some parents may perceive having a child with disability, specific developmental conditions such as autism or mental health problems is stigmatizing so don’t seek or engage with the services that their child needs.

LEARNING POINT - Parental avoidance of neglect concerns

Where a parent is hostile or avoidant and you are concerned that the child is likely to be harmed or their development affected if there is not an improvement in the way they are parented, then refer to the threshold guidance on making a referral to children’s social care. If you’re not sure talk to your safeguarding lead or supervisor – you can always talk to a social worker on the MASH consultation line without referring the child. Always follow up if a parent does not engage in the help offered and the concern continues. Remember it is the cumulative effect of neglect that leads to children being harmed and impairment to their development that can affect their whole life.
Good Practice Guidance

Preventing and safeguarding children from neglect

Common pitfalls in working with neglect and how to avoid them

Research indicates that there are some common pitfalls that any practitioner can fall into when they are working with children who are or are likely to be experiencing neglect. These are about cognitive distortion and how practitioners behave. The table below summarises these pitfalls and how they can be mitigated.

<table>
<thead>
<tr>
<th>Pitfall</th>
<th>How to mitigate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believing what you are told by the parent and other adults in the household – not focusing on the child or whether anything has changed for the child</td>
<td>Always ask yourself ‘how do I know what I am being told is true.’ Consider the emotional as well as rational aspect of your interaction with the adult. Are you being persuaded when there is no evidence to support what is being said?</td>
</tr>
<tr>
<td>Disguised compliance – parents apparently do what is expected of them but have not changed how they think, feel and will behave; you think the child is being safeguarded and they receive reasonable parenting when they’re not.</td>
<td>Parents may carry out the actions expected of them such as attending appointments with professionals and that they are working with you but their thinking and behaviour is not changing. There is guidance on mitigating this common pitfall. Click here to access.</td>
</tr>
<tr>
<td>Focusing on individual incidents not on what the child is saying or showing; not thinking about the long term patterns of parenting behaviour, the family history and track record of earlier efforts providing help and intervention.</td>
<td>Use a chronology of events and how they affected the child so you see the pattern of incidents over time. Think about the pattern of the parenting behaviour – has anything changed for the better through time? Has change been sustained? Are younger children having the same adverse experiences as their older siblings?</td>
</tr>
<tr>
<td>Rule of optimism – thinking things will change because of the work you and / or others) are doing with the parents. Thinking you can make the difference where others have failed.</td>
<td>Am I overly optimistic about the changes/progress made by the family? What is the evidence that things have improved? Is there evidence that things can improve? Am I open to being deceived, seduced, intimidated or threatened? Think the unthinkable, believe and act upon evidence in front of you and from what you know from other people. Make use of supervision or your safeguarding lead to reflect on the evidence and assumptions supporting your views of the case.</td>
</tr>
<tr>
<td>‘Neglect fatigue’ - desensitisation to what it is like to be a child living with neglect.</td>
<td>Professionals can become acclimatised to poor parenting and poor conditions in the home. Practitioners can also make judgements that neglect is somehow acceptable or the norm for children living ‘in that area’ or ‘with the kinds of problems families like that have.’ It can be useful to remind yourself what good</td>
</tr>
<tr>
<td>Good Practice Guidance</td>
<td>Preventing and safeguarding children from neglect</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>parenting looks like or ask yourself ‘good enough for my child?’</strong> to combat this thinking. Having ‘a fresh pair of eyes’ when you visit a child can be helpful. Think about the child’s experience and routine from the moment they wake up to when they go sleep. Mentalise what is like to be that child – ‘put yourself in the child’s shoes.’ Use supervision, discussion with other practitioners and discussions with safeguarding leads.</td>
<td></td>
</tr>
<tr>
<td><strong>Over reliance on a ‘snap shot’ view that a child is ‘OK.’</strong></td>
<td>The level of risk to children is dynamic so it is important that practitioners have opportunities to reflect on their analysis of what the child needs, parenting capacity, protective and risk factors around the child. The agency safeguarding leads provide a valuable source of advice and guidance. Supervision or opportunities to discuss individual cases with experienced colleagues is also important in correcting bias and testing the practitioner’s analysis of the situation.</td>
</tr>
<tr>
<td><strong>Ignoring events or information that does not fit with the hypothesis or explanation of what is happening to and around the child</strong></td>
<td>Don’t rely on one hypothesis about what is happening in terms of the child’s welfare and parenting. The unlikely and improbable does happen. Consider the range of possible reasons for what is happening to the child, test them against the evidence. Pull together information and views from other people who know the child and family.</td>
</tr>
<tr>
<td><strong>Bias – people from any background abuse and neglect children as a consequence of ‘the toxic trio’ of factors</strong></td>
<td>Be aware of your own values, how your experiences have shaped your thinking and own parenting behaviour, your views about people with different backgrounds to your own. Stay focused on this individual child and their circumstances. Avoid generalization, challenge yourself and allow yourself to be challenged by others. Use supervision and case discussion with your safeguarding lead.</td>
</tr>
</tbody>
</table>
Supporting best practice

