Working with Neglect

Practice Guidance

August 2021

The CHSCP has recently agreed to the local implementation of the Graded Care Profile 2. This guidance will be updated to align with the GPC2 in the coming months.

Contents

Introduction

The practice guidance is issued by the City & Hackney Safeguarding Partnership (CHSCP). It is applicable to all professionals and volunteers working with children and young people. It should be read alongside other neglect guidance issued by the CHSCP and guidance within the 6th Edition of the London Child Protection Procedures

Research evidence strongly suggests that all forms of neglect are associated with impairment to a child's physical and emotional development. Neglect may also be a factor or a direct cause of death or severe injury and has been identified as a prevailing risk factor when there is hidden harm relating to physical and sexual abuse.

Systemic Practice Model

A systemic model of practice that values collaboration, recognises the importance of issues such as relationships, identity and diversity and brings a strengths-based approach to working with children, young people and their families can help when responding to neglect.

Such an approach will value seeing and understanding children and young people in the context of their broader systems and engage with key relationships in a child or young person's life to ensure that they are supportive, helpful and safe.

We recognise, however, that any intervention needs to be underpinned by a clear primary focus on each child or young person and their experiences and the confident use of professional authority when sufficient change is not being achieved for them.

Where we want to be...

- We want to be **identifying the signs and symptoms early** of children and young people who are, or may be, neglected.
- We want to understand the importance of looking beyond single incidents, **using chronologies** to map patterns of cumulative harm to inform our assessment and planning.
- We want to robustly assess both **parenting capacity and capacity to change,** using evidence-based approaches and tools to support us with this.
- We want every child and young person to have a **goal focussed plan**, addressing their individual needs. It will be clear to their parents what needs to change, by when, and what happens next if this can't be realised.
- We want to have a **consistent way of measuring change** over time, that is objective not subjective.

- We want practitioners to have access to consistent **management support** and escalation channels when we are worried about children and young people experiencing neglect.

Understanding Neglect

What is Neglect?

The persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development.
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 medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Source: Department of Health

Types of Neglect

Neglect is usually–but not always something that is persistent, cumulative and occurs overtime. It can continue without a critical event, or incidents may be widely spaced, but its effects are corrosive to children's development. Its presentation as a "chronic condition" requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern.

Neglect can also occur as a one-off event e.g. where there is a family crisis or a parent is under the influence of drink/drugs. It is possible that one-off incidents are part of a wider background of the neglect of the child, thus any incident-based reports need to be assessed to identify whether there are patterns, however widely spaced.

Omission or Commission - Neglect is abuse and the definition from Working Together 2018 refers to 'failures 'to

Neglect can be a lot of different things, which can make it hard to spot. Broadly speaking, there are four types of neglect (NSPCC).

- Physical neglect
  A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
- Educational neglect
  A parent doesn't ensure their child is given an education.
- Emotional neglect
  A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating, or isolating them.
- Medical neglect
  A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Signs of Neglect

Neglect can be really difficult to spot. Having one of the signs doesn't necessarily mean a child is being neglected. But if you notice multiple signs that last for a while, they might show there's a serious problem. Consequences of neglect outlined below offer key indicators practitioners should be alert to.

Neglect and Other Forms of Abuse

Neglect often coexists with other forms of abuse. Certainly, emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse, child sexual exploitation can and do co-exist with neglect. The existence of neglect should alert practitioners to exploring if children are being exposed to other forms of harm.

undertake important parenting tasks, what is often referred to as 'acts of omission'. It is not always easy to distinguish between acts of omission and acts of commission and both can occur simultaneously. For example, a parent leaving a child in the supervision of an unsuitable person involves both an omission to provide appropriate supervision and intent in leaving the child with someone unsuitable. The issue for those identifying and assessing neglect is less about understanding intent and more about assessing the child's needs not being met and whether the child is safe. **Neglect may be passive, but it is nevertheless harmful.**

