Swindon Children's Neglect Framework and Practice Guidance

Date:	September 2020
Review Date:	September 2022
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Document Owner:	Swindon Safeguarding Partnership

Introduction

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. This can be due to failure to give due care, attention or time to a child or through disregard or carelessness. Neglect may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition neglect may occur during pregnancy as a result of maternal substance misuse.

Neglect differs from other forms of abuse because it is:

- ✓ Frequently passive
- ✓ Not always intentional
- ✓ More likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies
- ✓ 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.

As part of the Safeguarding Partnership strategy for neglect in Swindon professionals should use this Practice Guidance when working with families where there are concerns about neglect. The Neglect Framework is designed to assist in the identification of child neglect and identify when there is a concern that the quality of care a child is receiving is leading to their developmental needs being neglected. Swindon Safeguarding Partnership have adopted the Graded Care Profile 2 (GCP2) assessment tool to assess neglect. The GCP2 assessment and this framework can also be used to support referrals and in reflective supervision meetings.

The framework provides a series of questions around the 5 key areas of:

1. Persistence & Change
2. Child Development Areas
3. Impact of neglect on the child and their lived experience
4. Causal factors
5. Acts of Omission or Commission

Accompanying documents to the Neglect Framework include a 7 minute briefing for Neglect.

Chronology of Neglect

A good chronology of events can identify patterns of behaviour and show where risks may lie. A chronology can identify; themes, patterns, risks, strengths, capacity to change. If no chronology exists then one should be started. Good practice guidance on chronologies can be found on the SSP website.

Supervision

The framework provides guidance to help reflection in supervision. Supervisors should support and encourage practitioners to reflect on the impact on themselves as individual workers and how working with this family has made them feel. Practitioners should be encouraged to reflect on how these feelings may have impacted on their assessment.

Identification of Neglect

The following chart defines the areas of neglect referred to in this Neglect Framework

Areas of Neglect	**Professional Consideration**
Persistence & Change Neglect with constitutes 'significant harm' is that which is; Persistent; Cumulative; Chronic or acute; Resistant to intervention. The behaviour of seriously neglectful parents/carers is frequently characterised by care which lacks consistency and continuity. There may be brief intervals when care is marginally improved. This may raise the hopes of those providing services, but improvement may not be long term change creating a sense of hopelessness for those supporting the family.	Parental/Carer Motivation to; • Make consistent changes in their life • Recognise the cumulative impact of harm • Understand the Child's Experience

Child's developmental areas	
The impact of neglect on the child's biological, psychological and emotional development.	• Physical care received • Emotional Care received • Health & Medical care needs met • Appropriate Supervision & Guidance • Appropriate Stimulation & Education • Adolescent needs met
Impact of neglect on child's lived experience	
The knowledge about the child's world gained through direct, first-hand involvement of their everyday life.	• The child's experience • Exposure to other abuse • External influences on child and parent/carer
Causal Factors	
Causal factors are additional factors which may impact upon a parent/carer's ability to care for a child.	• Parental Mental and Physical Health • Parental Substance Misuse • Domestic Abuse • Parental Learning Disability • Poverty, discrimination, & Social Isolation
Acts of Omission and Commission	
Acts of commission are deliberate and intentional. Acts of omission are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm.	• Carer ignorance of neglect or deliberate harm/abuse

Agencies Roles and Responsibilities

There is an expectation that when there is a concern that a child is experiencing neglect the Neglect Framework will be used by professionals to make an early proactive assessment of the impact on the child.

Within Swindon, the Graded Care Profile 2 (GCP2) assessment tool will be completed by staff trained in GCP2. This helps measure the quality of care a child is receiving and so identify neglect and spot anything that is putting that child at risk of harm. Once identified professionals will assess what pre-disposing factors of neglect are potentially there and what action they need to take. Multi-agency planning should occur to prevent deterioration and to coordinate and plan the support services to families.

Further information regarding the Graded Care Profile 2 Principles for use and Frequently Asked Questions can be accessed here.

1. Responsibility of all agencies

All of these agencies have a responsibility to contribute to the safeguarding of children. Roles and responsibilities are clearly defined in both the statutory guidance and Swindon Safeguarding Partnership Child Protection Procedures.

2. Responsibility of Health

All health professionals must be alert to the signs of neglect in children and young people.