Practitioners need to have good support from their organisation or professional colleagues. Neglect can only be identified and worked with when practitioners work together. This involves information sharing, developing a shared analysis of the problem, what needs to change and how parents can be enabled to change how they think, feel and behave so they can provide safe reasonable parenting.

Leaders have a key role in promoting an organisational culture that encourages a child centred outcome focused approach, that sees curiosity and challenge as valuable, that embraces the use of evidence and research about what works in testing capacity for parental change, what interventions are most likely to achieve a change in parenting behaviour and the child’s circumstances.

Every organisation has a chain of accountabilities and assurance in terms of practice, supervision and professional support and expectations about how practitioners continually learn and improve what they do.

The Greenwich Safeguarding Children Board supplements the continuing professional development activity of individual agencies and professionals.

Practice guidance resources for practitioners with different roles and in different settings

There is a good range of on-line practice guidance resources for practitioners with different roles working in different settings.

Child development frontline briefing
https://www.rip.org.uk/resources/publications/frontline-resources/child-development-frontline-briefing-2010

The NSPCC website has guidance for parents, carers and professionals:

Neglect Matters A multi-agency guide for professionals working together on behalf of teenagers:

Neglect Matters guidance for children:
www.eani.org.uk/_resources/assets/attachment/full/0/41713.pdf

This guidance signposts ChildLine as a confidential space for children to talk:
Briefing is for frontline practitioners and covers key aspects of child development, focusing on a child’s first eleven years.

Understanding and working with neglect.

Child neglect and its relationship to sexual harm and abuse: responding effectively to children’s needs (Research in Practice)

Emotional abuse and neglect: Identifying and responding in practice with families (Research in Practice)

### Practitioners & settings

<table>
<thead>
<tr>
<th>Practitioners &amp; Settings</th>
<th>Description</th>
</tr>
</thead>
</table>

NICE are working on specific guidance about neglect, the current guidance on child maltreatment covers neglect:  [https://www.nice.org.uk/guidance/CG89/chapter/1-Guidance#neglect-failure-of-provision-and-failure-of-supervision](https://www.nice.org.uk/guidance/CG89/chapter/1-Guidance#neglect-failure-of-provision-and-failure-of-supervision) |
| **Early years practitioners in nursery, children’s centre and school settings and child minders** | Ages and Stages Questionnaire: ASQ – 3  


## Social Workers and practitioners working with children in families to address neglect

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are a range of assessment and direct work tools you can use –</td>
<td>think about whether the tool is child centred and best fits the situation you are concerned about. These include Parenting Hassles Scale, Home conditions Scale, Strengths and Difficulties Questionnaire and Graded care profile - neglect <a href="http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4008144">http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4008144</a></td>
</tr>
</tbody>
</table>

## Practitioners working as part of a core group where a child has a child protection plan.

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action on Neglect – a resource pack</td>
<td><a href="https://www.actionforchildren.org.uk/media/3225/action_on_neglect_resource_pack_v5.pdf">https://www.actionforchildren.org.uk/media/3225/action_on_neglect_resource_pack_v5.pdf</a></td>
</tr>
<tr>
<td>Missed opportunities: indicators of neglect – what is ignored, why,</td>
<td>and what can be done? DfE Research report November 2014</td>
</tr>
</tbody>
</table>