

NEGLECT FRAMEWORK AND PRACTICE GUIDANCE

Hartlepool & Stockton-on-Tees
**SAFEGUARDING
CHILDREN
PARTNERSHIP**



South Tees
**Safeguarding
Children Partnership**

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INTRODUCTION

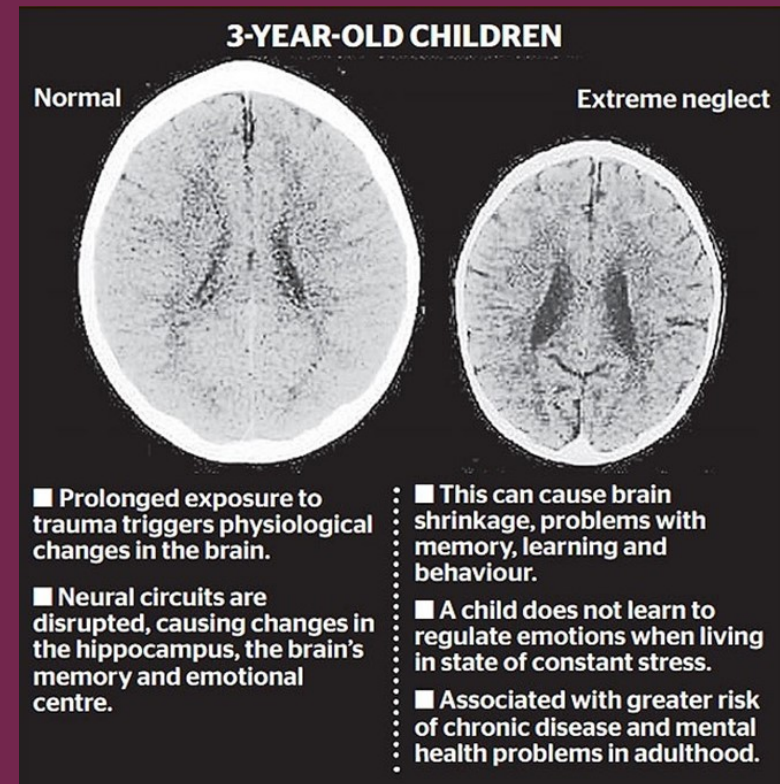
NEGLECT is the persistent failure to meet a child's basic physical and/or psychological needs; likely to result in the serious impairment of the child's health or development. It is identified as the main cause for children becoming subject to a Child Protection Plan and for becoming looked after and 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. The following document sets out the evidence, rationale and approach to dealing with neglect across the Tees area. The pressures on services across Tees are significant; with the numbers of children becoming Looked After by the Tees Local Authorities at a high (approximately 69%) .

Professionals across Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-On-Tees should use this Practice Guidance when working with families where there are concerns about neglect. It has been informed by a wealth of research and child safeguarding practice reviews that have been published both locally and nationally. It is designed to assist in the early identification of child neglect and in the understanding and evidencing of the impact this is having on the child and their development. It should assist in evidencing, escalating and referring concerns in relation to neglect and when completing single or multi agency assessments.

The aim of the two local Safeguarding Children Partnerships is to reduce the number of children subject to neglectful parenting and therefore improving their life chances.



The CT scan on the left is an image from a healthy three year old with an average head size (50th percentile). The image on the right is from a three year old child suffering from severe sensory-deprivation neglect. This child's brain is significantly smaller than average.

(Perry, BD and Pollard, D. *Altered brain development following global neglect in early childhood*. Society For Neuroscience: Proceedings from Annual Meeting, New Orleans, 1997)

Why Must We Tackle Neglect – National Research and Learning from Reviews

There is a large body of national research, practice guidance and policy in relation to the serious negative impact of long term neglect on children’s outcomes and their life chances. There is significant evidence to show that trauma in childhood can affect brain development as shown below:

Normative	Trauma impact
Birth to 2	
<p><u>Tasks</u>: Identity, Connection, Exploration, Agency</p> <p>Communication through physical activity</p> <p>Strong increase in anxiety when immediate needs not met</p> <p>Need physical human contact for reassurance</p> <p>Growth of sensory perception/response</p>	<p>Altered connections; sacrifice of exploration; deficits in agency</p> <p>Deficits in development of non-verbal/ dyadic communication strategies</p> <p>Exposure to significant arousal in absence of strategies for soothing</p> <p>Multiple potential “triggers”/ danger cues solidified on NON-VERBAL level</p>
Stage 2-6	
<p>Increased focus on development of agency, independence</p> <p>Need for structure and security</p> <p>Cognitively aware of need for nurturing</p> <p>Minimal concept of time/space</p> <p>Speech available; but feelings still communicated more through play and behaviour, needs through words</p>	<p>Continued sacrifice of independence (or—age-inappropriate independence)</p> <p>Development of rigid control strategies to manage anxiety</p> <p>Reliance on primitive coping/self-soothing</p> <p>Building of defences against affect and/or connection</p> <p>Continued deficits in self-expression</p>
Primary School	
<p>Increase in independence and industry</p> <p>Increased ties to and investment in school, community, peers</p> <p>Concrete information more important than abstract in meaning-making</p> <p>Early understanding of time/space, but still focused on the present</p>	<p>Reduced development of competencies across domains</p> <p>School deficits/impairments</p> <p>Building and internalization of negative self-concept/ self-blame</p> <p>Failure to develop adequate peer relationships; vulnerability to harm by others</p>
Adolescence	
<p>Striving for independence; separation/individuation</p> <p>Peer group important source of support, information, and reference</p> <p>Self-conscious; belief in self as focus of attention</p> <p>Body image, sexual image, self-image all important</p> <p>Black-and-white view; extremes, judgments</p> <p>Able to see future but less able to see consequences</p>	<p>Premature separation <i>or</i> age-inappropriate dependence</p> <p>Risk for negative peer influence and affiliation</p> <p>Significant risk for high-risk behaviours</p> <p>Over-control/perfectionism</p> <p>Ongoing reliance on primitive coping strategies, with failure to develop age-appropriate strategies</p> <p>Crystallization of negative self-identity</p>

