Southampton Local Safeguarding Children Board

The Practitioner's Guide to recognising the severity of neglect

2019

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With thanks to Portsmouth Safeguarding Children Board, upon whose Practitioner's Guidance this is based.

Contents

This Guidance should be read in conjunction with the **Southampton LSCB Neglect Strategy**.

1. Introduction

This guidance is in recognition that neglect is complex and can be hard for professionals to define clearly. It differs by type, severity, frequency and impact. It often coexists with other forms of child abuse making it difficult to identify and address in a timely way. Failure to identify and act on the early signs of neglect may have severe and damaging long term and enduring consequences for the child. This guidance and the accompanying neglect identification and measurement tool are aimed to support good practice in assessment.

This guidance is a tangible outcome of the LSCB's commitment to a framework of good practice for neglect and is subject to annual review. The guidance is there to complement the 4LSCB procedures to help practitioners form judgements about their interventions with a family.

2. Who is this guidance for?

This practice guidance is there to help all those in Southampton who work with children, parents and caregivers, or whole families. Good early help can make a real difference to families' lives and help safeguard children.

Early help is about providing support as soon as we start to recognise some of the indicators of neglect at any point in a child's life. Providing effective early help can prevent children from suffering unnecessary harm and improve their long-term outcomes.

This guide is not intended to be an assessment tool, but more a helpful prompt for practitioners in considering the various elements of neglect.

3. What is neglect?

Neglect is not an event but rather an absence of appropriate care given to a child, often over a long period of time. In Working Together to Safeguard Children (2018) neglect is defined as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect can be a serious form of maltreatment, even fatal, and can be described as a failure of provision and a failure of supervision.

Action for Children (2012) presents neglect as differing from other forms of abuse because it is:

- Frequently passive
- Not always intentional
- More likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies
- Is often intermittent, interspersed with periods of 'good enough' parenting which the parent/carer is unable to sustain
- Combined often with other forms of maltreatment
- Often a revolving door syndrome where families require long term support
- Often not clear-cut and may lack agreement between professionals on the threshold for intervention

A recurrent theme in the research is that there can be confusion and misunderstanding between professionals in identifying neglect. Particular issues that serve to confuse include:

- Neglect is an act of omission - did this parent or carer intentionally neglect this child? The focus on this question can detract from identifying the causes of neglect.

- Who is neglecting the child? Are there organisational issues which mean that the child's needs are not met e.g. a disabled child not getting services, or a looked after child not in an adequate placement or a child excluded from school?
- Understanding both the parenting behaviours and the impact on the individual child of that behaviour is complex.
- Neglect can present to professionals as a one-off incident, episodic (during a family crisis or a period of parental mental illness) or chronic. Assessments need to construct a family history, particularly any previous involvement with services and the outcomes of this involvement for the child. This will avoid 'start again' syndrome.
- It is important to ensure that the child's voice is heard within a "think family" approach. The role of mothers and fathers must be taken into account, even if they are not living with the family.

4. Which children are more vulnerable to neglect?

Varied research has identified that the following groups of children are more vulnerable to experiencing neglect:

