East Sussex
County Council

East Sussex Neglect Strategy and Operational Practice Guidance

Contents

1. Introduction 3
2. Purpose and Scope of Strategy 3
3. Definition of Neglect 3
4. Identifying and Responding to Neglect Across the Continuum of Need 4
5. Neglect and Adolescents 7
6. Neglect and disabled children and young people 8
7. Assessment and care planning 12
8. Threshold for step up 15
9. Application of Neglect toolkit 16
10. Neglect and use of Chronologies 17
11. Professional curiosity 19
12. Culturally competent practice 21
13. Neglect training offer 22
14. Quality assurance 23
15. Reading List: 24

1. Introduction

1.1 Neglect is the most common form of child maltreatment in England (Department for Education, 2013). In England, almost half (43%) of child protection plans are made in response to neglect and it features in 60% of serious case reviews (Brandon et al., 2012). Yet a number of high profile child deaths have shown that it is extremely difficult for professionals with safeguarding responsibilities to identify indicators of neglect, to assess whether what they have observed is sufficiently serious for them to take action, and to decide on the most appropriate course of action.

2. Purpose and scope of strategy

2.1 East Sussex Children's Services neglect strategy outlines how identification, assessment and interventions are to be delivered when responding to neglect. The overall strategic objective is to reduce the number of children who are subject to chronic neglect who live in our local community.

2.2 This strategy is for child protection social workers, early help practitioners, schools, health services and all providers supporting vulnerable children and families and considers how neglect is responded to across the Continuum of Need. It focuses on practice improvement with a specific focus on working with adolescents and disabled children. It addresses the importance of getting the basics right in the assessment, planning, intervention and review cycle.

2.3 The neglect strategy should be read alongside the ESCC Neglect Toolkit and Neglect Matrix which provides guidance on identifying and responding to neglect, and includes standardised tools and advice on working with adolescents and disabled children. Other complimentary strategies include East Sussex Step Up/Step Down Policy and CSE multi-agency operational instructions.

3. Definition of neglect

3.1 Working Together 2015 defines neglect 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 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."

4. Identifying and responding to neglect across the Continuum of Need

4.1 It is important that professionals in universal settings, early help services, social care and specialist services have a shared understanding and common language when considering whether a child may be suffering neglect and deciding how to respond to these concerns in a timely and proportionate way. Often the picture of a child who is being neglected is an emerging one and therefore it is important that professionals are observant and professionally curious about a child's presentation and their day to day experience at home. This chapter summarises parenting capacity indicators of neglect and the impact of neglect on the child consistent with the East Sussex Continuum of Need (CoN).

4.2 The CoN provides a framework for professionals to use when considering whether a child may be experiencing neglect and the appropriate and proportionate response to these concerns. This applies to children across the age spectrum from unborn through to adolescence.

4.3 The Neglect Matrix maps out indicators of neglect against the CoN giving examples of neglectful presentations and the nature of the response required. It is structured in line with the Assessment Framework with subsections dealing with child development, parenting capacity and family and environmental. The Matrix should be used to support multi-professional dialogue to ensure there is a shared understanding of the level of concern and evidence the concerns in a tangible way. The following should be read alongside the Neglect Matrix.

4.4 Many parents need advice and guidance at some point in their child's life and this enables them to develop their parenting capacity and provide consistent parenting, with appropriate guidance and boundaries, providing for their child's physical and emotional needs and building secure attachment with their children. This advice and guidance should be provided by professionals in universal settings with encouragement for parents to draw on appropriate support from their extended family and social networks. This is consistent with Level 2 on the CON.

4.4.1 For some parents, their own parental history and capacity to develop and sustain positive healthy relationships or other factors may impact on their parenting capacity. For these parents the care of their children may be characterised by a combination of the factors indicated at level 3 on the CON and advice from SPOA and consideration of referral to Early Help services is indicated.

4.6 Parenting capacity indicators of neglect at level 3 on CON are:

- Parents are struggling to provide adequate care and are making no improvement despite the provision of advice and guidance. Parent is not meeting basic care needs and has difficulty in engaging with professionals. Parents may fail to attend appointments and attend to the health needs of their child or unborn baby.

- Parents may be struggling to ensure the safety of their child and the family may come to the attention of agencies due to risk. Some exposure to risk and danger is part of childhood and advice and guidance usually helps families to develop strategies to minimise risk. However, if parents are not acknowledging risk or perceive the child to be a problem and do not respond to advice and guidance this may be an indicator of wider neglect and a failure to provide adequate supervision or protect a child from physical and emotional harm or danger. There may be an absence of appropriate guidance and boundaries resulting in a child putting themselves at risk. This risk may escalate as the child matures. However risk taking behaviours of some adolescents may not be an indicator of neglectful parenting.

