

Child Neglect Practice Guidance for Professionals 2021 – 2024

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Introduction

This guidance aims to support all practitioners across the East Riding working with children and their families to recognise assess and respond when children's needs are not being met by their parents or carers.

There is an expectation that all practitioners working with children and families in East Riding are able to identify, name and describe neglect.

All ERSCP partners should ensure that their workforce is suitably knowledgeable and trained to recognise neglect and know who to speak to or what action to take.

I. What is neglect?

Working Together to Safeguard Children gives us guidance about what harmful neglectful parenting looks like:

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 caregivers); or
- ensure access to appropriate medical care or treatment.

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

Neglect is when a child's needs aren't being met to the point that it is having or will have an impact on their health and development. This includes physical, social, emotional, and cognitive development.

Neglect is rarely a one off but more a pattern of care over time resulting in **cumulative** impact (e.g. the impact on a baby's developing brain of not getting sufficient stimulation). Neglect can be **episodic** (periods of inadequate care interspersed with periods of good care e.g. if a parent has periods of mental ill health and there isn't another carer to compensate) or **a one off** (e.g. the risk of drowning if a toddler isn't supervised around water). Neglect is often seen as omission of care (what is not done to a child) but it can also be actively commissioned (done to a child e.g. allowing an unsuitable person to care for your child, choosing to feed a child a particular diet that isn't nutritionally balanced or choosing to not take a child for medical care)

According to the Children Act 1989 we judge whether the care a child receives is harmful by the impact it has on a child's health and development, not on any specific incident of abuse or neglect. We should not wait for evidence of harm before intervening in cases of neglect as often the impact is only noticeable at a later date often called 'lag'. When working with families over time there is a danger that we stop noticing the indicators of neglect and the impact it may have on the child.

2. Areas of Neglect

Neglect is not just about living conditions and a child's presentation. Parents/carers might meet some of a child's needs whilst struggling with others. So, it can be helpful to break neglect down into the following six different types as identified by Horwath (2007).

Types	Examples
Medical Neglect	<ul style="list-style-type: none"> • carers minimise or deny illness or health needs • failure to seek appropriate professional care, or to treat problems, e.g. nits • poor dental care practices, response to dental health and access to dentist • as children get older, lack of support and assistance in recognising and addressing health problems
Nutritional Neglect	<ul style="list-style-type: none"> • failure to adequately nourish a child to support normal growth and development • failure to provide the balanced nutrition required to avoid a child becoming obese and unhealthy • not prioritising/organising availability of adequate food or means of preparation
Emotional Neglect	<ul style="list-style-type: none"> • Lack of responsiveness, affection, or interaction • constant criticism, blame or indifference • lack of praise or recognition • negative comparisons to siblings or others • failure to recognise and/or celebrate significant events, e.g. child's birthday
Educational Neglect	<ul style="list-style-type: none"> • absence of stimulation – e.g. lack of toys and/or play opportunities • poor or no support, or undermining, around schooling and homework • not prioritising/organising availability of essentials for participation in school or other learning opportunities • Not facilitating or supporting attendance and participation in school
Physical Neglect	<ul style="list-style-type: none"> • poor living conditions, e.g. cold, poor state of repair, poorly maintained etc. • lack of appropriate clothing or food (often linked to material deprivation) • absent, inappropriate, or dirty clothing, bedding etc. • poor hygiene or failure to teach child self-care skills, or provide adequate means to keep clean
Lack of supervision and guidance	<ul style="list-style-type: none"> • failure to protect a child from physical or other harm • absence of rules and boundaries for behaviour • abandonment or sub-contracting of care to inappropriate carers • failure to support the child in keeping themselves safe • failure to protect the child from/ or allowing exposure to negative influences

3. Is it neglect? - recognising where parents aren't meeting their children's needs

To help identify if a child is being neglected you can use the following tools.

Neglect Screening Tool – a checklist of worries that may help you to recognise neglect (Appendix 1)

'Questions to ask adolescents' - useful questions to ask a young person about the care they are receiving (appendix 2)

Clutter image rating– this is a series of pictures which can help to identify if home conditions are below adequate and can be accessed via the following link.

<https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf>

Questions to ask yourself.....

