

# **CWM TAF SAFEGUARDING CHILDREN BOARD**

## **Child Neglect Practice Guidance & Protocol**

*To be used in conjunction with Cwm Taf SCB Assessment Tool for Neglect*

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***Child Neglect  
Practice Guidance & Protocol***

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# **Child Neglect** Guidance & Protocol

## **1. Introduction**

- 1.1 This Cwm Taf Safeguarding Children Board (CTSCB) guidance and protocol is for use by all those who work with children and families in all agencies and settings. It draws on national and local research into child neglect.
- 1.2 Its aim is to establish across Cwm Taf a common understanding and a common threshold for intervention in situations where neglect of children is a concern. It also aims to assist practitioners form judgements about their intervention. It should be used in conjunction with CTSCB's Assessment Tool for Neglect (ATN).
- 1.3 The guidance is intended to complement the \*Framework for the Assessment of Children and their Families, often known as the "Assessment Framework" rather than replace it. (\*National Assembly for Wales 2000)
- 1.4 It aims to highlight some of the difficulties experienced when working to combat neglect. No guidance can, however, provide answers in all circumstances or difficulties, the purpose of this guidance is to support the use of professional judgement at all stages of intervention with families.
- 1.5 The ATN is adapted from the Graded Care Profile designed by Dr Leon Polnay and Dr O P Srivastava, Bedfordshire and Luton Community NHS Trust and Luton Borough Council.
- 1.6 **National research indicates that while the numbers of physical, sexual abuse cases on the Child Protection Register continue to fall registrations for neglect have steadily risen throughout the last decade.** These neglected children remain on the register longer and are more likely to experience re-registration than children in other categories. In recent years registrations in the category of emotional abuse have also risen across Cwm Taf most often linked to domestic abuse.

## **2. Definitions**

- 2.1 "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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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The 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 depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing".

**\*\*"Safeguarding Children: Working Together Under the Children Act 2004" (Welsh Assembly Government, 2006, p.139, s.6.14).**

This definition stresses the importance of the child's need for psychological and emotional care as well as physical care.

- 2.2. Child neglect is rarely and intentional act however there are occasions when neglect is perpetrated consciously as an abusive act by neglectful carers. More often neglect is defined as an **omission of care** by the child's carers, when for many different reasons parents are unable to consistently meet the needs of their child or children.

### **2.3. Definitions of neglect as identified in \* Horwarth. J 2007**

**Medical neglect** is where carers minimise or deny a child's illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of healthcare including dental, optical, speech and language therapy, and physiotherapy

**Nutritional neglect** is usually associated with inadequate food for normal growth leading to "failure to thrive". Increasingly another form of nutritional neglect from an unhealthy diet and lack of exercise can lead to obesity, which increases the risks to health in adulthood.

**Emotional neglect** can be defined as the "hostile or indifferent parental behaviour which damages a child's self-esteem, degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development". It is the non-deliberate consequence of a carer's neglectful behaviour (Iwaniec 1995)

**Educational neglect** includes carers failing to comply with state requirements, but also include the broader aspects of education such as providing a stimulating environment; showing an interest in the child's

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education and supporting their learning including that any special educational needs are met.

**Physical neglect** refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from his peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, and exposed electric wires and sockets.

**Failure to Provide Supervision & Guidance** refers to the carer failing to provide the level of guidance and supervision to ensure that the child is physically safe and protected from harm.

- 2.4 Managing neglect is complex and multi-faceted and cannot be easily defined.

### ***Neglect differs from other forms of abuse because it is:***

- frequently passive
- the intent to harm is not always present
- it is more likely to be a chronic condition rather than crisis led and therefore impacts on how agencies respond
- overlaps often with other forms of maltreatment
- is often a revolving door syndrome where families require long term support
- lacks clarification between professionals on the agreed threshold for intervention

Therefore the way in which neglect is defined can determine the response.

## **3. Professional Values**

- 3.1 Professional values can inhibit the ability to recognise neglect and intervene appropriately due to:

- a belief that children do not die of neglect
- fear of imposing values on families living in poor conditions
- a belief that poverty causes neglect, therefore resources and support services are the answer.