Consequences of Neglect

NSPCC

0-5 years:

- Failure to thrive; stunting, poor height and weight gain
- Developmental delay; not meeting milestones e.g. not sitting, crawling,
- Pale skin, poor hair and skin condition
- Under-stimulation; head banging, rocking
- Language delay
- Emotional, social and behavioural difficulties e.g. frequent tantrums; persistent attention seeking or demanding; impulsivity or watchful and withdrawn
- Frequent attendances at A&E
- Persistent minor infections

***0-1 year are statistically more at risk of dying from neglect.**

5-11 years:

- Poor concentration and achievement at school
- Speech and language delay
- Aggressive/withdrawn
- Emotional, social and behavioural difficulties as above• Frequent attendances/admission to A&E
- Isolated or struggles to make and keep friendships
- Problems with taking turns and negotiation
- Poor physical coordination/dexterity
- Is bullied or bullies others

11-18 years:

- Failure to learn
- Poor motivation
- Socially isolated/poor peer relationships
- Increasingly high risk anti-social behaviour
- Potential for self-harm/substance use
- Feelings of low self-worth and alienation
- Poor self-esteem and confidence

Long Term Effects: Young people who experience the cumulative effects of neglect are most at risk and can result in:

•Behavioural difficulties

- Substance use

	• Eating and sleeping disorders • Mental health difficulties/self-harm • Criminality, violence, anti-social behaviour • Problems with intimacy and separation • Suicide

Cumulative Harm

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life; it may be caused by an accumulation of a single adverse circumstance or event, or by multiple different circumstances and events. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability, and wellbeing.

Impact of Cumulative Harm

Early brain development- Stress is normal and releases chemicals in the brain to help us respond, but prolonged stress can damage the developing brain; researchers investigating brain development have used the term 'toxic stress' to describe prolonged activation of stress management systems in the absence of support (Shonkoff & Phillips 2001).

Trauma- The term 'complex trauma' has been used to describe the experience of multiple, chronic and prolonged traumatic events in childhood (van der Kolk 2003). Exposure to chronic trauma may lead to serious developmental and psychological problems for children and later in their adult lives.

Attachment- Babies and young infants exposed to cumulative harm are more likely to experience insecure or disorganised attachment problems with their primary caregiver. Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety and anger (Streeck-Fischer & van der Kolk 2000)

Identifying Cumulative Harm

Things to consider:

- **Frequency-** Have there been previous allegations for similar issues?
- **Type-** Signs that child has experienced other types of child abuse and neglect in addition to those reported?
- **Severity-** Has caused or likely to cause significant harm if repeated over a prolonged period?

- **Source-** Does the current situation make the child more vulnerable to other perpetrators?
- **Duration-** How long have problems that lead to current involvement been present? (Bromfield 2005)

To recognise and respond to cumulative harm, the short and long-term effects matter. Your assessment must not only present the current circumstances for the child, but also the outcomes for the child should their circumstances remain unchanged.

What has been the impact of cumulative harm on each child in the family?

•*What has been the impact on the child to date?*

•*Is the child meeting developmental milestones?*

•*Are there any signs of trauma?*

•*What is the quality of parent–child relationship?*

•*What are the likely impacts on the child's development should their circumstances remain unchanged?*

This process will help identify the probability for future harm to the child, including the impact of harm on their safety, stability and development.

Barriers to recognising Cumulative Harm

Each involvement with a family being treated as a discrete event which means that:

- Information is not accumulated from one report to the next.
- Information is lost over time.
- There is an assumption that problems which presented in previous involvements were resolved at case closure.
- Files are not scrutinised for patterns of cumulative harm.
- Language used to describe events is vague or unspecific-reduces context and meaning.
- Departmental language not understood by others.
- In the process of reframing children's and families experiences into departmental language the child and families' subjective experiences can be lost. (Bromfield, Gillingham and Higgins 2007).