- **Behaviour** – what is it that the parents are or are not doing? What is the quality of parent-child relationship?
- **Duration** - how long has this been happening? When did it start?
- **Frequency** - how often does it occur? Is there a history of concerns about similar issues? How many times has it happened?
- **Impact on the child** - What impact has it had on the child already, what is the risk in the future if the situation doesn't change? Are there signs that the child has experienced other forms of abuse and neglect in addition to those identified? Does the current situation make the child more vulnerable to other forms of harm? Is the child meeting developmental milestones?
- **Severity** - has it caused or is it likely to cause significant harm if repeated over a prolonged period? Are there any signs of trauma?

Accurate Recording and Chronologies

Accurate, detailed, and up-to-date records and chronologies are important in identifying issues of neglect, both cumulative and episodic. What might be considered trivial events may assume a much greater importance when observed repeatedly for example children not being taken to health appointments, here it would be important to record that a child 'was not brought' rather than 'did not attend' in recognition that children need their parent to get them to appointments.

Compiling a chronology

- Make sure that what is recorded is accurate and in date order
- Record facts and dates of significant events in the person's life (dates of birth, deaths, life events, moves, transitions, life changes ...)
- Record the significance of these events for family members
- Record key professional interventions - detail actions taken and by whom
- Use clear understandable language which is not open to misinterpretation.
- Professional judgements can be included with explanation

4. Understanding WHAT is happening

The Graded Care Profile 2 (GCP2)

The GCP2 can be used whenever practitioners (voluntary, employed, adult or children's workers) think that some of a child's needs aren't being met by their parents or carers but it **should always be used** when additional, targeted, or intensive support is needed.

- **GCP2 is a flexible tool** which can be used in a range of situations where practitioners want to understand the quality of care a child is receiving or parents need help understanding how to meet the needs of their child. It can support a decision on threshold, interventions, and level of risk.
- **Early Help** – all practitioners are encouraged to use the GCP2 as early as possible if they have concerns. It can be done alongside an Early Help Assessment or stand alone.
- **Child in Need (CiN)** – where neglect is identified the GCP2 should be used to help inform all assessments and plans conducted under section 17 of the Children Act 1989
- **Child Protection (CP)** – at this level it is expected that a GCP2 will already have been undertaken, if this is not the case then it should be completed by the Core Group as a multi-agency assessment before the first (three month) Review CP Conference. The GCP2 will guide the Core Group in the development of the CP Plan.
- **Legal Decision Making** – When court proceedings are initiated due to neglect a GCP2 will have already been undertaken but should be reviewed to evidence a lack of improvement in the quality of care given to the child.

Some examples of when a GCP2 may be useful: -

- a parent with substance misuse or mental health needs
- a nursery or family support worker who notices a new parent is anxious about how to look after their baby
- a health professional or school who want to support parents in understanding why they are struggling to manage their child's behaviour
- a school wants to understand why a teenager frequently comes to school late and dishevelled.
- repeat referrals – i.e. where concerns about a child have been referred two or more times, and there are features of neglect
- difficulties understanding and responding to concerns – e.g. where there are difficulties in communicating the nature of concerns about child neglect to families and/or other agencies
- practitioners feeling “stuck” with a case which features neglect
- evidence of disguised compliance in a case that features neglect
- inconsistency in the care of a child/children – e.g. where the level of care for one or more children differs between parents/carers (observations associated with each carer should be recorded separately); where the parent/carer provides different levels of care between children (observations associated with each child should be recorded separately); or, where it

would be useful to support families in comparing good areas of care with more problematic areas of care

- With adolescents it could help to understand what is going on in their life and identify specific areas of work for parents.

Undertaking the GCP2 Assessment

Window of Assessment – this is a snap-shot assessment so should be completed in a maximum of 3 weeks and use information gathered by observation. There is no set number of visits but may need a mixture of announced and unannounced visits. Working with other practitioners to gain this information will be of benefit.

Review - The GCP2 should always be reviewed prior to stepping down or ending support as this will provide evidence of change. For example, it should be reviewed at a point decided by the Conference or Core Group and will be a key tool to enable the conference to decide whether to remove a child from a child protection plan or escalate to Legal Proceedings.

GCP2 training – The GCP2 can only be used by those trained and licensed. Free training is available to anyone working with children and families within the East Riding and can be accessed via the following link.

https://www.erscp.co.uk/more/training/?entry=graded_care_profile_2_licensed_training&q=grad

5. Understanding the impact on the child

The impact of neglect is different for each child even those living in the same family. We may not always see the impact on a child until it is causing significant harm. Appendices 3, 4 & 5 give guidance about what we might see at different stages of a child's development. The following tools and tips will help to understand the impact.