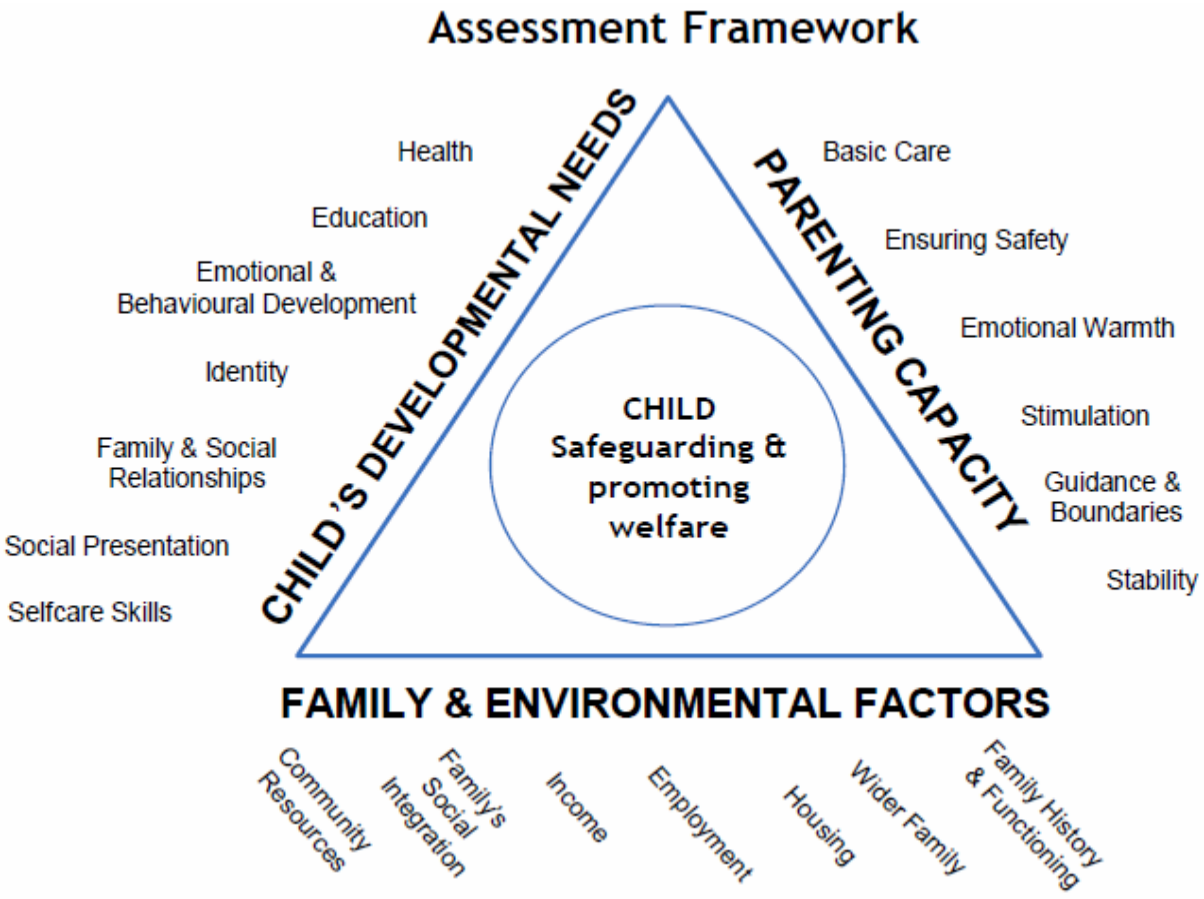
- Children born prematurely
- Disabled children The heightened vulnerability to neglect of disabled children was measured and found to be 3.8 times more likely to be neglected (Sullivan & Knutson 2000), for many reasons e.g. stretching the family's capacity to be able to care; not being able to communicate their needs (Bovarnick: NSPCC 2007); and in part due to traits the child brings to the relationship with the parent (Howe 2005).
- Adolescents - The NSPCC found that 20% of young adults reported having experienced inadequate supervision as teenagers - staying out overnight without parents knowing where they were. A quarter of children who go missing are forced to leave home by their parents. These children are then also more at risk of exploitation. Gardner (2008) highlights the concerning profile of older children that had been neglected over a long period as studied by Brandon et al (2008) in their review of Serious Case Reviews, including self-harming and suicide. Brandon et al (2008) also identified 'agency' neglect in helping these 'hard to help' young people.
- Low birth weight children
- Children who go missing
- Children in care
- Refugees
- Asylum seeking children
- Children in custody

5. Restorative Practice

Southampton has ambitions to be a restorative city and the use of restorative practice is becoming embedded in all of our work with children, families, and partners. When working with neglect, practitioners will be focusing on parents making some changes to their behaviour in order that the child receives better care. Restorative principles such as respect, positive regard and empowerment create the type of relationship in which change is more likely to take place. Working restoratively means that practitioners have a responsibility to offer both 'high support' and 'high challenge' to families and to each other in order to respond robustly to neglect. The use of restorative communication techniques such as the restorative questions in our assessments and plans can help with hearing the child and families stories, provide an accurate understanding of the effect of neglect whilst appropriately drawing on the strengths and solutions within the family to make things better for the child.

6. The Assessment Framework

The Assessment Framework (Department of Health, 2000) is shown below, and the Practitioner's Guide is based its 3 elements: Child's Developmental Needs, Parenting Capacity, and Family and Environmental Factors. For convenience, more information on each of the elements is shown below.



