

Neglect



GREENWICH
**Safeguarding
Children**
PARTNERSHIP

What is neglect?

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (*Working Together 2018*)



Neglect is a difficult and complex area for child care professionals to understand and address. Chronic neglect can be seriously damaging for children who are living the experience. Neglect can be life threatening and needs to be treated with as much urgency as other categories of maltreatment.

This issue features in 60% of Serious Case Reviews.

Children who are more vulnerable to neglect (Source: NSPCC):

Newborn babies, premature babies and babies with ongoing health needs are particularly vulnerable. Neonatal professionals have a key role in identifying neglect.

Disabled children are more vulnerable to neglect than their non-disabled peers. Professionals sometimes have difficulty identifying neglect for a disabled child further increasing the risks to a disabled child. NSPCC safeguarding/ deaf and disabled children source:

<https://learning.nspcc.org.uk/safeguarding-child-protection/ddeaf-and-disabled-children/>

“The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.” Working Together 2018

Teenagers' needs can be missed especially where there are younger siblings. Professionals should understand the impact of longterm neglect on a teenager's emotional wellbeing and consider the risk of self-harm or suicide. Tooth decay may indicate neglect. Dental services should consider initiating further enquiries or making a safeguarding referral.

Key questions when dealing with neglect

1. Persistence and change: Is the level of neglect persistent over time and resistant to change, despite intervention and support? Does it persist over family generations? Do parents want to change? What is their level of ability to change?

2. Areas of the child's developmental needs affected: Are there aspects of neglectful care-giving?

- Physical care: Are carers providing appropriate clothing, food, cleanliness and living conditions?
- Emotional relationships, love, and the attitudes of the parents to the child. Is the carer responsive to a child's basic emotional needs, including interacting with the child and providing affection? Are they failing to develop a child's self-esteem and sense of identity? When lacking, this is likely to result in poor brain development, sense of inferiority, and low achievement.
- Health and medical needs. Do carers minimise or deny child's illness or health needs? Do they fail to seek appropriate medical attention or administer medication and treatments?
- Supervision, guidance and safety. Is the child left to cope alone? Are they left with inappropriate carers? Do carers fail to provide appropriate boundaries about behaviours' such as under-age sex or alcohol use?
- Stimulation and education: Do carers provide a stimulating environment and

show an interest in the child's education at school, support their learning, or respond to any special needs? Do they comply with state requirements regarding school attendance.

3. Impact of neglect on child and their lived experience: What is the child's point of view, their voice? From the evidence before the professional, what can be predicted for the child's future? Is the neglectful care enabling other kinds of abuse?

4. Causal Factors: Neglect is most likely to result from a complex interplay of factors affecting the parents. Was there maltreatment when parents were children? Learning difficulties/disabilities, domestic abuse, substance or alcohol misuses? Poor mental health, social isolation, poverty?

5. Acts of Omission or Commission: Do the parents accept that there is a problem? Do they blame others or hold the child responsible?

6. Parents of disabled children: Do the parents understand the additional needs of the disabled child? Are they accessing the appropriate support for the child to meet their additional needs? If not, is that reasonable and what is the impact of this on the child? There is a risk of professionals being reluctant to challenge the parents of a disabled child and becoming parent focused in the assessments/ interventions

“Professionals were tolerant of dangerous conditions and poor care and some children's demeanour and behaviour were optimistically interpreted as 'happy and playful', when they were living in an unsafe environment and had signs of poor developmental progress.”

Neglect and Serious Case Reviews – University of East Anglia & NSPCC

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