The child and family's daily lived experience

It's important to understand the lived experience of each child. Conversations and observations help us to know what day-to-day life is like for them and their parent/s.

A 24-hour clock can be used with children and adults to go through their day with them



The following are examples of open questions you can use to explore -

What happens when you wake up in a morning?

What is school like?

What do you do in an evening usually/ weekend / school holiday...?

What do you do when you're hungry?

What happens on your birthday?

Explore with them the differences between good and bad days, their feelings about their life and what they would like to change.

With younger children or those with communication and learning difficulties you could use pictures/photos of different items (e.g. baths, food, uniforms, beds etc) to prompt discussion.

6. Understanding WHY it is happening

Child neglect presents itself in many ways and is usually related to parental/carer behaviour. Research suggests that defining the cause of neglect in individual families can help to determine the most effective response.

Parental and Family Characteristics Associated with Neglect

Local and national research identifies several parental (this includes mothers and fathers) and family characteristics which might lead to difficulties in understanding and meeting their child's needs.

This isn't a check list ...

- Domestic violence and abuse, parental mental ill-health, alcohol, and substance abuse or learning disability – the ERSCP Hidden Harm Toolkit helps to assess some of these
- Maternal/paternal low self-esteem and self-confidence
- Parental personality characteristics inhibiting good parenting
- Social and emotional immaturity
- Teenage parents
- Single parenting
- Multiple co-habitation and change of partner
- Unemployed, low wage or struggling financially
- Experiences of significant loss or bereavement
- Parents own experience of neglect in childhood, of being parented.
- Circumstances of conception
- Health problems during pregnancy
- Pre-term or low birth weight baby
- Gender, disability and/or age of the child

7. Neglectful caregiving styles, impacts and responses

Crittenden (1996) and Howe (2005) identify three types of neglectful caregiving styles:

I. Disorganised neglect

Description:

- Parents exhibiting disorganised neglect are driven predominantly by emotion rather than a rationale understanding of need.
- They have often experienced unstable childhoods which means they have learnt not to depend on others but just focus on meeting their own needs. Consequently, their needs are paramount and take precedence over those of the child.
- At times there may be consistency between what they want and the needs of the child at other times this will not be the case
- Relationships between partners may be volatile: fluctuating between love and loathing.

- The parents' relationships with friends and extended family may also be unpredictable with many fallouts.
- The home environment is likely to be chaotic with the family lurching from crisis to crisis.
- Mother/Father appears to need/want help and professionals are welcomed, but efforts by professionals are often sabotaged.
- This means the child experiences inconsistent and unpredictable parenting.

Consequence or impact:

- Children in these families are desperate for attention if their emotional needs are not met. They tend to seek negative attention if positive is not available, anything to be noticed, e.g. being provocative, goading parents and generally going too far.
- The child's anxieties and confusion may not be understood and addressed by parents. This means they do not receive the emotional support and attention they require. This in turn, can leave to regressive behaviours such as bed-wetting. In older children it may lead to self-harming and risk-taking behaviours.
- The child living in this environment may try to take some 'control' of their lives and this could lead to conflict with parents and in some cases physical and verbal abuse by the child towards the parent.
- Families constantly recreate crisis because feelings dominate behaviour.
- Talking the talk but not walking the walk - Parents may agree to plans but often don't put into practice as another crisis or need overwhelms them. Or actions may be short-lived as the parent becomes bored or decides they want to do something else.
- Attendance at school is likely to be inconsistent and poor. Children may attend school on the days the parents feel it is beneficial for the parents themselves to get the child to school.
- Attitudes towards workers may fluctuate. For example, practitioners may receive urgent calls requesting immediate assistance in response to a family crisis. However, by the time the worker has responded the crisis has passed and another issue is top of the agenda.

Working with these families:

- These families respond least to attempts by professionals to create order and safety in the family.
- Feelings must be attended to develop trust, express empathy, and reassurance, be predictable and provide structure in the relationship.
- Mirror the feelings.
- Gradually introduce alternative strategies to build coping skills.
- Support will be needed long-term.

