Coventry Safeguarding Children PARTNERSHIP

Neglect Toolkit

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Introduction

Neglect is a priority for Coventry Safeguarding Children's Partnership. Neglect is a common feature in both local and national learning. The Child Safeguarding Practice Review panel noted in its annual report 2020-2021 that 'neglect was the primary form of harm to children in 7 per cent of incidents. However, it was the underlying feature of 35 per cent of fatal incidents and 34 per cent of non-fatal incidents.'

Neglect Definition

Working Together 2018 defines neglect as, "…the failure to meet a child's basic physical and/or psychological needs likely to result in serious impairment of the child's health and development."

Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing or 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).
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

The Department for Education (2018) defines neglect as 'the ongoing failure to meet a child's basic physical and psychological needs…'

- it can be difficult to identify.
- is the most likely form of abuse to be repeated.
- can expose children to other types of abuse.
- is the most common form of child abuse.

The World Health Organisation (WHO) states that, 'Neglect is different to poverty because it happens when there is a failure to provide the resources to meet a child's needs if those resources exist or should be available'

Types of neglect

Neglect can be a lot of different things, which can make it hard to spot. But broadly speaking, there are 7 classifications of neglect.

Medical neglect – The 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 – The child is given insufficient calories to meet their physical/ developmental needs; this is 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 – This 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 – The 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. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.

Physical neglect – The 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 – The 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.

Pre-natal neglect – Whilst it is good practice that neglect should be seen through the experiences of the child, pre-natal neglect can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately. Pre-natal neglect may be associated with (but not exclusively):

- Drug use during pregnancy
- Alcohol consumption during pregnancy
- Failure to attend prenatal appointments and/or follow medical advice
- Failure to prepare for a new baby
- Experiencing domestic violence during pregnancy

Identifying Neglect

Neglect is usually but not always, something that is persistent, cumulative and occurs over time. To identify neglect, it may be necessary to collate and analyse often seemingly small insignificant events that only when viewed together provide evidence that neglect is an issue of concern. It is therefore essential that agencies working with children and families work together to share information to understand the whole picture of what is happening in the child's life.

Practitioners may find the video here useful to explain this concept.

The neglect threshold document can be downloaded here.

Neglect and other types of abuse

Where a child experiences neglect other forms of abuse, such as physical abuse, sexual abuse, harm from exposure to domestic abuse or child exploitation, can and do co-exist. The existence of neglect should alert practitioners to exploring if children are being exposed to other forms of harm.

> What is of significance here is the way in which the neglect predominated in professionals' thinking in effect acting as a barrier to prevent them recognising sexual abuse. Cognitive psychology has identified a range of common errors in human thinking which are evident when dealing with complex problems. One of those common errors is described by Kahneman as 'what you see is all there is'. That is, the phenomenon of reaching conclusions based on early judgements, inadequate information and a focus on existing evidence, but without a recognition that there may be other evidence which we are not seeing.
>
> Serious Case Review –
> Coventry Safeguarding Children's Partnership March 2020

Neglect and six key practice themes to make a difference

In the Annual Report 2020 The National Child Safeguarding Practice panel identified six key practice themes to make a difference in reducing serious harm and preventing child deaths. This toolkit examines neglect against these six key themes and directs practitioners to practical resources to support their practice in these areas:

Understanding what the child's daily life is like

Parents do need support to address their complex circumstances and needs so that they can parent their children effectively. It is important however that in supporting the parents that practitioners do not lose focus on the child in order for the intervention to meet the child's needs. In some instances, 'parents voices may also be louder than the children's' and it is important that practitioners are alert to this and develop strategies to overcome this. Children should be seen on their own wherever possible.

Practitioners need to understand what daily life for the child is like in order to develop interventions that meet the needs of the child. Practitioners must also constantly challenge themselves as to what the child is attempting to communicate by non-verbal clues such as their physical presentation and behaviour. Practitioners need to be alert to children attempting to minimise the potential risk of harm to themselves and sensitively challenge this.