Dimensions of a Child's Developmental Need

Health - Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on physical and mental health, including sex education and substance misuse.

Education - Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development - Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response [3] ess and degree of appropriate self-control.

Identity - Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships - Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation - Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self-Care Skills - Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches, Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

Dimensions of Parenting Capacity

Basic Care - Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety - Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self- harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional Warmth - Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation - Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries- Enabling the child to regulate their own emotions and behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. Providing boundaries for the child will ultimately contribute to the child's sense of safety. The aim is to enable the child to grow into an autonomous adult, holding their own values and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability - Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour.

Dimensions of Family and Environmental Factors

Family History and Functioning - Family history includes both genetic and psycho-social factors. This includes an awareness and exploration of parental history of Adverse Childhood Experiences (ACEs) and understanding how these can impact on the child's physical and emotional wellbeing/functioning in later life. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences or parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family - Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing - Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment - Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

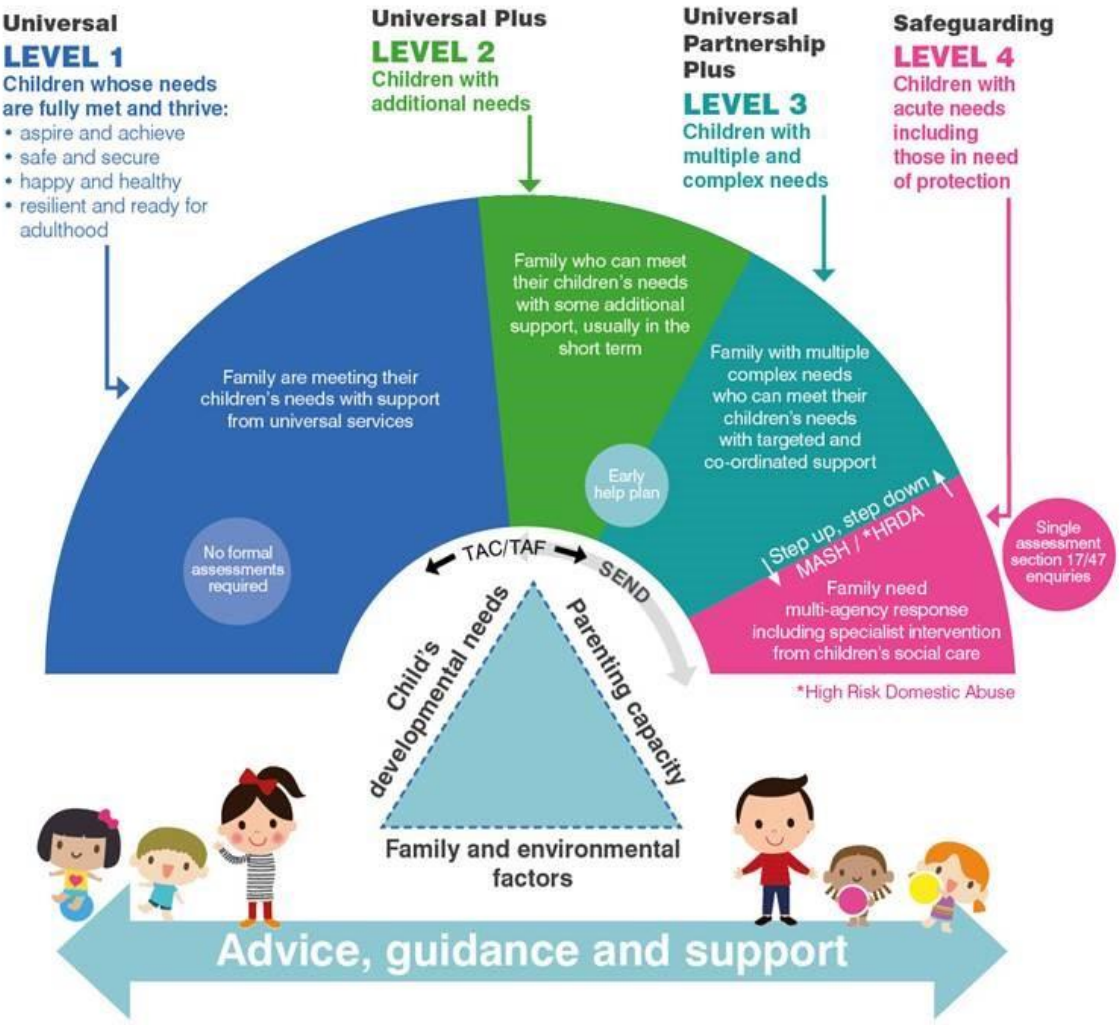
Income - Income available over sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration - Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources - Describes all facilities and services in a neighbourhood, including universal services or primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

7. The Continuum of Need

The Continuum of Need shows different levels of need and how they are categorised in Southampton.