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- 3.2 Research indicates that these professional values and assumptions can lead to “professional inertia” because families are viewed as “needy” and “doing their best”, resulting in a failure to consider the impact of neglect upon the child.
- 3.3 Cwm Taf SCB is committed to ensuring that systems are in place which enables consistent early identification, assessment and management in all cases where neglect is suspected.

### **4. Working with neglect**

- 4.1 CTSCB acknowledges that, the majority of parents care well for their children with the support of their family and friends, sometimes in difficult circumstances. However, some parents will require extra support from services to ensure that their children are cared for adequately. In addition a small number of children will require comprehensive support services, as a result of the complexity or seriousness of their family circumstances, in order to ensure that their needs are met.

Local and national research has identified a number of factors that may feature in relation to the profile of those parents of children at risk of being neglected. These factors can include any or a combination of the following factors:

- violent relationships / domestic abuse
- parental alcohol and substance misuse
- parental learning disability
- parental physical and/or mental ill-health
- episodes in local authority care as children
- maternal low self-esteem and low confidence
- parental childhood experiences of poor parenting
- health problems during pregnancy, pre-term and low birth weight baby
- experiences of significant loss or bereavement
- isolation and lack of support.
- experience of physical, sexual, emotional abuse in parents own childhood

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Difficulties experienced by parents as a result of underlying features can also link to the neglect of children because, for example:

- Parents lack the capacity to provide care physically or emotionally;
- Parents own problems are so overwhelming or intractable that they cannot prioritise their children's needs above their own;
- Parents do not have the knowledge or skills to provide safety and supervision within the home environment;
- Parents have no childhood experiences of positive models of parenting to draw on;
- Parents do not make use of available support networks.

4.2 When working with neglect practitioners should be mindful of the following issues or barriers to effective assessment and interventions with neglect.

- A failure to observe or listen to children and see the world through their eyes.
- Taking a collective view of children in the same family, when an individual assessment is required.
- Making assumptions about race and culture that could under or over state the risks.
- Viewing neglect as inevitable as the parents are unable to change their lifestyle/behaviour.
- Developing pervasive belief systems that as long as the children seem happy, other omissions of care are of less importance.
- Over identification with vulnerable parents, leading to denial of children's needs.
- Studies have shown that when professionals have fixed views about the family and child, and the "rule of optimism" develops, it is then difficult for workers to change their views about the family. This may be in spite of compelling evidence of neglect and significant harm.
- Neglect is usually seen as the mother's failure to provide care whereas little is known about the men in neglectful families.

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### **5. Cwm Taf SCB Assessment Tool for Neglect (ATN)**

- 5.1 Undertaking an assessment is a dual process of gathering and organising information and then analysing it. Analysis involves attaching meaning and significance to what has been observed or expressed, and so determining what should happen next: Whilst ultimately it is a social work analysis, as with the gathering of information, a multi-agency perspective should be sought in respect of interpreting and understanding the assessment material and in terms of what that then means for the individual children within the household.
- 5.2 Child protection work invariably involves making complex assessments, balancing risks, and determining the safest path. Professionals necessarily take risks in respect of children, families, themselves, colleagues and agencies. For such risks to be professionally defensible risk management strategies must have the following characteristics
- Be soundly based on structured and clearly argued risk assessment
  - Be recorded, so that the conclusions reached and the thinking that underpins it are clear for all to see, including parents
  - Clearly identify what must change (necessary change) and what might otherwise be beneficial (desirable change). The process of achieving change often requires a balancing of a) potential loss against gain and, b) support against intervention.
  - A realistic prospect of achieving necessary change within a timescale and context that is meaningful in terms of the child's long-term and short-term needs.
  - Clearly identify who/what must change. This should be done in terms of who is responsible for making the changes, and who is going to assist them to achieve change.
  - Be effective in mitigating risks
  - Clarify responsibility for making necessary changes, including responsibility of parents and family members
  - Identify and implement contingency plans to achieve necessary changes in the event of poor compliance or lack of success (for whatever reasons)
  - Set timescales that are congruent with the child's development needs
- 5.3 The assessment tool and this accompanying guidance have been agreed by the CTSCB. Therefore a commitment has been made by every Safeguarding Board partner agency that all staff contribute to its completion in accordance with this guidance. A multi agency perspective is essential to assessment when there are concerns about neglect. Lack

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of contribution by individual staff will be addressed with managers and escalated using the resolution of professional differences protocol as necessary.