II. Emotional neglect

Description:

- Opposite of disorganised families, where focus is on predictable outcomes.
- Family may be materially advantaged and physical needs may be met but no emotional connection made so they are unable to provide a warm caregiving environment.
- These parents may have experienced harsh high criticism low warmth childhoods.
- Parents are likely to be withdrawn, psychologically unavailable and unresponsive to the child and lack empathy.

- Some of these parents thrive on routine and order, they may keep the family busy with numerous jobs as well as schoolwork etc. Children know their role within the family.
- Parental approval/attention achieved through performance.
- expectations placed on the child may be high with them being constantly criticised for falling short of the expected standard.
- These parents keep practitioners at a distance. They may appear wary of practitioners or may be openly hostile threatening practitioners. In effect what they are trying to do is prevent practitioners from learning about their family life.
- The parents are often isolated from family and social networks and may experience depression. Therefore, there is little insight as to what is happening within the family home by others.

Consequence or impact:

- Children brought up in an emotionally neglectful family are likely to have a poor sense of self-worth, believing no-one loves them.
- Children learn to block expression or awareness of feelings.
- They often do well at school and can appear overly resilient, competent/mature.
- Children may appear falsely bright, self-reliant, but have poor social relationships due to isolation.
- The parent may have inappropriate expectations in relation to the child's age/development.
- The child may take on the role of care giver to the parent which permits some closeness that is safer for the parent.
- The child may witness domestic violence as some parents express their fears and anxieties through arguments, physical and verbal violence.

Working with these families:

- As families appear superficially successful there is likely to be less professional involvement.
- Parents will feel particularly threatened by any proposed intervention. The impact of separating the child from an emotionally neglectful parent can be particularly devastating for the child when they have taken on a parental role.
- Parents need to learn how to express feelings, for example practice smiling, laughing, soothing, to emotionally engage with the child.
- Children will benefit from opportunities that are socially inclusive and open them up to other emotionally positive experiences.
- Help parents to access other sources of support/activities to reduce the impact of their withdrawn state.
- Goal is to move families towards the less withdrawn version of emotional neglect.

iii. Depressed neglect

Description:

- Parents exhibiting this form of neglect are unavailable to their children in terms of both providing emotional warmth and meeting their other developmental needs. This is considered one of the most negative environments.
- Parents may express love for their children but do not understand their needs or believe anything will change.
- Parent is passive and helpless, often 'lost in an empty world of their own' (Howe, 2005).

- Parents are likely to have limited links, if any, with social or extended family networks.
- Parent struggles to provide any routine or structure to their day, is uninterested in professional support and unmotivated to make change.
- Parental presentation is generally dull/withdrawn.
- Without input from practitioners etc, who would normally be engaged with the children and the family, basic care needs may reduce from an already low baseline.
- Any additional demands made on the parents, such as having to manage children being at home all the time, getting food when there are shortages, shopping restrictions and addressing economic challenges etc will all be put into the 'too difficult' box and parents may just feel powerless and do nothing to meet the child's and indeed their own basic needs.

Consequences or impact:

- Parents have closed down to awareness and understanding of children's needs.
- The standard of care, normally poor, means these children may not have their basic needs met. For example, they may be hungry, fail to thrive, have medical needs that are not being addressed, be cold and living in poor home conditions for 24/7.
- The lack of supervision by their parents mean that these children are vulnerable not only to hazards in the home but also to risks outside. They have increased vulnerability to sexual abuse and accidents. Parents may not notice if even young children wonder out of the home. Older children may be targeted by criminal gangs for county lines or sexually exploited.
- Parents are unlikely to make the effort to get the child to school or nursery. Consequently, these children, will lack any type of stimulation. This may exacerbate their lack of curiosity, listlessness, and aimlessness, resulting in them becoming withdrawn and depressed
- Parents may go through the basic functions of caring such as feeding, changing, but there is a lack of response to a child's signals.
- Child is likely to either give up when persistently given no response and become withdrawn/sullen or behaviour may become extreme.

Working with these families:

- Children benefit from access to stimulation, responsive alternative environments, for example day care.
- Parents are unlikely to respond to strategies which use a threatening/punitive approach that requires parents to learn new skills.
- Medication may be helpful but beware side effects.
- Emphasise strengths.
- Parental education needs to be incremental and skills practised and reinforced over time to overcome parents' belief that change is not possible.
- Support will most likely need to be long term and supportive in nature.