Health professionals from a variety of health settings e.g. G.Ps, health visitors, school nurses, hospital professionals, dentists, opticians, physiotherapists etc. are involved with children and families at various stages in a child's life. They play an important part in recognising and referring signs of neglect. The nature of neglect is insidious so it is essential that all health professionals maintain accurate, detailed and contemporaneous records. When a health professional identifies concerns regarding neglect in a family they should refer to MASH or liaise with their safeguarding lead in their own agency.

3. Responsibility of Children's Services

Early Help
If Early Helps services are being provided to the family in cases of neglect a GCP2 assessment tool should be completed.

Children's Social Care.
The GCP2 assessment tool should be considered in all cases of neglect where it is identified that a statutory assessment should be undertaken.

Where a child is at continuing risk of significant harm Children's Services is responsible for coordinating an inter-agency plan to safeguard the child via a child protection conference and core group.

In cases where the child's name has been made the subject of a child protection plan, the child protection conference chair should identify responsibility for the completion of the GCP2 assessment tool and identify timescales in line with the Child Protection Plan.

4. Responsibility of Police

The Police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and all officers are responsible for identifying and referring children who are at risk or in need. Any Officer can utilise emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm.

In cases of neglect, initially it may be unclear whether any offence has been committed. A search of relevant premises, medical examinations and interviews with suspects, children and witnesses should all be considered to determine the circumstances in which a child is cared for and whether any neglect was wilful and would support a criminal prosecution. (Authorised Professional Practice)

5. Responsibility of Early Years

All EY providers play an important role in the prevention of abuse and neglect. They provide a healthy, safe and secure environment where the individual needs of each child are met. All staff has a responsibility to be alert to the signs of abuse and neglect and to make a referral to Children's services when it is deemed necessary to do so. Early Years staff may be asked to contribute to assessments.

6. Responsibility of Education

All schools play an important role in the prevention of abuse and neglect. Schools provide a safe environment for children and teach about staying safe from harm. Schools provide an essential educative environment for the next generation of parents. All education staff has a crucial role in noticing indicators of neglect and in referring concerns to Children's Services. In addition to referring concerns, education staff may contribute to assessments.

7. Responsibility of Housing

The Housing Department may have important information about families, identifying cases of neglect or contributing information to assessments. The Housing Department has a critical role to play in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important role to play in reporting concerns where they believe that a child may be in need of protection.

8. Responsibility of Probation Services

In discharging its statutory responsibility the Probation Service, through its work with offenders and their families, may become aware of children who are at risk through neglect. All Probation staff have a responsibility to be aware of the signs of child neglect and to refer appropriate cases to Children's Services. Probation staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant child protection policies, procedures and protocols.

9. Responsibility of Youth Offending Service

The Youth Offending Service aims to prevent offending and re-offending of children aged 10- 17. All YOS staff receive safeguarding awareness training and have a responsibility to be alert to safeguarding issues in their work with children and their families. Any concerns are brought to the attention of a line manager and appropriate cases will be referred social care. YOS staff will comply with its own safeguarding policy which clearly states that staff will work in collaboration with all relevant agencies and in accordance with Children Services policies and procedure in respect of safeguarding children.

10. Responsibility of the Voluntary Sector

The voluntary sector should be able to assist in contributions to assessment in cases of neglect. In addition, through the provision of a range of services focusing on quality parenting and family support, the voluntary sector will be able to offer children and parents / carer's positive opportunities and experiences. The voluntary sector has a duty to refer appropriate cases of neglect to Children's Services.

11. Responsibility across the agencies

All agencies within Swindon, whether in the statutory or voluntary sector, have a duty to share information about children who are suspected to be at risk of harm from neglect and to make a contribution to the assessment process and attend multi-agency meetings.

Where a referral about possible/potential neglect is being made to Children's Social Care at level 3 (of the threshold document) or to Early Help at level 2 (of the threshold document). A completed GCP2 assessment tool should accompany the referral or be underway. In urgent cases a referral should not be delayed to complete a GCP2, however the referrer may undertake or contribute to the GCP2 following referral.

Some professionals may not be in a position to complete a full GCP2 assessment but may be able to complete one or more of the 4 areas of care (Physical, Safety, Emotional and Developmental). In those circumstances where no GCP2 assessment can be completed, a Neglect screening tool is available to assist in evidencing neglect concerns.

Further information regarding the Graded Care Profile 2 Principles for use and Frequently Asked Questions can be accessed here.