More information on the Continuum of Need can be found on the LSCB website:

http://southamptonlscb.co.uk/wp-content/uploads/2017/01/Continuum-of-need-combined-4.pdf

8. Practitioner's Guide to recognising the severity of neglect

Development & Education

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Pre-school specific check-list (aged 0-5 years)	• Child well stimulated, carer aware of importance of this • Carer takes child out to local parks/activities regularly	• Carer is aware of importance of stimulating child however sometimes inconsistent interaction due to personal circumstances • Carer takes child out to parks/activities - although sometimes struggles	• Carer provides inconsistent or limited stimulation, child is sometimes left alone unless making noisy demands • Child has limited opportunities for activities/outings	• Carer provides limited or no stimulation • Carer gets angry at demands made by child • Carer is hostile to professional advice • Child is restrained for the carer's convenience, such as in a pram • Few if any activities/ outings for the child. Child never has the opportunity to mix with peers.
School aged child specific check-list (aged 5-16 years)	• Child receives good level stimulation- carer talks to child in interactive way,reads stories, plays with child • Child has age appropriate toys	• Carer provides appropriate level of stimulation • Child has toys/games to support their development	• Carer provides inconsistent stimulation, does not appear to understand the importance for the child. • Child lacks age appropriate toys/ games (not due to finances)	• Little or no stimulation provided. • Carer provides few toys/games - usually from other sources - not well kept.
	• Carer takes child out to local parks/activities regularly	• Carer takes child out to parks/activities - although sometimes struggles	• Child has limited opportunities for activities/outings	• Few if any activities/ outings for the child • Child prevented from going on outings/trips (e.g. with schools or friends).
	• Carer takes active interest in child's schooling, attendance good, encourageschild to see education as important. • Interested in school and homework.	• Carer understands importance of school • Provides appropriate level of support although sometimes personal • circumstances lead to inconsistency • Attendance generally good - can sometimes sanction days off where not necessary	• Carer makes limited effort to maintain schooling, lacks consistent engagement. • Carer does not actively support homework/ • attendance	• Carer makes little or no effort to support education/schooling. • Lack of engagement, no support for homework. • Does not regard attendance as a concern. • Does not encourage child to see any area of education as positive.
Friendships	• Carer supports friendship and understands importance to child	• Carer supports friendship, but does not always promote	• Child mainly finds own friendships, carer does not understand importance of friendships	• Carer hostile to friendships and shows no interest/support
Bullying	• Carer alert to child being bullied/bullying behaviour and addresses issues	• Carer aware of bullying and intervenes when child asks	• Carer has limited understanding of child being bullied/ bullying behaviour and does not intervene or appropriately support child	• Carer indifferent to child bullying or being bullied