Recovering from Cumulative Harm

In cases where children have experienced cumulative harm the focus of intervention must be on reducing the adversity in the child's life, assisting their recovery and increasing their resilience to future adversity. These children require calm, patient, safe and nurturing parenting in order to recover (Perry 2005).

Key Messages

Younger Children & Pre-birth

Physical, emotional and medical neglect are all possible in the prenatal period and all can have an adverse impact on the developing child. A baby surviving prenatal neglect may have to endure life-long consequences in terms of its physical and emotional health and may exhibit behavioural difficulties even when separated from the birth parents. Ofsted reports have consistently highlighted that babies less than one year old have been the subject of a high proportion of serious case reviews. Preschool aged children and babies are innately more vulnerable and can suffer severe harm from neglect very quickly (for example through dehydration or drop in weight, lack of supervision resulting in serious injury).

Adolescent Neglect

Whilst it is rarely acknowledged, just like younger children, adolescents are more likely to experience neglect at home than any other form of child maltreatment. This may include a lack of emotional care, warmth and encouragement, young people not being adequately supervised or not being given sufficient physical care to preserve their health, and having little or no interest shown in their education. Their experience of neglect casts a long shadow on their present and future well-being, including their physical and mental health, educational achievement, and poor adult outcomes.

These risk factors mean that for many young people, home is not a stable or happy place, and their ability to feel able to access other protective environments such as education, or specialist health support may diminish. This can lead to young people being exposed to additional risks through being victims of various forms of exploitation outside of their family environment. Young people living in neglectful environments are unlikely to experience carers, and sometimes professionals, who are attuned to, and respond to, these risks which may further compound their experience of harm.

Some important questions to consider:

- *How is the home environment (i.e. conflict, relationships etc.) contributing or reducing extra-familial risk?*

- *Can the parents/carers offer warmth, care and boundaries in the face of what might feel like rejecting, challenging and/or confusing behaviour? What could support them to do this?*
- *Do they blame their child for what is going on or can they see (or be helped to see) that they are acting out of limited choices and pressures? Are they open to reducing punitive attempts to change their child's behaviour (which can place a child at further risk)?*
- *Do they report to the police when their child/ren go missing and do they understand the importance of this?*
- *Do they have age-appropriate expectations about adult supervision, and do they have the necessary support and resources to ensure age appropriate adult supervision?*

Children with Additional Needs

We know that children and young people with additional needs and disabilities are up to three times more likely to be abused or neglected than non-disabled children, and less likely to disclose harm due to communication and other difficulties. Practitioners should consider how they seek to understand the child's lived experience - Who might support exploration of this within the child's network? (a teacher, Speech and Language Specialist?). Additionally, are their factors impacting the parenting responses to appropriately manage the child or young person's additional needs? How does this impact this child or young person in the short and long term?

Parents with Learning Disabilities

There is an over representation of parents with Learning Disabilities whose children have a CP Plan - 12% of CP plans involve parents with Learning Disabilities - the general population is believed to be about 3%. They are even more over-represented in CiN plans whereby approximately 25% of parents have Learning Disabilities.

Early identification of parents is crucial to allow preventative work to take place. Many of the tools which exist to assess parenting capacity, may be unsuitable for parents with learning disabilities and need to be adapted with the support of those with specialist skills such as colleagues in Adult Social Care and our Clinical team.

Most parents with Learning Disabilities fall into the borderline category with an IQ of just above 70, meaning they cannot access a range of services due to strict eligibility criteria. These parents may still be challenged in aspects of their parenting which needs careful consideration and tailored support to assess and affect change.

Neglect and Affluence

The neglect of children and young people can also happen in affluent families. Such cases can present challenges for professionals in the recognition and response to neglect. Factors such as privilege and entitlement, barriers to escalating concerns and the need for authoritative practice can all be features of practice in such contexts.