- Parents, for a range of reasons including mental health and drug and alcohol use, may not provide their child with the right level of stimulation for their stage of development (e.g. not providing children with the opportunity to play, not accessing nursery provision, and not supporting young people with their schooling).

- Parenting may be characterised by erratic/inconsistent care. Frequent changes in care giver may lead to instability and lack of focus on the child. Parental instability may affect the parent's ability to nurture and develop healthy attachment with their child.

4.7 The impact on the child at level 3 of the CON maybe:

- Severe/chronic health problems; problematic diet resulting in obesity or faltering growth; dental or optical problems

- Slow in reaching developmental milestones; speech and language delay; delay in development of gross and fine motor skills; unmet learning needs

- Disruptive/challenging behaviour by parent or child impacting on child's daily life, achievement and relationships

- Child isolated from peer groups compromising their social development
- Poor hygiene manifesting in physical difficulties, e.g. chronic nit infestation, upset stomach
- Inappropriate young carer responsibilities
- Increasing vulnerability from sexual activity or risk taking behaviour such as experimental substance use.

4.8 Timely identification and appropriate support from Early Help services will often increase the likelihood of parents being motivated and having the ability to develop their parenting capacity. However, for some families neglectful parenting requires support or intervention from statutory social care services (CoN Level 4).

4.9 Parenting capacity indicators at level 4 on the CON are:

- Parents unable to provide parenting that is adequate and safe. Parental history is impacting significantly on their ability to care for the child and is having an impact on the child or unborn child. Parents have been unable to care for previous children
- Parental lifestyle (e.g. chronic substance misuse, transient lifestyle etc.) is exposing the child to significant risk (e.g. lots of strangers in the home, frequent moves and chronic domestic abuse). There is continual instability and risk in the home. No effective boundaries or guidance is set by parents placing the child at significant risk and beyond parental control. There is avoidance of offers of help through Early Help support
- Parenting is characterised by low warmth and high criticism; parents are inconsistent, highly critical or apathetic towards the child (or unborn child). Parents are not prioritising the child's needs above their own, significantly impacting on the child.

4.10 The impact on the child at level 4 of the CON maybe:

- Severe/chronic health problems and potentially life threatening health problems
- Developmental milestones not met; global developmental delay; non organic faltering growth
- Child presenting as regularly unfed/hungry; very unkempt clothes smelly; child scavenges, steals, hoards or hides food
- Significant speech and language delay/ child's clothing or footwear is consistently inappropriate (incorrect size or unsuitable for the weather)
- Severe dental and optical problems

- Evidence of disorganised attachment between parent and child with child finding parent unpredictable and frightening. Relationship issues severely impacting on child's emotional wellbeing often leading to significant mental health issues, isolation and inability to form healthy relationships.

- Problematic/chaotic drugs and alcohol use

- Moderate to serious mental health illness. Sustained bouts of depression/self-harm posing risk to self and others, emerging diagnosable illness e.g. personality disorder and bi-polar

- Child/ young person neglects own self-care due to prioritising care of parent/ younger siblings.

5. Neglect and Adolescents

5.1 Older children and teenagers require special consideration in regards to neglect. Young people in this age group respond differently to neglect either presenting with challenging behaviours or actively supressing any indicators of neglect. A particularly vulnerable time for children exposed to neglect is the transition from primary to secondary school. Children with neglectful backgrounds are unlikely to be supported by their family through this transition. This can compound their experience of neglect and entrench difficulties throughout their adolescence

5.2 The Children's Society conducted research with 1000 adolescents in 2016 which found 8% of teenagers experienced some form of neglect, with lack of supervision being the most common (58%). More young people age 14 and 15 years (3 times as many) than 12 and 13 years reported that their parents hardly ever or never helped them if they had a problem or provided emotional support. Research shows a strong correlation between young people's risk taking behaviour and their not being emotionally supported at home. There is also a very strong correlation between young people experiencing very poor health and being exposed to neglectful parenting.