Good Practice: Key Principles

Focus on the impact of the circumstances on the child

- Voice of the child and their lived experience (refer to section 3.1).
- Look at the whole picture – not only what has happened to the child, but also the child's health and development, and the wider family and environmental context.
- Be aware of the many factors that may affect a parent's ability to care for a child, and that these can have an impact on children in many ways.
- Build on families' strengths, while addressing difficulties.
- Guard against over optimism, adopt a balanced approach, and beware of overemphasising positives at the expense of negatives especially in situations where the standard of care fluctuates. Professionals must always show professional curiosity.
- Make full use of existing sources of information, e.g. own agency files and computer databases, others who know the child, the child protection plan, the family themselves.

- Be creative in how you work with the family. Use a range of resources and techniques in communicating and working with them.
- Be specific in relation to the changes you expect and clear about the timescales in which you expect the changes to be achieved.

Common Problems

1. The family don't understand what the problems are.
2. The plan doesn't seem be working and there still concerns for the child's safety.
3. The family know what good parenting is but don't do it consistently.
4. Lack of professional curiosity.
5. Inconsistency in Core Group and Child in Need plan reviews.
6. The family are poor and this makes it difficult to consistently meet the child's needs.

1. Persistence and Change

1.1 Parental Motivation to Change

- Q. Is the carer concerned about the child's welfare and wants to meet their physical, social, and emotional needs to the extent the carer understands them?
- Q. Is the carer determined to act in the best interests of the child and has realistic confidence that they can overcome problems?
- Q. Is the carer willing to ask for help when needed and is prepared to make sacrifices for children?
- Q. Does the carer have the right 'priorities' when it comes to child care and may take an indifferent attitude?
- Q. Does the carer believe that there is something about the child that deserves ill treatment and hostile parenting?
- Q. Does the carer seek to give up the responsibility for the child?

1.2 Cumulative Harm

- Q. What evidence is there of persistence of neglect? (i.e. has the neglect been present over a significant period of time ; what efforts been made to intervene to minimise or prevent neglect; has this had any significant impact in the past?) Assessment should include whether every time a new referral/ report is made whether a number of low-level risk factors is demonstrating significant cumulative harm? Look at:
  - Case History
  - Case conferences
  - Worker handover
  - Risk Assessments

1.3 Parents Experience

- Q. What is the parent's experience of being parented?
  - Lack of caregivers
  - Poor early experiences
  - Poverty
  - Lack of Skills and Knowledge
  - Social Isolation

- Domestic Abuse
- Parental Learning Disability
- Parental Substance Misuse
- Parental Mental Health issues
- Parental Separation & Divorce

2. Child's Developmental Needs

2.1 Physical Care - Growth, Diet & Nourishment
Q. Is the child's growth appropriate for age?
Q. If growth is not appropriate is there is an organic reason for this?
Q. Does the child have nutritionally balanced meals?
Q. Is there food in the cupboards?
Q. If the child has dietary advice for low weight or obesity does the carer follow dietetic advice?
2.1 Physical Care - Hygiene
Q. Is the child clean and is either given a bath/washed daily or encouraged to do so if appropriate to age?
Q. Is nappy rash treated consistently?
Q. Does the carer take an interest in the child's appearance?
2.1 Physical Care - Safe Sleeping (for babies)
Q. Does the carer have information on safe sleeping and follows the guidelines?
Q. Is there suitable bedding and carer has an awareness of the importance of the room temperature, sleeping position of the baby and the carer does not smoke in household? (Be aware this raises risk of cot death)?
Q. Is the carer aware of guidance around safe co-sleeping, recognises and observes the importance of the impact of alcohol and drugs on safe co-sleeping?

Q. Is the carer concerned about the impact on the child or risks associated with co sleeping, such as witnessing adult sexual behaviour?
Q. Are there are adequate sleeping arrangements for children?
Q. Is the carer indifferent or hostile when given safe sleeping guidance? Sees it as interference and does not take account?
2.1 Physical Care - Clothing
Q. Does the child have clothing which is clean and fits?
Q. Is the child dressed for the weather?
Q. Does the carer aware of the importance of suitable clothes for the child in an age appropriate way?
Q. Is the carer hostile when given advice about the need for suitable clothes for the wellbeing of the child?
2.1 Physical Care - Animals if Present
Q. Are animals are well cared for and do not present a danger to children or adults?
Q. Are children are encouraged to behave properly towards animals?
Q. Is there a presence of faeces or urine from animals and animals are not well trained?
2.2 Emotional Care - Carer's attitude to the child
Q. Does the carer talk consistently warmly about the child and is able to praise and give emotional reward?
Q. Does the carer value the child's cultural identity and seeks to ensure the child develops a positive sense of self?
Q. Is the carer ridiculing of the child when others praise?
Q. Is the carer hostile when given advice about the importance of praise and reward to the child?