Research undertaken by Goldsmith's, University of London identified the following factors:

· The findings revealed that thresholds for neglect are not always understood, which posed challenges for effectively safeguarding children at risk of significant harm in privileged families.
· The vast majority of the cases described by the participants concerned emotional neglect, although other forms of maltreatment, such as sexual abuse, child sexual exploitation and emotional abuse, were also identified.
· Commonly encountered cases involved struggling teenagers in private fee-paying and boarding schools, who were often isolated from their parents physically and emotionally and had complex safeguarding needs.
· Participants gave many examples to show how parents had the financial resources to access psychological support through private care providers to address their children's emotional and behavioural problems. Some practitioners viewed this as a positive outcome for the child, but some saw this as a way for the parents to opt out of the statutory child protection system, and to thus slip under the radar of children's services.
· All of the participants described difficulties in maintaining focus on the child because of the way that parents used their status and social capital to resist child protection intervention. Many also displayed a sense of entitlement to do as they pleased and an attitude that 'they know best'.
· Participants consistently cited that highly resistant parents were more likely to use legal advocates or the complaints procedures to challenge social workers.
· All of the participants also experienced the challenges of inter-agency working with private fee-paying and boarding schools when child protection concerns were raised.
· Considerable experience, practice wisdom and knowledge of neglect were essential in relation to working with highly resistant parents who had the resources to challenge social workers' decision-making.
· Skills, knowledge and competence: all of the participants highlighted the important role that supportive managers and good supervision played in helping them to effectively intervene in affluent families.
· Key to their ability to work in this complex field, participants cite the organisational culture of support, purposeful informal conversations about the case with colleagues, good supervision, knowledge, confidence, responsive managers, and themed learning activities.

Pathways to Best Practice

Evidence Based Practice and Practice Guidance

<u>Parental Capacity to Change</u>

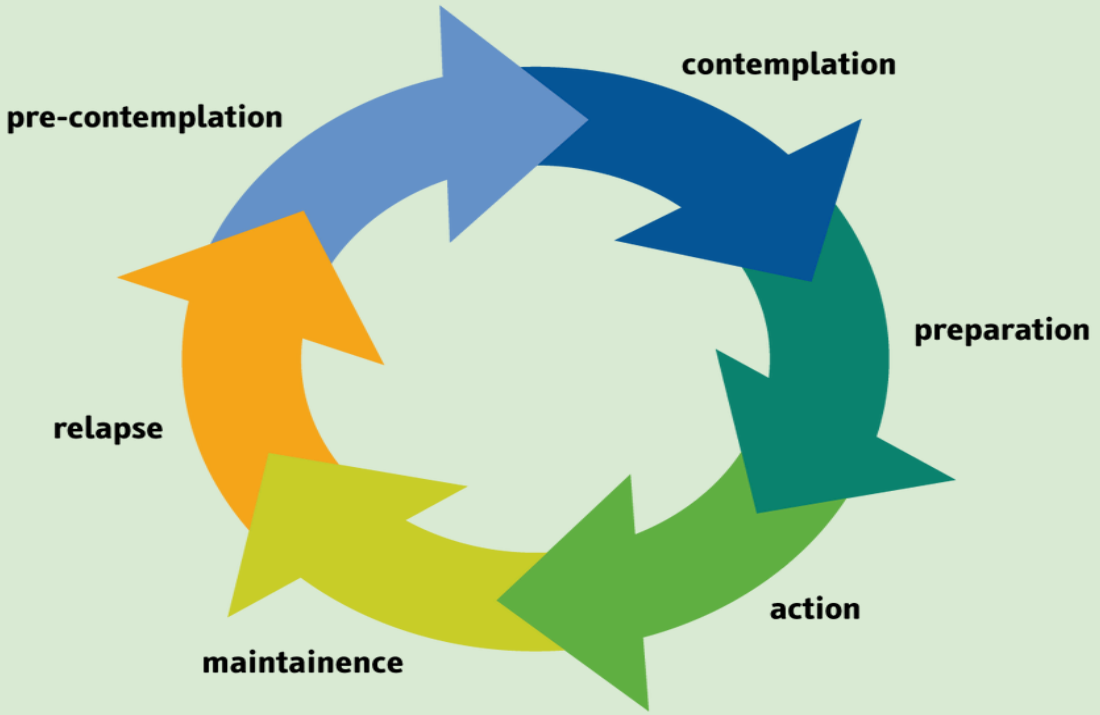
'Parenting capacity' and parental capacity to change are linked, but distinct aspects of assessment with high-risk families.