5.3 Young people that experience neglect report low levels of general competence, feel that no one cares for them, are negative about their future, have difficulty in engaging in education and are generally unhappy with their lives overall. If the young person experienced different forms of neglect than their emotional wellbeing deteriorated with an increase in externalising behaviours (drinking alcohol and truanting from school) and internalising behaviours (depression, anxiety and post- traumatic stress disorder). Young people exposed to neglect are also very vulnerable to child sexual exploitation. Maltreatment that begins during adolescence is more damaging than neglect that starts and finishes during childhood as it causes problems during late adolescence and early

adulthood including involvement in criminal behaviours, substance misuse, health-risking sexual behaviours and suicidal thoughts (Thornberry et al 2010).

http://www.childrenssociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect

5.4 Working with adolescents:

Workers who can imagine themselves in the shoes of a young person, accurately enough to show they've grasped what it might really be like, can make a significant difference with the young person feeling recognised with respect and compassion. Recent research highlights the strong connection between the child's experience of being understood and their subsequent openness to learn from the person who has taken their experience seriously (developing epistemic trust). Establishing this trust is probably one of the universal features of all effective 'therapies', whatever their 'brand' (Fonagy and Allison, 2014) and it should be the goal of all workers in their everyday approach with young people. Young people with histories of abuse or neglect find it particularly difficult to establish epistemic trust. (See Neglect Toolkit pg.9 for further interventions).

6. Neglect and disabled children and young people

6.1 Disabled children and young people are at increased risk of neglect due to impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help. Disabled children at greatest risk are those with behaviour/ conduct disorders. Other high risk groups are children with speech and language difficulties, deaf, blind or Deafblind children and those with complex health related conditions.

6.2 Disabled children are also at heightened risk for the following reasons:

- They can receive many medical and intimate care needs, possibly from a number of carers, often in multiple settings which may both increase the risk of abusive behaviour and make it more difficult to set and maintain physical boundaries
- They may be extremely dependent on the abusing carer which can create difficulties, especially if the abuser is the person through whom the child/young person communicates
- They may have communication difficulties or lack of access to an appropriate vocabulary which might make it difficult to tell others what is happening

- They may not have someone to turn to, may lack the privacy they need to do this, or the person they turn to may not be receptive to the issues that they are attempting to communicate
- They may be inhibited about complaining through fear of loosing services
- They may be especially vulnerable to bullying and intimidation
- They may be more vulnerable to abuse by peers
- They may be more vulnerable to exploitation and perpetrators believe it is safer to victimise a disabled children.
- Disabled children are less likely than other children to be seen as credible witnesses, fewer cases involving disabled children go to court and courts sometimes fail to meet disabled children's needs, with insufficient use of video recording and intermediaries.

6.3 Types of neglect

Neglect of disabled children is not always easy to identify. They may experience the same types of neglect as non-disabled children (physical, emotional and sexual abuse) but there are also certain types of harm that may be experienced solely by disabled children. These include:

- Failure to meet the communication needs of the child
- Equipment is issued to a child but seems to be unavailable for the child's use, or alternative equipment that is ill-fitting or inappropriate for the child's use causing pain or injury. For example back braces / wheelchairs / sleep systems etc.
- A parent or carer refuses to follow professional advice which is considered to be in the child's best interests, for example refusing to take up services or treatment, pursuing invasive procedures which are unnecessary, or refusing to support school attendance
- physical interventions are not carried out in accordance with good practice guidelines and protocols
- inappropriate behaviour modification
- misuse of medication
- being denied access to education, play, stimulation and leisure opportunities. A number of studies suggest disabled children in residential care are particularly

vulnerable due to the nature of institutional life and the isolation they may experience.

6.4 What stops us identifying neglect with disabled children?

- Over identifying with the parent/carer
- Lack of knowledge about the impact of the disability on the child
- Lack of knowledge of the child – usual behaviour
- Not being able to communicate effectively
- Confusing the behaviours of an abused child with those associated with disability
- Being overwhelmed by the sheer volume of professionals involved, by the medical jargon and parental knowledge of the Disability and / or their child
- Being aware of medical/health complications may influence thinking.

It is important to remember that evidence of good quality care does not always mean that there are no safeguarding issues.

6.5 Working with disabled children

The primary means to protect disabled children is effective communication. This is no different for non-disabled children.

Disabled children have different speech and language and communication needs and may use a range of communication systems. These include British Sign Language, Makaton and Rebus, Sign supported English, Fingerspelling and augmented communication systems. Some children will have very limited communication with only a sign or word or movement that indicates yes or no. This does not mean that the child cannot understand or is not able to communicate what has happened to them.

In working with a disabled child the practitioner needs a strong sense of what their needs are (they will be additional to those of a non-disabled child) so that they can determine what the standard of parenting should be and whether or not the child's needs have been neglected. This is a very complex area and practitioners will need to work closely with other professionals.