Healthcare

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Safe infant care and health care for unborn baby	• Carers make infant focused care decisions. • Carers follow safe sleep guidance for infants and recognise impact of alcohol or drugs on safe sleeping. • Avoids smoking in the household.	• Carer less infant focused, aware of safe sleep advice but follows advice chaotically. • Aware of impact of alcohol, drugs and smoking on safe sleeping but follows inconsistently.	• Infants needs secondary to carers needs. Carers unaware of safe sleep guidance even when provided. • Ignores or is resistant to advice on sleep position. • Carer does not recognise impact of alcohol, drugs and smoking on safe sleeping of infant.	• Infants' needs not considered. • Carer indifferent or hostile to safe sleep advice, views advice as interference. • Carer hostile to advice about impact of drugs, alcohol and smoking on safe sleeping.
Advice and intervention	• Advice sought from health professionals and/or experienced friends and family.	• Advice is sought, but inconsistently followed because of carers own needs.	• Carer does not routinely seek health advice, but will when there are serious health concerns for the child or when prompted by others.	• Carer only seeks health advice in an emergency. • Allows child's health to deteriorate before seeking help. • Hostile to advice to seek medical help.
	• Health appointments attended, preventative health care accessed (immunisations, dental care).	• Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments.	• Does not routinely attend preventative care appointments but does allow access to home visits.	• Preventative health appointments not attended, even if home appointment arranged.
	• Health appointments attended, preventative health care accessed (immunisations, dental care).	• Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments.	• Does not routinely attend preventative care appointments but does allow access to home visits.	• Preventative health appointments not attended, even if home appointment arranged.
Disability, chronic health conditions and illness	• Carer is positive about child with disability or health condition.	• Child and issues of disability and health need impact on the carers feelings for the child.	• Carer shows anger or frustration at child's disability or health condition.	• Carer does not recognise the identity of a child with a disability or chronic health condition, and as a result is negative about child.
	• Carer is active in seeking advice, accessing appointments and advocating for the child's wellbeing.	• Carer is not pro-active in seeking advice and support on child's health needs but accepts it when offered.	• Carer does not accept advice and support on the child's health needs and is indifferent to the impact on the child's disability or health condition.	• Carer is hostile when asked to seek help for the child and is hostile to any advice or support around the child's disability or health condition.

Appearance

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Clothing	• Child has clean clothes that fit. • Dressed for weather and carers aware • of the need for age appropriate clothes	• Clothes sometimes unclean, crumpled, poorly fitted. • Carer considers clothing to meet needs of child but personal circumstances can get in the way.	• Clothes dirty, poor state of repair and not fitted. • Not appropriate for weather, and insufficient items to allow for washing. • Carer indifferent to importance of clothing.	• Clothes filthy, ill-fitting and smell. Unsuitable for weather. • Child may sleep in day clothes, not replaced with clean clothes even when soiled. • Carer hostile to advice about need for appropriate clothing for child.
Hygiene	• Child is cleaned, washed daily and encouraged to do so age appropriately.	• Child reasonably clean, but carer does not regularly wash or encourage the child to wash.	• Child unclean, only occasionally bathed or encouraged to.	• Child looks dirty, and is not bathed. • Teeth not brushed and lice and skin conditions become chronic.
	• Child encouraged to brush teeth. Lice and skin conditions treated. Nappy rash treated. • Carer takes an interest in child's appearance	• Teeth inconsistently cleaned and lice and skin conditions inconsistently treated. • Nappy rash a problem, but carer treats following advice.	• Poor dental hygiene. • Carer indifferent to nappy rash despite advice. • Carer does not take interest in child's appearance and does not acknowledge importance of hygiene.	• Teeth not brushed, lice and skin ailments not treated. • Carer hostile to nappy rash advice and does not treat. • Carer hostile to concerns raised about child's lack of hygiene.

Feeding & Eating

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Food	• Appropriate quality food and drink for age/ development of child. • Meal routines include family eating together. • Special dietary requirements always met and carer understands the importance of food.	• Reasonable quality of food and drink in adequate quantity, lack of consistency in preparation and routines. • Special dietary requirements inconsistently met. • Carer understands importance of food but sometimes circumstances impacts on ability to provide.	• Low quality food, often inappropriate for age/ development, lack of preparation and routine. • Child hungry. • Special dietary requirements rarely met. • Carer indifferent to importance of food for the child.	• Child receives inadequate quantity of food and observed to be hungry. • Low quality of food, predominance of sweets or 'junk' food. • Special dietary requirements never met. • Carer hostile to advice about food

Attachment & Care

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Parental motivation for change	• Carer is determined to act in child's best interests	• Carer seems concerned with child's welfare • Carer wants to meet their needs but has problems with their own pressing needs.	• Carer is not concerned enough about child to address competing needs and this leads to some of child's needs not being met • Carer does not respond to the child's cues	• Carer rejects the parenting role and takes a hostile attitude to child care responsibilities
	• Carer is concerned about child's welfare and wants to meet the child's physical, social and emotional needs to the extent they understand them	• Professed concerns are often not translated into actions, and carer regrets their own difficulties are dominating. • Would like to change but finds it hard.	• Carer does not have the right priorities and may take an indifferent attitude	• Carer does not see that they have a • responsibility to the child and believe the child • is totally responsible for themselves, or the child deserves hostile parenting
	• Carer is realistic and confident about the problems to overcome and is willing to make sacrifices for the child.	• Disorganised, pays insufficient time to children or misreads signals.	• Lack of interest in and understanding of the child's welfare and development	• May seek to give up responsibility for the child