- Parenting capacity considers a parent's current ability to meet the developmental needs of their child;

- An assessment of a parent's capacity to change explores whether a parent is able to change sufficiently - with the right support - to ensure their child's safety and wellbeing and to do so within a timeframe determined by the child's needs.

While 'Capacity to Change' Assessments *can* produce a stand-alone formal assessment document in some situations, this guidance encourages practitioners to utilise the key principles to inform assessment and case planning with *all* children, young people and families.

It is important for practitioners to consider the various elements within the change process (see below model from Prochaska and Diclemente) in order to be able to identify where and why parents may face particular obstacles or have certain reactions at different points in time.



Transtheoretical Model of Change
Prochaska & DiClemente

Real change is difficult to impose on parents, so this understanding will help practitioners to support parents and find ways of moving forward. Examples of the elements of the change process that social workers need to understand include **unwillingness, ambivalence, motivation, engagement and relapse. (DfE, 2014)**

Useful Resources: City of London & Hackney

Capacity to Change Practice Guidance sets out a 4 stage process for assessing Parental Capacity to Change. As mentioned, it is not intended that this guidance is used to produce a standalone assessment document, but support consideration of capacity to change in all aspects of work.

DfE Capacity to Change Research Report 2014 brings together key research messages concerning factors which promote or inhibit parental capacity to change in families.

Goal- Focussed Plans

Practitioners need to feel confident to articulate areas of concern with parents and translate this into plans focussed on the child's timeframe; this enables parents to clearly understand exactly what the concerns are, and the areas in which they need to change. Professionals and parents need to agree on the timeframe in which change is required, and possible outcomes or consequences of parental ability to achieve improvement.

Key Principles:

- The process of goal setting should be collaborative, which helps parents feel involved, rather than 'done to'
- Goals should focus on behavioural change, rather than attendance at appointments. Remember that cooperation or engagement does not necessarily indicate that a parent can change sufficiently to keep their child safe
- The behaviours that are identified as the targets for change need to be relevant to the child and the child's needs and goals should be set with a clear focus on the child's timescales- ***'ongoing'*** is wiped from our vocabulary!
- Plans are for the families, *not* for professionals. Jargon, acronyms, etc are banned (a 'legal planning meeting' or 'clinical intervention' will likely mean very little to a family)
- Put yourself in the family's shoes reading the plan- Would you know what you are being asked to do? Why? And by when? Is it clear what will happen if things don't change? Does the whole thing feel too long and overwhelming?

Useful Resources:

Plans: Best Practice Examples

Measuring Change

The challenge of monitoring and assessing change is recognised as a complex task in cases of neglect. Unless there are effective systems to establish baselines for the extent and nature of neglect, the development of effective plans to target intervention is very challenging.

There is increasing recognition of the need for 'structured professional decision-making which utilises data collected through evidence-based tools in addition, but not instead of, judgments that can be over-reliant on social workers' intuition and experience (Barlow, Fisher and Jones, 2012). A number of standardised measures have consequently been developed to support professional decision-making in this area.

The following evidence-based tools can support practice working with neglect:

Graded Care Profile 1 assists practitioners to measure the quality of care being given to a child in respect of physical care, safety, love and esteem on a graded descriptive scale. (This version of the profile is freely available to use without a license)

Child Care and Development Checklist or Neglect Toolkit, assists early identification of neglect, informs decision making, supports assessments and planning and can also be used to track improvements, deterioration or drift. It should be used alongside, not instead of, whole family assessments such as the Early Help Assessment or Children's Social Care Initial Assessment. Please see here for guidance on using the tool.