Practitioners need to make the time to communicate effectively with the child and consult with the Children Disability Service to ensure that they have the right support. By spending time with the child/ young person a sense of what the child is trying to communicate through their behaviour and body language can be developed. The practitioner then needs to triangulate their observations and attempts to communicate

with information from other professionals and key people who know the child. Direct observations and working with the child and the family to focus upon the child's lived experience at home will inform planning and intervention. This may take the form of activities/respite that improves the quality of the relationship between the child and parent, parenting support and advice, protective behaviour work with higher functioning children, improving child's self-esteem through providing them with as much control as possible and capacity to communicate.

6.6 Other strategies include:

- Be prepared to challenge carers and ensure that abusive and restrictive practices do not go unrecognised
- The child's impairment should not detract from early multi-agency assessments of need that consider possible underlying causes for concern
- Always ask when assessing a disabled child: "Would I consider that option if the child were not disabled?"
- Make it everyday practice for disabled children to make their wishes and feelings known and ensure they know how to raise concerns.

6.7 Learning for managers:

- Basic training and awareness raising of the susceptibility of disabled children to abuse is essential for those working with disabled children
- Promote a culture of consulting with, listening to and encouraging the participation of disabled children
- Ensure there is clarity of responsibility for safeguarding disabled children between different teams within children's social care and the safeguarding needs of children living away from home are prioritised
- Make available to all staff up-to-date information about specialist advice and resources, experts, interpreters and court intermediaries.

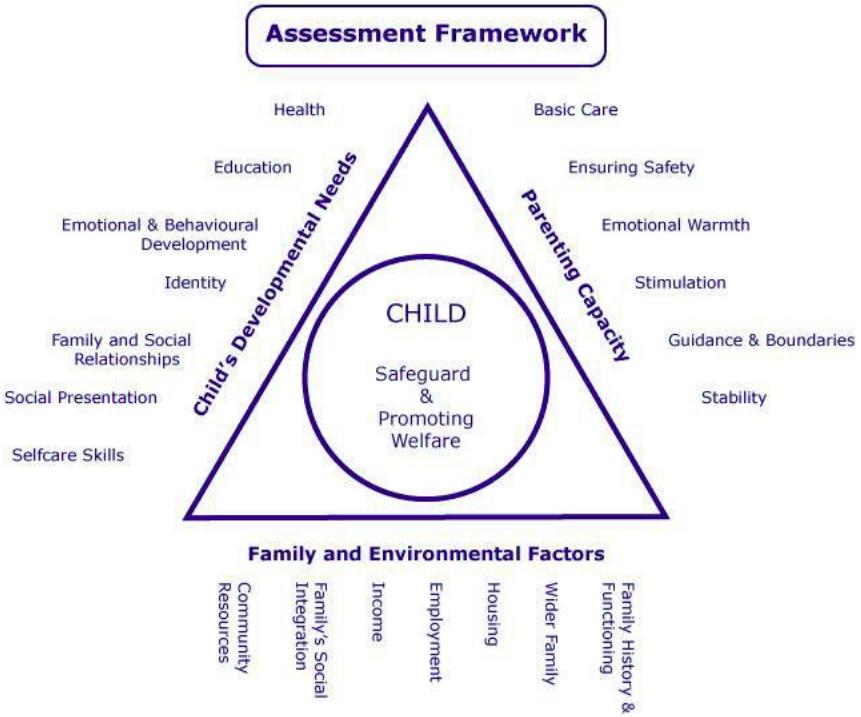
7. Assessment and care planning

7.1 Early help and social care assessment and planning:

7.1.1 The first step for practitioners in working with neglect is identifying those children who are at risk and being able to state the evidence base for this.

7.1.2 Concerns at this stage may have arisen from a one-off event (e.g. a young child being left unsupervised); a change in behaviour or presentation of the child; or it may be that concerns have been building for some time.

7.1.3 The Assessment Framework is the model used by ESCC Children Services. The framework puts the child at the heart of the assessment by focusing on child



development, parental capacity and family and environmental factors. This assessment framework informs the Early Help Plan, used by early help practitioners, and the Family Assessment, used by social care practitioners. The dimensions of the assessment triangle (see below) are useful in organising information to analyse and inform care planning.

The following headings provide the different dimensions of the Assessment Framework:

7.2 Child's developmental needs:

What children tell us, how they behave and how they present physically and emotionally at home and at school provides helpful indicators as to their daily experience. In order to make sense of this information practitioners need to be knowledgeable in child

development. Research in Practice's child development charts for 0-11 are helpful guides/prompts when assessing neglect.