Environmental Factors

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Housing	• Accommodation has all essentials for cooking, heating, bathroom and all in reasonable repair. • Stable home without unnecessary moves. • Carer understands the importance of stability and home conditions for the child. • Animals are appropriately cared for and do not present a risk to the child.	• Accommodation has some essentials but requires repair/decoration. Reasonably clean, may be damp. • Carer taking steps to address this. • Reasonably stable, but child has experience some moves/new adults in home. • Carer recognises importance of stability and home conditions but personal circumstances hamper this. • Concern about welfare of animals in the home	• Accommodation in disrepair, carers unmotivated to address resulting in accidents and potentially poor health for child. • Home looks bare, possibly smelly, lack of clean washing facilities whole environment chaotic. • Child has experienced lots of moves and lots of adults coming in and out of home for periods. • Carer does not accept importance of home conditions and stability for child. • Issues of hygiene an safety due to animals in the home	• Accommodation in dangerous disrepair and has caused number of accidents and poor health for child. • Home squalid, lacks essentials of working toilet, bath facilities, bedding, food preparation facilities. • Smells. • Faeces or harmful substances visible. • Child has experienced numerous moves often at short notice, overcrowding. • Animals pose a risk to children in the home.

Emotion & Behaviour

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 – acute needs, including those in need of protection
Warmth and Care	• Carer provides emotional warmth, responds appropriately to physical needs. • Carer understands importance of consistent demonstration of love and care.	• Carer mostly provides emotional warmth, talks kindly about child and is positive about their achievements. • Sometimes carers own circumstances get in the way of demonstrating love and care.	• Carer inconsistent in providing emotional warmth, does not praise or reward. • Carer can sometimes respond verbally aggressively if child distressed or hurt. • Carers can be indifferent to advice about importance of love and care to their child.	• Carer does not show emotional warmth to child, emotional response tends to be harsh/critical and unkind. • Hostility to advice and support. • Carers do not provide any reward or praise and can ridicule child if others praise.
Young caring	• Child contributes appropriately to household tasks.	• Child has some additional responsibilities within the home but these are age and stage appropriate, carer recognises that child should not be engaged in inappropriate caring/responsibilities however sometimes personal circumstances get in the way.	• Child has some caring responsibilities that are having an impact on education and leisure activities.	• Child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities. • Impact is not well understood by carer. • Carer hostile to advice and support.
Boundaries	• Carer provides consistent boundaries, provides appropriate discipline.	• Carer recognises importance of boundaries and appropriate discipline but sometimes struggles to implement.	• Carer provides inconsistent boundaries, sometimes uses inappropriate sanctions, can hold child entirely responsible for their behaviour. Lack of boundaries could cause potential harm.	• Carer provides few or no boundaries, treats child harshly when responding to their behaviour. • Physical chastisement used and other harsh methods of discipline. • Carer hostile to advice about appropriate boundaries/methods of discipline. Permissive parenting
Adult arguments	• Carers do not argue aggressively in front of the children - sensitive to impact on children.	• Carers sometimes argue in front of the children, no domestic abuse between parents. • Carers recognise impact of their behaviour on child.	• Carers frequently argue aggressively in front of the children, sometimes this leads to domestic abuse. • Lack of understanding of impact on and harm to child.	• Carers frequently argue in front of children and there is domestic abuse. • Indifference to the impact on child, inability to put their needs first. Child at risk of direct/indirect harm.