*For more detailed information on using the above tool - see recorded session on Using Tools to Measure Change found here.

Other tools detailed below may be useful as supplementary measures and can be used when there are specific concerns within a case.

DASS21 The DASS is a quantitative measure of distress along the 3 axes of depression, anxiety and stress . It is not a categorical measure of clinical diagnoses. This tool would benefit from clinical consultation to score and interpret the results.

Emotion Regulation Questionnaire A 10-item scale designed to measure respondents' tendency to regulate their emotions. This tool would benefit from clinical consultation to score and interpret the results.

Multidimensional Scale of Perceived Social Support The MSPSS is a 12-item scale designed to measure perceived social support from three sources: Family, Friends, and a Significant Other.

Home Conditions Assessment can be used to assess physical aspects of the home environment and measure if the home environment is in a better or worse condition than it was 3 / 6 / 9 / 12 month ago.

Parenting Daily Hassles scale helps measure the intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children, repeating this offers a measurement of change.

The Alcohol Scale questionnaire can be useful to provide a baseline, either at initial or core assessment or during ongoing work in relation to a parent's alcohol consumption.

Useful Resources: City of London & Hackney

DOH Framework for the Assessment of Children in Need and their Families The Family Pack of Questionnaires and Scales also sets out a number of questionnaires and scales which can be used when assessing children and their families.

RiP Standardised Measures

RiP Scoring Standardised Measures- Scoring Guidance

Chronologies- Mapping Patterns

- Chronologies support assessments and enable practitioners to recognise the cumulative impact of abuse of children, including the identification and impact of neglect, particularly chronic neglect.

- Building a coherent and timely chronology helps practitioners to analyse, by exploring patterns and trends, what is happening in a child's life in order to make an assessment of risk that is based on reliable evidence over time.

- Historical information in a chronology informs and contributes to the conclusions being reached about children's safety and well-being.

- Chronologies are used to identify connections amidst intergenerational patterns of behaviour and can highlight repeating patterns across generations of the same family. Identifying these patterns can aid assessment and intervention to safeguard children in this generation.

Useful Resources: Hackney
Hackney CFS Chronologies Guidance and Template are accessible via the intranet.

Working Together

Reflective Spaces- Creating opportunities to seek support and constructive challenge from colleagues and line management will help practitioners question their judgements or ongoing narratives about a case. This might be during one-to-one supervision, unit meetings (in Hackney)[1] or multi-agency meetings with other professionals.

IRO consultation- Where there is uncertainty about the threshold decision to progress a case to Initial Child Protection Conference, consultation with the IRO / Duty IRO can support decision making. This consultation will be recorded on file. An important consideration is whether to progress a case to an Initial Child protection Conference.

*In Hackney, **The FISS Case Review Forum** held on a fortnightly basis supports practitioners in cases where there are long standing neglect issues where Units may be stuck with what to do. The types of cases therefore will be:*

Repeat CP Plans
CP Plans over 15 months old
Cases open for 15 months or more(CIN)
Multiple interventions (eg. more than 2 CIN Plans, repeat referrals)
Supervision Orders where we are unsure whether to return the matter to Court

[1] Hackney's Practice Standards set out that all children should be discussed at Unit Meeting a minimum of every 4 weeks

Partnership Working- Understanding and addressing neglect concerns for children and young people is difficult without the involvement of the network around the child or young person. Early help, assessment and intervention are important because incidents of neglect and abuse within families are on a continuum and situations where abuse is developing can, at times, be resolved by multi-agency preventative services outside the child protection procedures.

Where there is uncertainty about the threshold of significant harm being met, practitioners can convene a **professionals meeting** to gather information and make a multi-agency assessment about the level of risk. Minutes of this meeting should be clear, recorded on file ASAP, and shared with the network.