7.3 A number of different factors impact on children and young people's presentation and development including their experience of being parented, their home conditions and environment, their relationship with others as well as organic physical concerns. The most effective way to truly ascertain the child's own experience of living in a neglectful environment is by developing an empathic trusting relationship with allowing them to confidently articulate their experiences (a useful tool is "A Day in the Life of a Child" Neglect Toolkit pg. 10). Further tools to help understand the child's experience can be found in Children's Participation Toolkit and Digital toolkit.

7.4 A critical factor which impacts on a child's physical and emotional development is education (including play and stimulation), disability, family and social relationships and identity. Frequently identity is overlooked in assessments especially in the area of neglect (see cultural competence section in Neglect Toolkit). However identity is broader than ethnicity and cultural identity, it is also how a child feels valued, their sense of belonging and how they fit within their community and wider society.

7.5 It is a good rule of practice that all suspected cases of maltreatment prompt a developmental assessment of the child which will involve recording and observing behavioural and emotional difficulties, observing interactions between the child and their primary carer and exploring parents' views of the child (Naughton et al., 2013). This developmental assessment will then inform planning and intervention.

7.6 Parenting capacity:

The most clear indicator of neglect is often the parent's ability to meet the basic care needs of the child – for example providing safe and clean housing, providing suitable clothing, and tending to the child's personal hygiene and medical needs. However of equal importance is parent's ability to meet their children's need for emotional warmth, supervision, guidance, boundaries, stability and stimulation and all have to be considered in order to understand the child's experience at home. Parental capacity can be affected by mental health, substance misuse, learning disability and domestic abuse. Often parent's own experiences of being poorly parented compromises the parenting of their own children. Particular attention needs to be given to the nature of the relationship between the child and the parent. The nature of the child's attachment to the parent is indicative of the quality of care provided. Severe neglect is often an indicator of a breakdown in the relationship between the child and the parent. (See Interaction Observation Chart in Neglect Toolkit p.16).

7.7 Family and environmental factors:

The condition of the family home is critical in terms of identifying neglect. It is important to understand where home conditions can be indicative of broader neglect and requires preventive input and where the conditions of the home are actually dangerous and hazardous and pose a current significant threat to the child's welfare (see Home Conditions Assessment questionnaire in Neglect Toolkit pg.35). Other factors of equal importance includes family functioning, parental own experience of maltreatment, sibling relationships and the role of an absent parent.

7.8 In terms of family cultural identity there are many differences in patterns and methods of parenting across cultures. However there is not a culture that accepts abuse and neglect of children. It is important to understand parents approach to parenting in terms of cultural factors and subsequent intervention needs to be informed by this knowledge. (See Neglect Toolkit – Cultural Competence pg. 45). Caution is required to prevent an over-emphasis on cultural factors – the main focus has to be about the impact on the child's health and development.

Poverty is often a significant contributory factor in the neglect of children. Limited housing and income impacts on families ability to meet the basic care needs of their children, and also provides a significant source of stress. Practitioners need to take full account of the families and neighbourhoods socio-economic conditions especially when working with neglect. A key practitioner task is to maximise families' income, manage debts, maintain stable and affordable accommodation or cope with the stresses of low and insecure incomes (see Neglect Toolkit for information on benefits and resources).

8. Threshold for step up

8.1 Neglect occurs along a broad spectrum which ranges from within bounds of acceptable parenting to very significant maltreatment. The issue is to identify the cut off between what is only undesirable and what is actually harmful and calls for a professional response (Glaser, 2011 p868). Support can and should be offered at any stage of family difficulties, but firm action is required when neglectful interaction with the child is so persistent and pervasive as to cause serious harm.

8.2 The Neglect Matrix is structured around the dimensions of the assessment framework (parenting capacity, child development, family and environmental factors). Under each of these dimensions there are indicators of neglect mapped against the continuum of need. This document needs to be referred to by early help practitioners and others prior to making a referral to Children Services, where there are concerns about neglect.

8.3 As with the Continuum of Need itself, the neglect matrix cannot replace professional judgement or decision making, and cannot be used as a checklist or an assessment of need in isolation. A family may tick one box indicating level 4 but they may not automatically need to be stepped up. There may be other protective factors that counter this area of concern and make it more appropriate for early help services to become involved.

8.4 Determining the degree of severity will indicate urgency and where on the continuum of need that intervention needs to be. Some indicators will require immediate, urgent action. However the majority of indicators of neglect will require further exploration and sharing of information with other professionals prior to planning the right course of action.