- 5.4 All agencies within Cwm Taf, whether in the statutory or voluntary sector, have a duty to share information about children who are suspected to be at risk of harm from neglect and to make a contribution to the assessment process and attend multi-agency meetings
- 5.5 The Assessment Tool for Neglect gives an objective measure of the care of a child by a carer. The Tool provides a qualitative grading for actual care delivered to a child, taking account of commitment and effort shown by the carer. It is a descriptive scale which defines the care given, identifying both strengths and weaknesses as the case may be. Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them.
- 5.6 The main use of the Assessment Tool for Neglect is to:-
- Assess a referral to determine if a child is being neglected
  - Assess known neglect, benchmarking change, progress and deterioration at specified intervals.
- 5.7 It can also be used as a:-
- Tool to help determine whether a referral to Childrens Services should be made, for example by Health Visitors.
  - Supervision tool for practitioners and their Managers to assist in clarifying concerns and identifying gaps in knowledge, for example Social Workers, Health Visitors
- 5.8 The following chart defines the areas of neglect in the Cwm Taf SCB Assessment Tool for Neglect.

<b>Areas of Neglect</b>	
<ul style="list-style-type: none"><li>• <b>Physical Care</b></li></ul>	<b>Nutrition Housing Clothing Hygiene Health</b>
<ul style="list-style-type: none"><li>• <b>Safety</b></li></ul>	<b>In presence: level of awareness, putting into practice, supervision outside the</b>

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	<b>home, safety features</b>
	<b>In absence: Safety measures</b>
<ul style="list-style-type: none"><li>• <b>Emotional Care</b></li></ul>	<b>Carer: sensitivity timeliness of response, reciprocation</b>
	<b>Mutual engagement: interaction, quality</b>
<ul style="list-style-type: none"><li>• <b>Building self esteem and resilience</b></li></ul>	<b>Stimulation: age/development appropriate, education, peer relationships</b>
	<b>Appreciation :approval, acceptance</b>
	<b>Disapproval: emotional regard</b>

### **6. Using the CTSCB Assessment Tool for Neglect (ATN)**

- 6.1 It is unusual for concerns in respect of neglect to be identified as a crisis situation where some form of immediate action is necessary. However, there will occasionally be circumstances where this is the case and in these instances All Wales Child Protection Procedures will apply.
- 6.2 It is more usual for concerns to develop over a period of time in families who are well known to the statutory agencies and where there have been repeated efforts to engage with the family in achieving and sustaining improvements in standards of care.
- 6.3 The Cwm Taf Assessment Tool for Neglect can be used by any professional at an early stage when neglect is first suspected. It is the responsibility of all agencies to take action when there are concerns about individual children.

The first step for practitioners in working with neglect is **identifying** those children who may be at risk and being able to **express the evidence base for this**

- 6.4 However Cwm Taf SCB has decided the ATN will always be used in the following circumstances:-

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- In respect of every child at point of child protection registration in the category of neglect. If it has been completed previously, the core group should determine when it is to be next applied.
- Prior to de-registration for all children included on child protection register in the category of neglect.
- Children In Need (CIN) cases which have been open for a year or more and concerns are of neglect.
- The ATN will be repeated in respect of the CIN outlined in above point on at least an annual basis.
- In addition Children's Services Team Managers should consider usage in all cases when there are concerns about the neglect of a child. If this assessment tool for neglect is not used the reason should be recorded formally in the child's records

### 6.5 Process for completing the Cwm Taf Assessment Tool for Neglect (ATN)

- One ATN should be completed per family although specific sections can be used for individual children
- The Core group or the CIN review meeting will be responsible for planning the completion of the ATN and agreeing timescales for the process.
- This will include deciding upon the professional best placed to explain the ATN to family members
- Agencies and/or professionals involved with the child and/or family will be identified at the core group or CIN meeting, where specific contributions to the relevant sections will be decided.
- Key to the completion of the ATN will be observation, this will enable practitioners to gain information, identify issues and then feedback and discuss these issues with families.
- The Social Worker will co-ordinate the process and collate the contributions agreed; identifying strengths areas for concern and differing opinions
- The CIN review meeting or the Core group will then:-
  1. confirm these strengths, however the focus of the meeting will be on areas of concern,
  2. develop a plan be it CIN/CP to address these areas of concern.