Child friendly tools can be invaluable to capture the views of children. The Participation Team have provided a few examples of how they capture young people's voices, opinions, and thoughts when working with them to support your practice. These general tools can be adapted and varied for use in your practice when engaging with young people and should be used alongside other resources in the toolkit to gather evidence and the voice of the child when assessing neglect. Download the examples here.

KEY QUESTIONS FOR PRACTITIONERS

- How is the child's voice informing your assessment?
- How confident are you that the child's voice is informing the assessment rather than the adults?
- What is daily life like for the child?
- Have you captured the child's voice within your recording?
- Are you using child friendly tools to capture the child's views?
- What is the child seeking to communicate by their physical presentation or behaviour?

Working with families where their engagement is reluctant and sporadic

It is vital that practitioners understand the reason for reluctant or sporadic engagement. 'Non engagement may be better understood as closure – a response in circumstances of unresolved adverse childhood experiences or socio- economic pressures where individual believe that what is happening to them is outside their locus of control and this may mitigate against their capacity for behavioural change.'(National Child Safeguarding Practice Panel 2020). Families may therefore not engage, not because they are not willing but because they feel overwhelmed by the system, the number of professionals involved and a lack of clarity regarding the expectations placed upon them.

It is vital that practitioners build effective relationships with families in order to understand the reasons for reluctant or sporadic engagement and put plans in place to address these. The role of a single key practitioner who has a relationship with the family is important in creating the motivation and opportunity for positive change. Please see the link here to the CSCP One Minute guide: Encouraging Families to engage.

Coventry Safeguarding Children's Partnership are committed to using a sign of safety approach when working with children and families. This is a strength-based way of working and aims to build on the existing strengths within families rather than focussing on the negative. To book onto signs of safety training please contact- CSCPtraining@coventry.gov.uk

Please also see the One Minute Guide: Signs of Safety and One Minute Guide: Was not brought here.

KEY QUESTIONS FOR PRACTITIONERS?

- Which professional has a relationship with the family?
- Have you explored the reasons for the reluctant or sporadic engagement?
- Have you followed up on missed appointments to understand why they are missed?

Critical thinking and challenge

When working with children and family's practitioners must use 'professional curiosity' and feel confident to move between supporting the family and challenging them to identify if positive change has occurred. When families advise that positive steps have been taken or positive change occurred it is important that practitioners triangulate this information with information from other agencies to evidence the fact that the change has occurred. Cases must only be closed or stepped down when there is evidence of a positive impact in the children's lives. Where practitioners disagree with decisions to step down escalation protocols should be used.

CASE STUDY

A practitioner was working with the family of a 4 month old baby and concerns regarding Mum's cannabis use and unsafe sleeping practices had been noted. Mum had been referred to drug and alcohol services and Health Visiting staff had given advice in relation to safer sleeping. Prior to closing the case the Practitioner called the drug and alcohol service to check that Mum's engagement was going well, at which point they confirmed that Mum had not attended arranged appointments. A further phone call to the Health Visitor led to information being shared that they had visited the property recently at which point the house smelt of cannabis and there was evidence that Mum had been sleeping in the bed with baby. The practitioners noted that earlier decision to close the case was in hindsight overly optimistic.

KEY QUESTIONS FOR PRACTITIONERS?

- Are you aware of escalation procedures?
- Is your assessment of positive change purely based on the family's self-report or has this information been checked with other agencies?
- Have you respectfully challenged the family to evidence that the change has been put in place and that it is impacting on the child's daily life?

Please see the link to Coventry's Safeguarding Children's Partnership One Minute Guide: Escalation policy here.

Responding to changing risk and need

Practitioners must ensure that risk assessments are comprehensive and regularly updated particularly when new information is received. Practitioners must look beyond what is being immediately presented and take account of other evidence from the child, other practitioners and other tangible evidence such as the home environment or the child's attendance at medical appointments. Domestic abuse, parental mental ill-health and substance misuse need to be taken into account as these are areas where sustained change is sometimes only achieved in the medium to long term and therefore are significant factors in assessing the risk to children.