Emotion & Behaviour continued…

Values	• Carers encourages child to have positive values and understands importance of child's development.	• Carer sometimes encourages child to have positive values.	• Carer inconsistent in providing child to have positive values.	• Carer actively encourages negative attitudes in child, at times condones anti-social behaviour.
	• Carers provide advice and support.	• Awareness of importance of child development but not always able to support and advise child.	• Provides little advice or guidance and does not monitor child's use of inappropriate materials/ playing inappropriate games.	• Indifferent to smoking/under-age drinking, no advice provided. • Allows child to watch/play inappropriate material/games.
	• Carer does not talk about feelings of depression/ • Low mood in front of the children - aware of impact on child.	• Carer does discuss some feelings of low mood in front of child - aware of the impact on the child.	• Carer talks about depression in front of the child, limited insight into impact on child.	• Carer frequently talks about depression/suicide in front of the child - may have attempted suicide in front of child. Carer can hold child responsible for feelings/depression. • Carer will not engage in support and can be hostile to advice.
	• Carer does not misuse alcohol or drugs. • Carer able to respond if emergency situation occurs.	• Minimal use of substances - not in front of child. Understanding of impact of substance misuse on child. • Arranges additional support when unable to provide fully for child.	• Misuse of drugs and alcohol sometimes in front of child. Lack of awareness of impact of substance use on child. • Use leads to inconsistent parenting. • Finances are affected.	• Significant misuse of substances. Carer significantly minimises use and is hostile to advice, support - refuses to engage. • Carer cannot respond to child's needs. Absence of supportive network. • Child exposed to abusive/frightening behaviour of carer or other adults.

Safety & Supervision

	Level 1 - Universal	Level 2 - Additional	Level 3 - Multiple & Complex Needs	Level 4 - Requires a Statutory Response
Safety awareness	• Carer aware of safety issues uses safety equipment. • Child taught traffic skills.	• Carer aware of safety issues but inconsistent in use and maintenance of safety equipment. • Child given some guidance about traffic skills.	• Carer does not recognise dangers to child, lack of safety equipment-carer indifferent to advice. • Child given insufficient guidance about traffic skills.	• Carer does not recognise dangers to child's safety, can be hostile to advice • Lack of supervision around traffic and an unconcerned attitude.
Supervision	• Appropriate supervision provided in line with age/level of development.	• Variable supervision provided, but carer does intervene where there is imminent danger. • Carer does not always know were child is.	• Little supervision, carer does not always respond after accidents, lack of concern about where child is, inconsistency • is concerned about lack of return home/late nights.	• Lack of supervision, child contained in car seats/ pushchairs for long periods of time. • Carers indifferent to whereabouts of child, no boundaries, carer hostile to advice, lack recognition of impact on child's wellbeing.
Handling of baby	• Carer responds appropriately to needs of baby.	• Carer not always consistent in responses to baby's needs-can be precarious in handling and inconsistent in supervision.	• Carer does not recognise importance of responding consistently to baby's needs. • Handling precarious and baby left unattended at times. • Carers does not spend time with baby cooing/smiling - lacks recognition of importance of comforting baby when distressed.	• Carer does not respond to the needs of the baby, dangerous handling / baby left unattended. • Baby lacks adult attention and contact. • Carers hostile to advice and lacks insight to impact of their behaviours on the child.
Care by other adults	• Child is left in care of trusted/vetted adult. • Carer/child always knows each other's whereabouts.	• Child (0-9yrs) sometimes left with a child (10- 13yrs) or a person who may be unsuitable. • Carer/child sometimes unaware of each other's whereabouts. • Carer aware of importance of safe care but sometimes inconsistent due to own circumstances.	• Child (0-7yrs) left with child (8-10yrs) or an unsuitable person. • Carer/child often unaware of each other's whereabouts. • Child sometimes found wandering/locked out • Carer does not raise importance of child keeping themselves safe,no advice/support.	• Child (0-7yrs) left alone, in company of young child or unsuitable person. • Child often found wandering/ locked out. • Carer hostile/unable to talk on board advice and guidance about giving safe care. • Child exposed to multiple carers.

Responding to Adolescents	• The child's needs are fully considered with appropriate adult care. • Parent responds appropriately to risky behaviour.	• Carer aware of child's needs but inconsistent in providing for them, responds inconsistently to risky behaviour.	• Carer does not consistently respond to child's needs, recognises risky behaviour but does not always respond appropriately.	• Career indifferent to whereabouts of child and child's whereabouts often unknown. Child frequently going missing. No appropriate supervision of child's access to social media. • No guidance or boundaries about safe relationships including appropriate friendships and sexual relationships. Relationships are not age appropriate. • Child's needs are not met, lack of recognition by carer that child requires guidance and protection, does not recognise or address risky behaviour.

9. Tips for working with neglect

"I can't seem to get the family to understand what I am concerned about".

Try the following:

- Use the Neglect Identification and Measurement Tool
- Be clear – use language that can be understood not just verbally but in plans and assessments too
- Share the chronology you have compiled with the family
- Think of creative ways to discuss the issues you are concerned about
- Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact try and visit with a colleague to produce a new way of talking about the same things
- Be mindful of level of cognitive ability of the family and adjust your language

"There is a plan in place but I remain concerned for the child's safety".