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3. ensure there is constructive challenge of professional judgement
4. record disagreements not resolved and use the CTSCB resolution of disagreements as necessary.

### **6.6 Involving Families**

Family members' contribution to the completion of the ATN will be important therefore it should be used in partnership with families, as far as possible, to identify areas of strength and difficulty and to measure periodically change that has, or has not, occurred.

It can be difficult for practitioners to raise issues with families about neglect, to communicate with parents on matters, such as smells and odours in the house, dirt and stale food on the carpet, poor hygiene levels for both parents and children.

Practitioners however need to ensure that their concerns are understood by the family, by explaining sensitively and not using jargon. Consider:-

- Different approaches should be considered taking into account any existing knowledge of the family, for example take a colleague, use "day in the life of a child" (appendix1)
- Ensure feedback for families prior to meetings in the suitable way for the family, taking into account any parental difficulties in communication including literacy and numeracy and cognitive ability.
- Provide copies of the ATN as appropriate
- Make sure individual children are spoken to/observed
- Parents with a disability or long term illness may face particular challenges in life, some of which may impact on their parenting capacity. Involving adult focussed services should be considered in such circumstances
- Reference should be made to the CTSCB Protocol "Working with Families Who Are Not Co-Operating with Safeguarding Concerns ", as necessary

It should be noted that literature expresses caution about non-intervention based upon fear of being judgemental. Child abuse including neglect can never be explained or justified on the basis of differing cultural norms or beliefs. Offering cultural explanations for abusive and neglectful parenting is referred to as "cultural misattribution" by Lord Laming in his inquiry into the death of Victoria Climbié.

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### **7. Planning and Review**

- 7.1 The outcome of the ATN will be the basis for a plan for service provision which should be drawn up with the family, including the child wherever possible and all of the agencies involved.
- 7.2 This plan should detail the outcome sought, the reason for service provision, the services that will be offered to the family and when, the changes that are required and timescales for the changes being achieved.
- 7.3 When developing child protection or child in need plans and written agreements professionals should be explicit about what action is required of the parents to lessen concern. Indeed, the parent's capacity to change is a critical factor in the assessment of significant harm in respect of neglect.
- 7.4 There can be genuine uncertainty about the level of capacity parents may have to change their standard of care. This is especially so in cases of serious neglect.
- 7.5 The plan should be **SMART**:
- **Specific**
  - **Measurable**
  - **Achievable**
  - **Realistic**
  - **Timed**
- 7.6 Where children are on the child protection register as a result of the concerns about neglect there will be a protection plan in place that will be reviewed in accordance with the expectations of the All Wales Child Protection Procedures. The core group is accountable for this review (see core group guidance)
- 7.7 Multi-agency service provision plans should also be in place for children who are considered to be in need or vulnerable as a result of neglect (CIN). These plans will be reviewed at a minimum of **6 monthly**
- 7.8 A review can be held more frequently if there is a change of circumstances or significant event which indicates that the plan needs to be change. Parents and the child where appropriate, should always be encouraged to attend the review meeting.

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- 7.9 **A team manager should always chair the CIN review meeting where cases have been open for a year.** It may also be helpful in complex cases, or cases where professionals have been involved for a lengthy period of time and no progress appears to have been made, for the review to be chaired by someone independent of the line management of the case.
- 7.10 Professionals must develop “contingency plans” that should be implemented as soon as it is clear that parental capacity is not improving; despite the provision of services and/or support, agreed actions are not being undertaken, the child’s needs remain unmet and there is evidence that the shortfall in parenting ability is resulting or likely to result in significant harm.
- 7.11 In addition to the formal review process professionals generally may find it helpful to discuss their progress with the assessment and any concerns during supervision. As it can be an important resource for reflection, information and support and the process by which practitioners can identify areas for adjustment in their practice to overcome misplaced optimism, drift or the start again syndrome in cases of neglect.
- 7.12 Cases involving Social Services and other CTSCB agencies which are ‘stuck’ should be brought to the attention of the relevant manager as part of supervision and a course of action agreed to ensure an appropriate response.