Supporting policy and procedures for the Step Up Process are: Continuum of Need; Information Sharing to keep Children Safe; Social Care Assessment Planning Intervention and Review and Step Up/Down Guidance
http://intranet.escc.gov.uk/sites/cs/pages/oics.aspx

9. Application of Neglect toolkit

9.1 The East Sussex Neglect Toolkit is for all practitioners working with vulnerable children and families. The stages of assessment, planning, intervention and review (APIR – see Children Services Operational Instructions) are used to describe a consistent common approach across Children Services. These are not necessarily separate stages but describe the process applied to all cases in order to identify whether a child has unmet needs and to ensure plans to meet those needs are implemented and effective. The Neglect Toolkit is structured around these different stages. The first part focuses on understanding and making sense of neglect, introducing tools to obtain information but also approaches to establish a baseline. The second part focuses upon interventions with children and families, introducing tools to measure progress. The final part focuses upon review, ensuring that timely decisions are made and if ongoing intervention is required that it is purposeful, proportionate and relevant.

9.2 Throughout social care practice is based on the principles of completing timely, proportionate and analytical assessments, outcome focused planning, conducting relationship based practice, delivering evidence based interventions, and strongly promoting the voice of the child. The toolkit supports these practice standards a focus on eliciting the right information in order to understand the experience of the child in the family home. The expectation is that the following tools will be used:

- A Day in the Life of a Child
- Chronology
- Observation of parent child interaction
- Assessment checklist.

9.3 If there are concerns about the child's emotional/behavioural presentation then it is expected the following questionnaire will also be used:

- Strengths and Difficulties Questionnaire

9.4 Additional tools may be used as agreed with the manager dependent upon the child/ parent presentation e.g. mental health screening tools such as GAD and PH7.

9.5 The toolkit contains a very extensive but helpful assessment checklist which helps practitioners and others to obtain a much more granular view of the kind of neglect experienced which helps provide more targeted intervention.

9.6 The expectation is that practitioners use the standardised tools in the toolkit to make an assessment and to establish a baseline against which to measure progress on aspects of family functioning and the setting of explicit and observable goals. Goals are

manageable, measurable and meaningful and directly relate to the experience of the child. A useful approach is Goal Attainment Scaling (see Neglect Toolkit pg. 44) which provides a framework to use with the family where agreed targets for change are clearly mapped out. The tools contained in the toolkit are then used within the framework to measure progress.

9.7 At the first review meeting agreement should be sought as to when the tools should be used again to measure progress. Note that these tools only form part of the assessment which is also based on observation, application of theory and research set within practitioners own safeguarding experience.

9.8 Critically the toolkit also provides you with strategies/interventions when working with families. These include the Resilience Framework, and Identifying Parenting Tasks (see Neglect Toolkit pg. 53 and 49). Other broader interventions need to be included dependent upon the assessment. For example following SWIFT consultation practitioners may use the Mental Health Self Help Guides in Single Source or conduct protective behaviour work with young people exposed to CSE.

9.9 The Neglect Toolkit should be used to inform decision-making, assessments and planning. It should be used in supervision. It complements the communication toolkit and does not replace assessments such as the Early Help Plan or the Family Assessment. It should be used to support and enhance practitioners' professional judgement.

10. Neglect and use of Chronologies

10.1 Significant harm in neglect is rarely the result of a significant incident and is normally a case of accumulative concern, for example gradually deteriorating home conditions, repeated incidents of children attending school tired or repeat injuries as a result of poor parental supervision. A clear succinct chronology in neglect cases allows for an emerging pattern of concern to be identified quickly (as well as identifying areas of strength). In turn chronologies enable levels of engagement, including capacity to change, to be identified. It also prevents "start again" decision making where individual situations of concern are looked at in isolation.

10.2 In compiling chronologies a fundamental principle is that we include parents/ caregivers own histories. We know adults' ability to parent can be directly influenced by their own childhood experiences and chronologies can help identify the impact of these experiences. If abused as a child parents may develop dysfunctional coping mechanisms such as aggression, hostility or withdrawal which can carry on into parenthood. Chronologies can be sensitively shared with parents, which can help them name and

address emotional difficulties and the impact of this history on the care of their own children. This is often the first vital step in addressing neglectful home situations.

10.3 An important practice principle is that chronologies are proportionate and focused. It is therefore important that accounts of parents own backgrounds are in a brief summary format.

10.4 How to compile a chronology:

10.5 Restrict content to factual information rather than opinions, analysis or professional judgement. However where there are disputed events these should be included, with the source of the information given and also the fact that one or both parents may have a different view.