2.2 Emotional Care - Warmth & Care
Q. Does the carer respond to the child's needs for physical care and positive interaction?
Q. Is the emotional response of the carer is one of warmth?
Q. Is the child listened to?
Q. Is the child happy to seek physical contact and care?
Q. Does the carer respond with concern if child distressed or hurt?
Q. Does the carer understand the importance of consistent demonstrations of love and care?
2.2 Emotional Care - Responses to baby
Q. Does the carer respond to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended?
Q. Does the carer spend time with baby, cooing and smiling, holding and behaving warmly?
Q. Is the carer hostile to advice to pick the baby up, and provide comfort and attention?
Q. Does the carer recognise the importance of interaction with the baby?
2.2 Emotional Care - Responses to adolescents Adolescent Neglect – Briefing for Professionals (The Children's Society and Luton LSCB) is aimed at improving knowledge, understanding and confidence around identifying and responding to adolescent neglect. It is for anyone whose work brings them into contact with young people or with adults who are parents or carers.
Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety. Contextual Safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. It seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young

people. It's an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focussing on an individual. For further information visit the Contextual Safeguarding Website - https://csnetwork.org.uk/ or view the contextual safeguarding video clip. https://www.youtube.com/watch?v=V0lE-XENewM.
Q. Are the adolescent's needs fully considered with consistent adult care?
Q. Does the carer recognise that the adolescent is still in need of guidance with protection from risky behaviour i.e. an awareness of the adolescent's whereabouts for long periods of time (missing or absent)?
Q. Has the parent/carer reported the episode missing (if relevant)?
Q. Does the carer encourage the child to see education as important, and supports regular attendance at school?
Q. Does the carer either address directly or seek support to address risky and challenging behaviour?
Q. Does the carer have the capacity to be alert to and monitor the adolescent moods for example recognising depression which could lead to self-harm?
Q. Does the carer have the capacity to be alert to and monitor relationships (including online relationships) which may be risky or exploitative?
Q. Is the carer aware of any risks associated to online activities particularly; grooming in relation to sexual and/or criminal exploitation or radicalisation?
Q. Is the carer aware of any risks outside the family particularly; grooming in relation to sexual and/or criminal exploitation or radicalisation? Just on
Q. Does the carer encourage positive peer relationships?
Q. Does the carer take an active interest in the child's day-to-day life and activities?
2.2 Emotional Care - Positive Values
Q. Does the carer encourage the child to have positive values, to understand right from wrong, be

respectful to others and show kindness and helpfulness?
Q. Does the carer understand the importance of the child's development to include an awareness of smoking, underage drinking and substance misuse as well as early sexual relationships?
Q. Does the carer give clear advice and support?
Q. Does the carer ensure the child does not watch inappropriate films/TV or play with computer games which are unsuitable for the child's age and stage of development?
2.3 Medical Needs - Advice in relation to health
Q. Does the carer seek advice from professionals/ experienced adults on matters of concern about child health?
Q. For adolescents, does the carer ensure that sexual health needs are met including advice on contraception and sexually transmitted infections?
Q. Are medical appointments made and attended?
Q. Is preventative care carried out such as dental/optical and all immunisations up to date?
Q. Carer ensures child completes any agreed programme of medication or treatment?
Q. Does the carer attend to childhood illnesses or are illnesses allowed to deteriorate before advice/care is sought?
Q. Is the carer hostile when given advice from others (professionals and family members) to seek medical advice?
2.3 Medical Needs - Disability
Q. Does the carer comply with needs relating to child's disability?
Q. Is the carer is proactive in seeking appointments and advice and advocating for the child's wellbeing?
Q. Does the carer accept advice and support i.e. follows advice from physio and occupational

therapists?
Q. Does the carer always value child and not allow issues of disability to impact on feelings towards the child?
2.4 Supervision & Guidance - Supervision
Q. Is supervision provided in line with age and stage of development?
Q. Does the carer recognise the importance of supervision to child's wellbeing?
Q. Is there consistent supervision provided both indoors and outdoors, and the carer does intervene where there is imminent danger?
Q. Does the carer always know where child is and has inconsistent awareness of safety issues when child away from home?
Q. Is the carer hostile when given advice from others regarding supervision and does not recognise the potential impact on children's wellbeing?
Q. Is there a risk that the adult carer is being groomed for criminal or other exploitative purposes i.e. particularly parents who have learning difficulties or misuse substance?
2.4 Supervision & Guidance - Care by other adults and children
Q. When the child is left in the care of someone over the age of 16 yrs., are they a suitable carer?
Q. Is the carer consistent in raising the importance of a child keeping themselves safe from others and provides some advice and support?
Q. Are there occasions where a young person is left alone at home or in the care of another child, young person or unsuitable adult?
Q. Does the parent risk assess the circumstances to ensure the child is safe?
2.4 Supervision & Guidance - Boundaries
Q. Do the carers provide consistent boundaries and ensure the child understands how to behave and to understand the importance of set limits?