Situations vary and therefore all plans should be tailored to the individual needs of the child and circumstance of each family. As well as addressing the care the child is receiving plans should meet the child's developmental needs and build their resilience. It is important to work *with* the family and their support network to improve overall care.

8. Working with parents to bring about change

To assess parental readiness to change and whether the right support is in place Horwath suggest the following questions to ask yourself (Horwath, 2013).

- How have I expressed my concerns about the neglect? Have I identified strengths as well as issues?
- Have I provided sufficient information to the parent/s so that they can understand why I'm concerned? For example, do they realise why continual failure to clean up animal faeces in the house can result in serious physical damage to their child?
- Do I have a comprehensive understanding of the lived experience of each child in the family and what they would like to see change in their daily lives?
- To what extent have I considered past family history, patterns of behaviour, and so on, and the way they may influence the parent's response to the concerns?
- Have I shared the findings of my assessment in a manner and at a pace that is appropriate for this parent? Have I taken into account their anxieties and ability to absorb the content of my assessment or report?
- What is the parent/s's attitude towards current or on-going concerns? Do they accept the need to change?
- If they are challenging or showing resistance, have I explored the reasons for this?
- Have I provided them with the opportunity to share their feelings and experiences of previous engagement with child protection and other services and discussed how this is influencing their current attitude towards change?

9. Monitoring and reviewing Progress

Plans should be monitored and regularly reviewed to recognise progress and identify further actions or work required. This will take place within statutory processes but should also be undertaken when less formal plans are in place e.g. Early Help plans. Service provision **does not** equal change for the child and if the circumstances for the child are not improving or the situation is deteriorating, a discussion with your line manager or supervisor should always be sought.

Families unresponsive to intervention

Things to look for

- No significant change at reviews despite significant input
- Parents agreeing about the change needed but making little effort
- Change occurring but only as a result of external agencies' efforts
- Change in one area of functioning not matching change in other areas
- Parents engaging with certain, preferred, aspects of a plan, and aligning themselves with certain workers
- A child's report of matters conflicting with that of the parents

Things to do

- Focus on the child: see and speak to the child, listen, and take account of what they say
- Cross check what parents say, question accounts they give, get additional opinions, and remain curious.
- Address all safeguarding aspects for children who are living in chronic neglect
- Don't be overly optimistic without good enough evidence. Be curious about what is happening to the child
- Consider in supervision and with the multi-agency network what strategies to employ when families are hostile and able to keep those working with them at arm's length
- Share information with other workers and other agencies, check your assumptions with your colleagues; explore with each other the parents' accounts of events.

10. Sharing concerns with the Safeguarding and Partnerships Hub (SaPH)

If at any time it is believed that the threshold for intensive or specialist support has been met then a discussion with your line manager should take place in line with the *Effective Support for Children, Young People and their Families in East Riding of Yorkshire Model* and process. If you have any doubts about making a request for service, then a consultation with SaPH should be had (01482 395500) Further guidance on the Effective Support Model and Information Sharing and Consent can be found at <https://www.erscp.co.uk/practitioners-and-professionals/>

APPENDIX I

ERSCP Neglect Screening Tool (adapted from Northampton LSCB neglect toolkit)

To consider evidence of child neglect, and to establish whether use of the of the Graded Care Profile 2 might help in understanding the child's lived experience, and planning interventions

Are You Worried About?	Yes	No	Maybe	Evidence / Reasoning
A child's weight (are they under or overweight)				
A child's access to adequate, healthy food				
Conditions in the home (disrepair/clutter/overcrowding)				
A child having nowhere to sleep/co-sleeping				
A lack of age appropriate safety measures (stair gates etc.)				
Inappropriate care of pets (waste/feeding/lack of exercise)				
A child not having appropriate clothing for weather conditions				
A child not having clean or adequate clothing (size/condition)				
A child's appearance (cleanliness/lack of hair brushing or teeth cleaning)				
Whether a parent is seeking medical advice appropriately				
Whether a child lacks confidence or has very low self esteem				
A lack of warmth and interaction between parent and child				
A lack of appropriate stimulation or play				
A parent who is not interested in their child's learning/not engaged with nursery or school				
Inappropriate behaviour management /frequent criticism/lack of interest in child's achievements				
Subtotal				

Signed.....Date.....
 Print name..... Agency.....

