

Supervision/Management Oversight

Learning from Audits – Child Neglect
Resources to assist practice

Why does neglect differ from other forms of abuse ?

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
- 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.

The way in which we understand and define neglect can determine how we respond to it.



What is Neglect?

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 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.*
- Swindon Safeguarding Partnership recognise that neglect does not need to be persistent to negatively impact children and young people.



Horwath (2007) identified six different classifications of neglect

More information can be found in the [SSP Neglect Strategy 2024-2027 - Swindon Safeguarding Partnership](#)

appendix 2 – classifications of neglect,
appendix 3 – adolescent neglect,
appendix 4 – impact of neglect at each developmental stage,
appendix 5 – prenatal neglect
appendix 6 – children missing education.

- **Medical neglect:** child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.
- **Nutritional neglect:** child is given insufficient calories to meet their physical/ developmental needs; sometimes associated with 'failure to thrive', though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
- **Emotional neglect:** involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- **Educational neglect:** child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. May also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
- **Physical neglect:** child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home
- **Lack of supervision and guidance:** child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.
- **Consider also Adolescent Neglect** - further information is available on [SSP Neglect Webpage](#)



Be Curious! Think Family!

- Are children living within the household and being cared by a parent/carer who self-neglects?
- Consider use of the resources below to assess the impact on the child's lived experience and any safeguarding action which may need to be taken.
- Further information can be found on:
 - SSP webpage: [Self neglect - Swindon Safeguarding Partnership](#)
 - [Multi-agency policy and guidance on responding to self-neglect – June 2024 - Swindon Safeguarding Partnership](#)

Welfare and safety plan and practitioner guidance:

- [Appendix 1A - Welfare and Safety Plan](#)
- [Appendix 1B - Welfare and Safety Plan Practitioner Guidance](#)
- [Example of completion of a Welfare and Safety Plan](#)

Some common pitfalls when working with neglect

Practitioners and managers should be mindful of the following issues or barriers to effective assessment and interventions with neglect.

This includes a failure to:

- recognise and name neglect.
- Understand the neglect domains and the long term consequences of neglect and the effect of [cumulative harm](#).
- observe or listen to children and not seeing the world through their eyes.
- recognise children, their individual needs and as part of a wider community, whose responses to the neglected child may be to socially exclude them.

Additional factors include:

- Neglect is usually seen as the mother's failure to provide care where as the role of males are often hidden and their influence within the family is not known.
- Making assumptions about race and culture that could under or over state the risks.
- Viewing neglect as inevitable as the parents are unable to change their lifestyle/behaviour and/or a belief that neglect can be addressed solely by relieving poverty.
- Developing pervasive belief systems that as long as the children seem happy, other omissions of care are less important.
- An adherence to a belief in the adults rights to 'self determination', which may deny or be in conflict with the rights and/or best interests of the child/ren. **Professionals need to be aware of circumstances where consent may be overridden to safeguard children.**
- Over identification with vulnerable parents, and over reliance on parental self reporting - leading to a lack of safeguarding of children.

- Studies have shown that when professionals have fixed views about the family and child and '**rule of optimism**' develops, it is then difficult for workers to change their views about the family. This may be in spite of compelling evidence of neglect and significant harm.
- Professionals are desensitised to the chronic and cumulative harm of neglect which is often masked by chaotic family environments.

Top Tips: when there are concerns of neglect

- Look at each area of the Framework for Assessment and identify the evidence and risk factors you consider to be indicative of child neglect.
- Record your concerns, and look back over your agency notes or records.
- Think about the concerns in the context of a time-line or chronology. Are the causes for concern discrete (time-limited or related to a specific event) or chronic in nature.
- As well as your concerns, identify protective factors or strengths, family or community supports.
- Consider the child/young person and parent's views.
- Work sensitively with diversity.
- Use supervision for support and to critically reflect on the circumstances of the case.

Evaluate information in:

- respect of the individual child and his or her specific circumstances, and that of the family.
- relation to the impact that this has on the child both in the present and over time.

Be aware of:

- disguised compliance (when families are only complying because they want to get professionals out of their lives).
- being overly optimistic about parents' ability to make and sustain necessary changes.
- 'Start again syndrome' – in some cases practitioners can struggle to understand the substantial history of a case and there is a tendency to 'start again' as a result and not consider fully the patterns of past involvement.



Supervision

- The importance of supervision in cases of neglect cannot be under estimated.
- Effective supervision is an important resource for reflection, information and support and the process by practitioners can identify areas for adjustment in their practice to overcome misplaced optimism or the start again syndrome in cases of neglect.
- Some considerations for supervision include:
 - If there is a mention of neglect, be curious and confirm that relevant neglect tools have been used e.g. neglect screening tool.
 - Use of a chronology to establish patterns and persistence of neglect.
 - Focus on the impact on the child/children – are there concerns about any other types of abuse?
 - Keeping the child at the centre, (child's voice)
 - Challenge any drift and delay
 - Ensure there is clear analysis
 - Provide ad hoc supervision if needed to provide additional support
 - Monitor plans of progress within child's time frames with a narrative of positive or negative impact on the child (chronology)
 - Have a clear escalation/resolution pathway

Defensible Decision-Making

Resource pack:
Defensible decision-
making in children's
social care - resource
pack for practice
supervisors: Frontline
Briefing (2022) |
Research in Practice
contains 5 tools to
support defensible
decision making.

- **Tool 1: Wonnacott's Discrepancy Matrix** (pages 8-9) encourages practitioners to reflect on what is known about work with a child and family and what is unknown or not yet known – a vital aspect of working with uncertainty.
- **Tool 2: Using the five anchor principles in supervision** (pages 10-22) provides information about five 'anchor principles' which can be used to inform assessment planning and discussion.
- **Tool 3: Safe Uncertainty** (pages 24 – 31) The concept was coined by Barry Mason (a systemic family therapist) and is particularly helpful in assessing risk.
- **Tool 4: Using summaries to make decisions explicit in supervision** (pages 36-37) process of engaging in reflective discussion can encourage both social workers and practice supervisors to articulate their views and decide jointly what should happen next.
- **Tool 5: Evidencing defensible decision-making with 'the child on your shoulder' in child and family social care** (pages 39-50) Practice supervisors are tasked with making sure that social workers keep these records up to date and that the information they contain evidences defensible decision-making and high standards of service delivery.



Resources

SSP resources

- [Neglect Strategy 2024-2027 - Swindon Safeguarding Partnership](#)
- [Neglect framework and practice guidance - Swindon Safeguarding Partnership](#)
- [Neglect - Swindon Safeguarding Partnership](#) includes A Day in The Life resources
- [Neglect screening tool - Swindon Safeguarding Partnership](#)
- [Cumulative Harm - Neglect - Swindon Safeguarding Partnership](#)
- [SSP chronology documents - Swindon Safeguarding Partnership](#)
- [Neglect - Swindon Safeguarding Partnership](#)[The Right Help at Right Time guidance - Swindon Safeguarding Partnership](#)
- [Professional curiosity - Swindon Safeguarding Partnership](#)
- [Information sharing and consent - Swindon Safeguarding Partnership](#)
- [SSP Multi-agency Safeguarding Supervision Framework and Principles - Swindon Safeguarding Partnership](#)

Research in Practice

- [Defensible decision-making in children's social care - resource pack for practice supervisors: Frontline Briefing \(2022\) | Research in Practice](#)
- [Supporting critical analysis | Research in Practice](#)