### **8 References**

- **Welsh Assembly Government (2006): *Safeguarding Children: Working Together Under the Children Act 2004.***
- **Department of Health (2000): *Framework for the Assessment of Children in Need and their Families.* The Stationary Office**
- **All Wales Child Protection Procedures 2008: (awcpp.org.uk)**
- **McKinsey P et al (1999): “*Child Neglect: Causes and Contributors*”. *Neglected Children: Research, Practise and Policy*, Sage Publications**
- **Olive Stevenson (2007): *Child and Family Social Work*, 1, pp13-18 “Emotional Abuse and Neglect: a time for reappraisal”**
- **Horwarth J (2007): “Child Neglect,” Palgrave Macmillan**

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- Srivastava, O P & Polnay, L. Field trial of graded care profile (GCP) scale: a new measure of care. Archives of Diseases in Childhood, 1977; 76: p337-340
- Welsh Government Data Unit: ([www.dataunitwales.gov.uk](http://www.dataunitwales.gov.uk) )
- Warwick University Research portal:<http://wrap.warwick.ac.uk>
- Action for Children Annual Neglect Review :  
<http://www.actionforchildren.org.uk/policy-research/research>
- NSPCC Child Protection research briefing: Child Neglect  
[www.nspcc.org.uk/inform/research/briefings](http://www.nspcc.org.uk/inform/research/briefings)
- Specific items  
[http://www.nspcc.org.uk/Inform/research/Briefings/childneglect\\_wda48222.html](http://www.nspcc.org.uk/Inform/research/Briefings/childneglect_wda48222.html)
- [http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/coreinfo/coreinfo\\_wda54369.html](http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html)
- <http://www.education.gov.uk/researchandstatistics/research/scri/b0076846/the-studies-in-the-safeguarding-research-initiative/noticing-and-helping-the-neglected-child>

### Appendix 1

#### **A Day in the Life of Child**

##### **What Is The Childs Daily Routine?**

###### **Waking**

Do they use a clock to get up? Does someone get them up?  
What time does this happen? Do they have to get anyone else up? Does anyone else get up with them? Does the same thing happen everyday?

###### **Breakfast**

Do they have breakfast? What sort of food do they have? Do they have a choice? Who makes breakfast?

###### **Dressing**

Do they dress themselves? Do they help anyone else get dressed? Do they wash and clean their teeth before getting dressed? Who makes sure they're doing this? Is there hot water and clean clothes to use?

###### **Getting to School**

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Does someone take them? Do they have to take anyone else? Do they cross busy roads? Who helps them do this? Do they get to school on time?

### **In School**

What do they like about school? What don't they like about school? Do they have friends? What do they do with their friends? Are they being bullied? What do they do break times? What do they eat at lunchtimes? Do they have favourite teachers or subjects?

### **School holidays/weekends**

Do they look after anyone? Do they have chores/jobs to do? If so, what are they and who are they for? How else do they spend their time? Do they see friends? Who looks after them when not in school? Who supervises mealtimes?

### **After school**

Does someone collect them from school? Is this person on time? Are they part of any after school clubs? How do they get home from school? Do they look after anyone else after school? Do they meet with friends? Do they have something to eat when they get home? What do they have? Who makes it for them? Do they prepare food for anyone else?

### **Evenings**

Do they have an evening meal? What time is this? Who prepares the meal? What is their favourite food? Do they have this often? Do they eat together with their family/ carers? If not, where do they eat? Who do they tell if they are hungry and what happens about this? Do they watch TV? If so, what do they watch? Do they use the internet / social networking sites? Is this supervised? Who do they communicate with online? What do they talk about? Do they go out? If so, where, who with and what do they do? Do they like toys and games? Do they have any? What do their parents/carers do in the evening? What do they think about what they do? Do they spend time with parents/carers in the evening? If so, what do they do? Are they put in charge of anyone else in the evening?

### **Bedtime**

Do they have a set time to go to bed? Who decides it is time for bed? Where do they sleep? Do you like where you sleep? Is it clean and warm? Do they change for bed? Do they wash and brush their teeth at bedtime? Do they sleep without being disturbed? Who else is in the house at night? Are they put in charge of anyone else at bedtime?