10.6 The author should consider whether multiple significant events may be grouped together for example between April – June 2017 there were 23 incidents of the young person attending school with dirty clothing - rather than listing all 23 incidents separately.

10.7 Critically the chronology needs to detail what the service response has been to concerns and how the family engaged. This should also include when no action is taken and briefly explain why not.

10.8 Analysing a chronology:

Chronologies need to be reviewed and analysed regularly to help inform assessment and intervention. Consideration needs to be given to:

- Parent's history and impact on current functioning
- Child's early years including parental attitude during pregnancy
- Relationship patterns and evidence of meaning of child for parent
- Experience for the child in home environment
- Positive experiences including meaningful engagement and evidence of capacity to change
- Look where exceptions have occurred noting what was positive
- Interventions that have and have not worked and why
- Child development, parenting capacity and environmental factors.

11. Professional curiosity

"Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value." (Mason 1993)

11.2 Barriers to professional curiosity:

Children and families rarely disclose directly neglect. An important part of recognising and responding to neglect is practitioners being and remaining professionally curious There is evidence through audit and serious case reviews that practitioners instead of being curious can be either too rigid in their thinking or too indecisive. The following are a number of factors which prevent professional curiosity:

- **Not always listening to other adults** who may have important information to contribute (e.g. a violent father disclosing the mother of his children is a heavy drinker).
- **A focus on the parent rather than the child** can arise because of the high level of need or vulnerability of the adults in the family.
- **Failure to consider the child's lived experience or understand the child's world**. This indicates that greater attention should be given to talking with children and those who know them and to observing the behaviour of children of all ages (Ofsted, 2014) in order to see the world from the child's point of view.
- **A fixed view of the family** can cloud thinking and analysis and reduce openness to take on board new information. When this happens, first impressions can lead to a fixed view of the family that is difficult to change (Munro, 2002).
- **Difficult to engage families. This can be linked to superficial or false compliance**. Apparent resistance may be the result of fear, stigma, shame, denial, ambivalence, or the parent's lack of confidence in their ability to change. **Not my area of expertise**. Practitioners can lack confidence in taking responsibility for the assessment of the impact of neglect on a child's development, believing that someone else is better placed to act or make a decision (Brandon et al, 2009).
- **Reluctance to refer** concerns to children's social care may occur for numerous reasons, not least based on previous experiences of neglect referrals not being accepted (Gilbert et al 2009). General practitioners may also be reluctant to refer families in the early stages of maltreatment fearing the response is likely to be non-consultative and overly coercive (Tompsett et al., 2010; Woodman et l, 2014).

- **Emotional impact of the work** - people's lives can be chaotic and this has an impact emotionally on practitioners – on a very pragmatic level during home visits the conditions of the home itself can be overwhelming – the smells, and the poor conditions, as well as the level of hostility and anxiety directed at the social worker. (Harry Ferguson, 2016) The result can be that the practitioner feels overwhelmed and immobilised and does not appropriately respond to what are neglectful home conditions. In an attempt to emotionally cope practitioners can rationalise harmful behaviour.

11.3 Practitioners who remain professionally curious:

- Understand that talk, play and touch can all be important to observe and consider
- Do not presume to know what is happening in the family home and will ask questions and seek clarity if not certain
- Understand supervision is critical in identifying hopelessness/ numbed despair that comes with working with neglect. Recognise that supervision can help make sense of feelings and help to work on ways to reduce impact
- Supervision can also give key focus and purpose to work – as neglect cases by their cumulative nature can lack direction and drift
- Consider the professional relationship with parents and ensure parents feel respected and avoid judgmental language or assertions about their behaviours or motivation. This is achieved through empathy and understanding, and fully working in partnership with parents
- Remain open to hearing the voice of the child throughout the process and always measure parents' assertions against the child's lived experience. They maintain "respectful uncertainty"
- Fully engage the child and young person in assessment and intervention (see communication toolkit). Understand that to build authentic relationships with children they have to really understand the child's daily lived experience
- Within supervision and group supervision, hypothesise about why the family are functioning in the way that they are. Consider evidence carefully and reflect on the quality of parental engagement and motivation to change when progress is not being achieved. Triangulate information with other professionals and use chronologies as described above. Use all of these checks and balances to counter natural bias and potential loss of sight of the child.
- Ensure there is *evidence* of improvement through the use of assessment tools and do not rely solely on the parents' views to measure success.