If you have 3 or more 'Yes' or 'Maybe' answers (or a combination of both), you should discuss this you're your manager, and consider the following:

- Consult the East Riding threshold guidance for early help, targeted and specialist or statutory support
- Consult the East Riding assessment protocol
- Consider consulting SAPH, or making a referral, using this tool as a basis
- Consider using the GCP2 assessment tool to understand more about the lived experience of the child, and to assist in planning interventions

Appendix 2
Questions to ask adolescents

Practice questions – responses: never, hardly ever, sometimes, often, always	
In the last year how often did your parents, or the adults you live with...	
...show an interest in what you were doing at school? ...attend parents' evenings at school? ...keep track of how you were doing at school – by doing things like reading reports? ...take an interest in your hobbies or activities? ...ask about what you want to do in the future? ...help you to learn things outside school?	EDUCATIONAL SUPPORT
...help you when you had problems? ...support you if you were upset? ...tell you when they thought you had done something well? ...praise you? ...tell you they loved you? ...help you to do your best?	EMOTIONAL SUPPORT
...make sure you saw a doctor if you needed one? ...take care of you if you felt ill? ...support you to look after your teeth and go to the dentist? ...make sure you ate healthy food? ...keep the house clean? ...make sure you brushed your teeth? ...make sure you washed or showered regularly?	PHYSICAL CARE
...ask you where you were going when you went out? ...like to know where you were after school? ...expect you to call or text to let them know if you were going to be home late? ...know where you were going when you went out at night? ...ask about the plans you had with your friends? ...leave you at home alone overnight? ...leave you with adults you don't know very well? ...make sure you went to school?	SUPERVISION

Appendix 3

Prenatal Neglect (source: Community Care Inform Research Resource)

Prenatal neglect may present in a number of different ways, for example:

- **Drug use during pregnancy** – which has been linked to low birth weight, premature birth, increased risk of sudden infant death syndrome (SIDS), damage to the central nervous system and physical abnormalities. Babies may also experience neonatal abstinence syndrome at birth, which can cause irritability, tremors, respiratory distress, and fluctuations in temperature.
- **Alcohol consumption during pregnancy** – this can lead to foetal alcohol syndrome, which is an umbrella term to describe a spectrum of conditions caused by maternal alcohol use, including learning difficulties and an inability to connect emotionally with peers.
- **Failure to attend prenatal appointments and / or follow medical advice** – prenatal support and monitoring sessions offer opportunities for problems to be identified early, and the health of mother and baby to be monitored. Parents can also be supported to make appropriate arrangements for the birth, learn about how to care for new-borns, and ultrasounds offer early opportunities for bonding with their baby. Both drug use and alcohol use have been linked with failure to keep prenatal appointments and failure to seek medical attention should any concerns arise during the pregnancy.
- **Smoking during pregnancy** – this falls within Horwath's working definition of prenatal neglect, as it restricts the baby's supply of oxygen and is linked to increased risks of premature birth and low birth weight.
- **Experiencing Domestic violence during pregnancy** – prenatal effects of domestic violence are not limited to the consequences of physical injuries sustained through assault. Exposure to prenatal maternal stress or anxiety can affect the baby's development, as heightened maternal cortisol levels are shared through the placenta which can influence foetal brain development and have implications for the emotional, behavioural, cognitive, and social functioning of children.

APPENDIX 4

Ways in which children and young people can experience neglect (source: Community Care Inform Research Resource)

	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Infancy; 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school; 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent; 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

APPENDIX 5

Impact of Neglect (Horwath 2007)

The following summarises the main impacts of neglect at each stage.

- **Infancy (birth to two years)** – babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.
- **Pre-school (two to four years)** – most children of this age are mobile and curious but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.
- **Primary age (five to eleven)** – for some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.
- **Adolescence (twelve to eighteen)** – neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to, or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour, or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

Useful links

ERSCP Neglect webpage

<https://www.erscp.co.uk/practitioners-and-professionals/neglect/>

ERSCP Graded Care profile 2 Training

https://www.erscp.co.uk/more/training/?entry=graded_care_profile_2_licensed_training&q=grad

East Riding Clinical Commissioning Group Child Development Tool

<https://www.erscp.co.uk/policies/>

References

Horwath J (2013) Child Neglect – planning and intervention, Palgrave Macmillan