Try the following:

- Discuss your concerns with your line manager, supervisor or safeguarding within your organisation
- If the child is currently on an Early Help Plan, consider making contact with the Multi-Agency Safeguarding Hub (MASH); If the child is on a Child Protection Plan, a Capacity to Change Assessment should be completed with the parent/carers
- Ask for the review of the plan to be brought forward
- Produce a multi-agency chronology
- Reflect on concerns in relation to the child and parent and the effectiveness of the current plan. Is it the right plan? Are they the right outcomes? Are we clear with parents what we expect of them? Have we checked that parents understand what we are saying?
- Use tools/resources to organise concerns

"***It's hard to effect change and work with issues of neglect within this family because sometimes parenting is 'good enough' and other times it isn't".***

Try the following:

- Share chronologies between agencies – build a multi- agency chronology
- Use this to review the multi-agency plan
- Establish whether there is any pattern to the decline or triggers that and be identified
- Consider the likely long-term outcome for the children without change and the seriousness of this
- Be clear about the outcomes sought for the children
- Be mindful to use the same criteria with disabled children

Consider the impact on the of recurring neglect

"I want to gain the child/young person's views but am not sure what questions to ask them".

Children when asked what they consider to be good practice, valued professionals who:

- listen carefully and without trivialising or being dismissive of the issues raised
- are available and accessible with regular and predictable contact;
- are non-judgemental and non-directive -accepting, explaining, and suggesting options and choices;
- have a sense of humour- it helps to build a rapport;
- are straight talking - with realism and reliability - no false promises;
- can be trusted, maintain confidentiality and consult with children before taking matters forward.

Try asking the child/young person the following:

- Tell me what a normal school day is like for you, from when you first get up on a morning, to when you go back to bed at night?
- How do you know when it is time to get up on a morning? (this will establish whether they have an alarm clock or someone calls them up, or they are left to their own devices)
- Who is in the house with you, when you get up on a morning?
- Where are they? (this will hopefully establish whether or not responsible/supervising adults are up out of bed to help the child get ready).
- What is the very first thing you do when you get out of bed? Then what do you do? And then? Etc. etc.
- Do you have any breakfast before you go to school? What do you have? Who makes this?
- How do you get to school? Does anyone go with you? Do you have to take anyone else in your family to school (i.e. younger siblings)
- What happens at home time? Who is in the house when you get home from school? What are they normally doing?
- What happens at tea-time? Where do you eat? What do you eat? What is your favourite tea-time meal?
- Tell me what you do from tea-time to bed time?
- How do you know when it is time to go to bed? Tell me what happens at bed time?
- So when it's not a school day, tell me what happens then from you getting up on a morning, to going to bed at night?
- Younger children can be asked to make drawings of some of the above (eg draw their favourite meal) or use play people to demonstrate where people are & who does what.

"The plan doesn't seem to be working, the family isn't cooperating - I feel 'stuck'".

Try the following:

- Review the plan - what you have done so far to engage the family – what has been most successful? What has been least successful and why?
- Discuss the case with your line manager
- If there are practical issues blocking progress attempt to resolve these. It may be that the home is so chaotic when you visit that you are unable to complete any assessment within that environment. If this is the case plan carefully how you can assess the family in these circumstances or try to use another venue
- Resolve some of the practical issues that may be distracting the family (be careful they are not being used as excuses to distract you)
- Think about what the family most likes to talk about – the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover
- Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it. Use planned and unplanned visits
- Think carefully how you are going to monitor and measure the issues of neglect, it is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change, feedback to the family what you perceive to be the situation
    - ◊ Consider using creative ways to engage the family e.g. video, needs games. (see the assessment tools within the appendices)
    - ◊ Consider using a written agreement with the family.
    - ◊ Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this.
    - ◊ Consider discussing your case within your team, possibly at a team meeting. Your colleagues may think of new ways of engaging the family or offering support.
    - ◊ Consider having a colleague co-work with you. This will provide you with support and may also help to provide a "fresh" outlook on the case. Undertake joint visits.
    - ◊ Utilise supervision to explore and avoid chronic issues seeming and being accepted as "the norm" within family homes.