12. Culturally competent practice

12.1 It is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons.

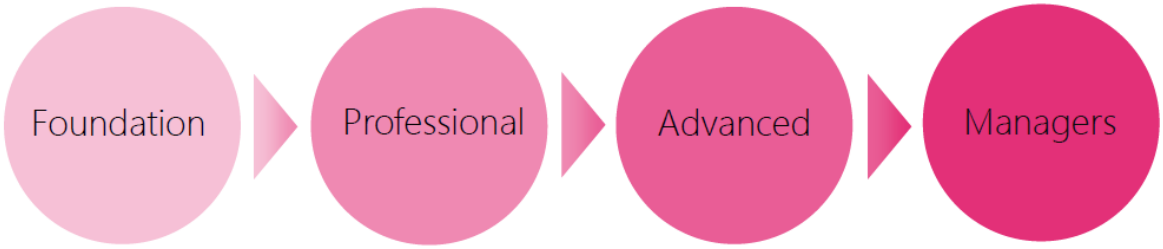
12.2 All professionals working with children, parents or families whose faith, culture, nationality and possibly recent history differs significantly from that of the majority culture, must be professionally curious and take personal responsibility for informing their work with sufficient knowledge (or seeking advice) on the particular culture and/or faith by which the child and family lives their daily life.

12.3 In some instances families may be reluctant to access support due to a desire to keep family life private. In many communities there is a prevalent fear that social work practitioners will 'take your children away'. There may be a poor view of support services arising from initial contact through the immigration system, and, for some communities - particularly those with insecure immigration status - an instinctive distrust of the state arising from experiences in their country of origin.

Professionals need to ensure that they:

- Know which agencies are available to access;
- Having contact details to hand;
- Time requests for expert support and information appropriately to ensure that assessments, care planning and review are sound and holistic.

13. Neglect training offer



13.1 Foundation

- How to identify neglect and who to tell, eLearning child and adolescent development

13.2 Professional

- Child and adolescent development workshop for social care and early help
- Designated Safeguarding Leads Training
- Child Protection Training
- LSCB Neglect workshop

13.3 Advanced

- Specific neglect toolkit training delivered to team meetings and via webinar

14. Quality assurance

14.1 What is Quality Assurance?

Quality assurance is about assessing the quality of the work we undertake to safeguard children and understand the impact of this work in terms of its effectiveness in helping to keep children and young people safe. Effective quality assurance contributes to a culture of continuous learning and improvement.

14.2 How do we find out how well we are doing in improving our practice in response to neglect?

Obtaining information from the following sources:

- The experience of children, parents and carers
- The experience of front-line staff / managers
- Parents'/children's case records
- Other organisational activity and management information.

14.3 In undertaking quality assurance activity focusing upon neglect these four sources of information need to be triangulated in order to guage performance overall and inform future practice/ service development. On a practical level this will take the form of multi-agency audit which reviews case records, speaks to practitioners and managers, aligns this to performance information (referrals, outcome of child protection plans for neglect) and direct contact with effected families and young people (young person focus group etc). This information will be analysed and recommendations made which will inform service development, training offer, practice guidance and resource allocation.

15. Reading List:

- **Child Neglect is Everyone's Business**, Research in Practice, April 2015
- **In the child's time: professional responses to neglect**, (Ofsted, March 2014)
- **Missed Opportunities: indicators of neglect – what is ignored, why, and what can be done** (DfE Research report November 2014)
- **Neglect and Serious Case Reviews, Executive Summary**, (Brandon et al, January 2013)
- **Evaluation of the Action for Children UK Neglect Project**, (Long et al, January 2012)
- **Making a difference to the Neglected Child's experience in 2013** (Jan Horwath)
- **A guide to Recognising Neglect and using the Graded Care Profile**: a tool for Herefordshire Council & partners of Herefordshire Safeguarding Children Board, (July 2014)
- **Really useful guide to recognising NEGLECT**: failure of provision, failure of supervision), Southampton LSCB
- **Why have we made neglect so complicated? Implications for Early Years**, Brigid Daniel, University of Stirling
- **Working Effectively with Neglected Children and their Families – What Needs to Change?**, Farmer & Lutman, Child Abuse Review Vol 23, (2014)
- **Intervening with Severely and Chronically Neglected Children and Their Families: The Contribution of Trauma-Informed Approaches**, Milot, St-Laurent & Ethier, Child Abuse Review, 2015
- **Grading the Graded Care Profile**, Sen, Green Lister, Ridby & Kendrick, Child Abuse Review, 2014, Vol 23)
- **Reconstruct: Neglected adolescents: recognition and interventions**
- **Community Care webinar: Child Neglect: How to gather and present your evidence**, (Joanna Nicolas, April 28, 2015)