Useful Resources: City of London & Hackney

The City & Hackney Safeguarding Children Partnership has published a range of material supporting the multi-agency response to neglect. These can be found here.

Working Together Guidance sets out how we work in partnership with other professionals to respond to the needs of children and families.

The London Child Protection Procedures also contains valuable practice guidance on neglect.

Involving Family and Support Networks- Approaches such as Family Group Decision Making (FGDM) / Family Group Conferences (FCG) can decrease parental resistance to involvement with social workers by reducing their feelings of powerlessness within the context of statutory interventions and court proceedings. (DfE, 2014).

FGCs should be built into the assessment and planning process at the earliest opportunity to allow the family to input into addressing concerns. A review of the impact of FGCs should take place ahead of any decision to escalate to an Initial Child Protection Conference or when considering pre-proceedings or care proceedings. There is an expectation therefore that practitioners are *routinely* utilising FCG's during the Child and Family Assessment and/or where a CiN plan is in place.

In Hackney, practitioners are encouraged to utilise Daybreak FGC provision via the referral process.

Management Support, Guidance and Oversight

Given the level of complexity of much of the work that we undertake, significant demands are made on our practice and planning. Finely balanced decisions are needed to ensure that each child or young person's needs are met. It is important that where practitioners are feeling worried or stuck in their work with a child or young person experiencing neglect, that advice and guidance is sought through management channels.

In the first instance this is your line manager who will support decision making about whether further case direction is required from more senior managers to agree an appropriate course of action.

The City and Hackney Safeguarding Children Partnership's **Escalation Policy** supports practitioners to resolve professional difference with partners. Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. This interagency policy defines the process for resolving such professional differences and should be read alongside the London Child Protection Procedures and relevant internal policies on escalating matters of concern. Further information is available HERE

Inequality and Neglect

It is important to also have an understanding of how the structural dimensions of disadvantage and social exclusion (such as racism, poverty, homelessness, unemployment, unsafe neighbourhoods and poor access to transport or community facilities) might be compounding the effects of other problems, creating barriers to the parents' ability to provide adequate care, and/or their willingness to confide in you or trust you. It is important not to minimise their experiences but to be willing to be open and to understand its impact on a family's day to day life of these factors.

RiP Poverty, Inequality and Neglect

Possible Barriers to Best Practice

Start again syndrome- Practitioners and organisations get caught up in 'start again' syndrome. Neglect should not only be measured by the most recent set of events but should be judged by the cumulative impact on the child of any previous incidents.

Invisible Fathers- Research and practice tends to have focused on mothers ignoring the role of fathers. Hackney CFS Practice Guidance on Working with Fathers provides a useful framework for ensuring fathers are involved in all stages of assessment and planning in relation to their children and young people.

Parent-Centred Practice- Professionals may feel great empathy for parents and develop a tolerance for actions or inactions which are detrimental to the child. This type of a parent-centred approach invokes a risk that the focus on the child, the actual or potential harm she/he experiences and the impact on the child's development become marginalised. Keeping a focus on the child has to be a priority. Recognising the above factors and how they affect the child's development are key to good assessment and a critical component of Goal Focused Plans.

Difficult Conversations- Professionals can find it hard to talk about neglect with parents. This can be due to the fear of being judgemental. Professionals need to feel confident to articulate areas of concerns with parents; this enables parents to clearly understand exactly what the concerns are, and the areas in which they need to change.

Social Work Community Managing Difficult Conversations
Community Care How to Handle Difficult Conversations

Over-reliance on professional intuition without critical challenge- Professional intuition and feelings around that might be going on for a child and family are vitally important and useful in assessment and decision making, critical challenge by others is needed to support practitioners from becoming attached to narratives, and to allow for important review when new information comes to light. Practitioners should draw on systemic principles of curiosity and developing multiple hypotheses to ensure robust assessment about what might be happening. The use of objective standardised tools may also support judgements and provide clarity and evidence to support them.