Q. Is the child disciplined with the intention of teaching proactively?
Q. Does the carer and treat the child harshly and cruelly, when responding to their behaviour?
Q. Is the carer hostile when given advice about appropriate methods of disciplining?
2.5 Stimulation & Education – Stimulation
Q. Is stimulation provided? Does the carer understand the importance of it for the child?
Q. Does the child have suitable toys to play with?
Q. Does the child have the opportunity to go on outings? To child centred places?
Q. Does the child have the opportunity and space to play outside the house?
2.5 Stimulation & Education – Education
Q. Does the carer take an active interest in the child's schooling and gives support at home, e.g. for homework?
Q. Does the carer engage well with the school/ nursery and does not sanction missed days unless necessary?
Q. Does the carer encourage the child to see school as important, have regular attendance and encourage the child to engage well at school?

3. The Impact of Neglect and the Child's Lived Experience

3.1 The Child's Experience - Stimulation
Q. If you put yourself in the child's shoes, what is life like?
Q. Can you describe a day in the life of this child using the child's voice?
Q. What is it like for this child living in this house?
3.2 Other Abuse - Other Abuse
Q. Is the poor quality care causing any other kinds of abuse?

- Sexual Abuse/Sexual Exploitation
- Physical Abuse
- Emotional Abuse

4. Casual Factors

4.1 Mental Health
Q. Does the carer have a history of depression or is currently experiencing depression?
Q. Does the carer talk about feelings of depression/low mood in front of the children?
Q. Are the child's needs understood and the carer is aware of the impact of talking about their mental health issues in front of the children?
Q. Does the carer hold the child responsible for feelings of depression and is open with the child and/or others about this?
Q. Is the carer is hostile when given advice focussed on stopping this behaviour and carer does not recognise the impact on the child?
4.2 Domestic Abuse
Q. Is the carer currently experiencing domestic abuse?
Q. What is the family norm of domestic abuse?
Q. Does the carer does argue aggressively and/or is physically abusive in front of the children?
Q. Does the carer understand the impact of arguments and anger on children and is sensitive to this?
4.3 Substance Misuse
Q. What is the carer's frequency of substance misuse and what substances are they using?
Q. Does the carer believe it is normal for children to be exposed to regular alcohol and substance use?
Q. Does the carer understands the importance of hygiene, emotional and physical care of their child and arranges for additional support when unable to fully provide for the child?

Q. Are finances are affected by parental substance misuse?
Q. Is the mood of the carer can be irritable or distant at times?
Q. Are alcohol and drugs secured safely?
Q. Is the carer aware of the impact of substances misuse on the child (including unborn child)?
Q. Does the carer hold the child responsible for their use and blames their continual use on the child?
4.4 Learning Disability
Q. Is it apparent that the carer has any learning disability?
Q. What is the level of understanding of the carer?
Q. Does the carer understand written advice and/or instruction?
Q. If learning disability is not apparent, the parent may still have limited comprehension that needs to be assessed. Is there any evidence of barriers to level of understanding or ability to implement advice?
4.5 Poverty & Social Isolation
Q. Are the family currently in debt?
Q. What is the family's source of income and how do they chose to spend their money?
Q. How do those choices impact on the child?
Q. Does the carer have a consistent support network within the family or community?

5. Acts of Omission or Commission

5.1 Omission or Commission
Q. Does the neglectful behaviour occur as a result of carer ignorance or competing carer priorities? (Omission)

Q. Is there a general lack of action regarding the child's needs?
Q. Lack of parent/carer reporting child missing
Q. Does the neglectful behaviour occur due to a deliberate intention to harm? (Commission)
Q. What do the caregivers say about what causes the difficulties they are experiencing with care giving?
Q. Does the parent blame the child for their inability to care for them?
Q. What do you consider to be primary factors causing poor quality parenting?

Neglect Flowchart