Good chronologies play a pivotal role in supporting an effective risk assessment. Guidance in relation to chronologies can be found here.

There is also a growing bank of evidence that the role of fathers/ adult male is not fully taken into account when assessing risk. This needs to be rectified to identify if the male poses any risk to the child/ children or whether they have the capacity to act as a protective factor to the family.

In Coventry practitioners use Graded Care Profile 2 to assess risk in relation to neglect.

A GCP2 One Minute Guide can be found here.

KEY QUESTIONS FOR PRACTITIONERS

- What sources of information have you used to form your assessment?
- Is your assessment up to date based on all of the information that you have?
- Is the role of the father/ adult male in the household understood and included in the assessment?

Sharing information in a timely and appropriate way.

Information sharing is a central principle on protecting children from significant harm and promoting their welfare. When information is not shared in a timely and appropriate way it means that the nature of risk to the child is not fully understood. It is important that practitioners understand their role in sharing information. Our Information Sharing One-minute guide can be found here.

The National Child Safeguarding Practice panel have noted that information sharing systems that have capabilities across agencies have the potential to offer systems wide solutions to protect children and promote their welfare. In Coventry agencies that work in the early help arena may access the Early help module (EHM) which allows data from all agencies to be captured in one place. The EHM web page has a series of instruction guides and practical videos to show you how to record on EHM.

It is also important that minutes from meetings are shared in a timely manner to enable up to date information to be shared, actions to be updated and risk assessments to be updated. Minutes should be jargon free and avoid overly optimistic statements such as the family is doing well.

KEY QUESTIONS FOR PRACTITIONERS

- Do you understand when to share information?
- Do you know how to record on EHM?
- Are minutes shared in a timely manner?

Organisational leadership and culture for good outcomes

Management oversight and reflective supervision supports practitioners to test out their thinking in relation to risks to children and the progress that the family have made.

On a system level rapid reviews, safeguarding practice reviews and national reviews afford an opportunity for the system to learn and practice to be developed. Coventry Safeguarding Children's Partnership is committed to sharing the learning from local, regional and national reviews with practitioners. A range of resources are developed on a quarterly basis, including One-minute guides, videos and podcasts, and shared via the newsletter. To sign up for the newsletter please click the link here and scroll down: www.coventry.gov.uk/cscp

Right Help Right Time

Professionals from all services working with children, young people and families have a shared responsibility to keep children safe and provide an effective, efficient and coordinated service to support them with the Right Help at the Right Time. The continuum of need in Coventry has four levels, and the 'Right help right time' guidance document will help professionals and families to make the right decisions on who is best placed to help provide early help support or undertake statutory intervention. All practitioners should be familiar with the document and their role and responsibilities within it, and this is supported by the RHRT training offer. The Right help, right time document can be found here.

To book onto Right help right time training sessions please contact CSCPtraining@coventry.gov.uk

Early help

Coventry Safeguarding Children's Partnership is committed to working with children, young people and families at the earliest opportunity where there will be the greatest impact.

Practitioners working directly with children and young people should start an early help assessment, and then can request help from other members of the partnership (including children services) to support that multiagency assessment and the resulting Early Help Plan. Practitioners should attach that assessment, or another that they have undertaken, to the Early Help request for support form and include the EHM Id number. Practitioners who identify that children, young people and their families need help but do not work directly with them can complete the online request form and parents and young people can also make a request using the form, or by phoning or attending a Family hub.

Information on Family Hubs and to find your nearest Hub can be found here.

Referral to the Multi-agency Safeguarding Hub (MASH)

Partners from organisations across Coventry came together to create the city's first-ever Multi Agency Safeguarding Hub (MASH) which opened in September 2014.The MASH has workers from key partners responsible for safeguarding children in Coventry co-located in one building.

Practitioners who are concerned that a child is at risk of significant harm should make a referral to MASH using the Multi agency referral form.