Was not Brought – Not recognising the signs of potential neglect through repeated failure by parents / carers to bring their child / children to health appointments.
Rethinking Did Not Attend

A Child's Experience of Neglect
***Susan* is a 6 year old white girl who gives an account of her school and home life in a chaotic and unstructured household. She describes the physical symptoms of neglect.**

A Mother's Experience of Neglect
***Fiona* is the mother of the three children, white and 38 years old. She shares her experience of growing up in care and how this impacts upon family relationships and relationships with agencies.**

Further information

Additional Resources

- **Research in Practice (RiP):**
- **To sign up or access your account visit** https://www.rip.org.uk/login/create-account/. Research in Practice also has a specific page for frontline managers: RiP Resources and Tools for Practice Supervisors
- **NSPCC Learning from Serious Case Review Briefings:** The NSPCC provides thematic briefings which highlight the learning from case reviews that are conducted when a child dies or is seriously injured and abuse or neglect are suspected. Each briefing focuses on a different topic, pulling together key risk factors and practice recommendations to help practitioners understand and act upon the learning from case reviews. Briefings can be found here: NSPCC Learning from SCRs.
- RiP: Completing Chronologies
- RiP: Impact Brain Development and the Impact of Neglect
- RiP: Scaling up the Graded Care Profile
- RiP: Neglect in the Context of Poverty and Austerity
- RiP:21st century social work with children and young people with disabilities: Evidence Review
- RiP: Communicating with children and young people with speech, language and communication needs and/or developmental delay
- RiP Neglect in the context of Poverty and Austerity
- RiP Building child and family resilience - boingboing's resilience approach in action
- IRISS Parents with Learning Disabilities
- Action for Children Neglect Research Evidence to Inform Practice.
- Youtube Effects of Emotional Abuse/Neglect on Childhood Development
- Youtube How a child's brain develops through early experiences
- Youtube Adverse Childhood Experienced (ACE's)
- Action For Children- Neglect Resources
- Guidance Health and Nutrition for children: Nutrient Profiling

Healthy Meals Standards
Nutritionist Recourse
Nutrition guidelines for early years to school aged children

- Cumulative Harm Practice Model used in Australia.
- Watching over or Working with? Understanding Social Work Innovation in Response to Extra-Familial Harm
- Article linked to Capacity to Change: The life of children in care in Denmark: A struggle over recognition
- Article linked to capacity to Change From Attachment to Recognition for Children in Care
- Community Care- Strengths based questions for work for assessments

References

Barlow, J., Fisher, J.D. and Jones, D. (2012) Systematic Review of Models of Analysing Significant Harm.London: Department for Education.

Bromfield, LM 2005, Chronic child maltreatment in an Australian statutory child protection sample, unpublished Phd thesis, Deakin University, Geelong

Munro, E. (1999) 'Common errors of reasoning in child protection work.' Child Abuse &Neglect, 23, 8, 745-758.

Bromfield, L. and Miller, R. (2007) Specialist Practice Guide: Cumulative Harm. Melbourne, Vic: Department of Human Services, State Government Victoria.

Perry 2005,BD 2005, Maltreatment and the Developing Child: How Early Experience Shapes Child and Culture, The Margaret McCain Lecture Series, The Centre for Children and Families in the Justice System.

Shonkoff, JP & Phillips, DA (eds) 2001, From neurons to neighbourhoods: The science of early childhood development (2nd edn), National Academy Press, Washington, DC

Streeck-Fischer, A & van der Kolk, BA 2000, 'Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development', Australian and New Zealand Journal of Psychiatry, vol. 34, no. 6, pp. 903–918.

van der Kolk, B 2003, 'The neurobiology of childhood trauma and abuse', Child and Adolescent Psychiatric Clinics of North America, vol. 12, no. 2, pp. 293–317.