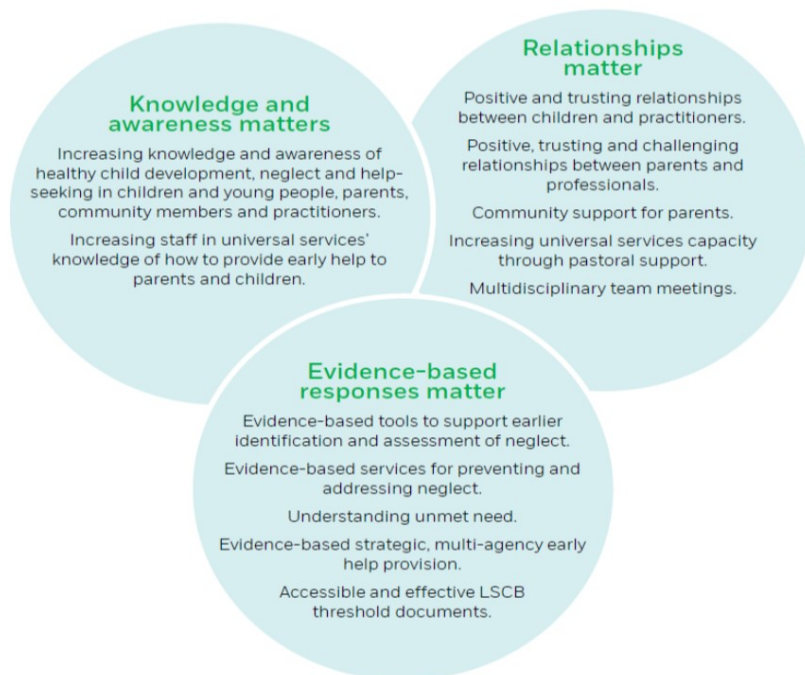
Adverse Childhood Experiences (ACEs)

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on an individual's life chances. ACEs such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. As the number of ACEs increases, so does the risk for these outcomes.

ACEs cast a long shadow and parents/parent figures may be unable or not well equipped to cope with the complex psychological needs of baby's, children and young people or form appropriate attachment relationships. Parents/parent figures may struggle to keep children and young people in mind, feel empathy and recognise their children and young people's needs for care and protection.

Preventing Neglect

The NSPCC "Spotlight on Preventing Child Neglect" review outlines how the following can make a difference in preventing neglect:



It outlines four key actions that can support the prevention of neglect:

1. Use evidence based services for preventing and addressing neglect
2. Increase the community's knowledge and awareness of healthy child development, neglect and help seeking
3. Ensure that practitioners in universal services are equipped to recognise neglect of all types and to offer appropriate and effective help
4. Enable the development of positive and trusting relationships between children and the practitioners who work with them

1001 Critical Days

A wealth of research has been undertaken into the effect of neglect in a baby's early days with the Wave Trust (2014) developing 1001 critical days.

“The early years of life are a crucial period of change; alongside adolescence this is a key moment for brain development. As our understanding of the science of development improves, it becomes clearer and clearer how the events that happen to children and babies lead to structural changes that have life-long ramifications. Science is helping us to understand how love and nurture by caring adults is hard wired into the brains of children.

We know too that not intervening now will affect not just this generation of children but also the next. Those who suffer multiple adverse childhood events achieve less educationally, earn less, and are less healthy, making it more likely that the cycle of harm is perpetuated, in the following generation.”

This has led to the focus on early intervention and the use of Early Help assessments to identify needs as early as possible. However local evidence on the use of Early Help assessments indicates a lack of multi-agency ownership.

Adolescent Neglect

The majority of national research and local developments has focused on younger children because of their vulnerability with a lack of focus on adolescent neglect. There is limited research available to inform practice in relation to adolescent neglect however one piece of recent research (Research in Practice: The Difficult Age: Developing a more effective response to risks of adolescence (2015)) sets out the following principles of working with adolescents:

1. *Working with adolescent development – in particular perception, agency, aspiration and skill – for example, identity formation, friendships attachments, risk-taking. This includes avoiding policies and practice that respond to adolescent choice and behaviours that could “ensnare” them and constrain positive development – and to avoid responses that “do to” adolescents rather than “work with” them.*
2. *Work with young people as assets and resources*
3. *Promote supportive relationships between young people and their family and peers (where possible)*
4. *Prioritise supportive relationships between young people and key practitioners(s) within the system response*
5. *Take a holistic approach to young people and the risks they face*
6. *Ensure services are accessible and advertised – for example, services should incorporate self-referral mechanisms, social marketing, and assertive outreach to target hard to reach groups.*
7. *Equip and support the workforce, including through high quality learning opportunities and regular supportive supervision.*

What Does Neglect Look Like For Children in Teesside?

Some examples of that it might feel like for our children:



Baby/Toddler (aged 0- 3 years)

- I'm crying in my cot and no one comes to me.
- I'm dirty, I'm uncomfortable, and I'm in distress. I'm learning that adults won't come when you cry. I'm learning that emotions are unhelpful. I'm learning to switch off.
- I have been left in my pushchair for a long time. No one plays with me. I don't know how to play with others because no one has taught me. I'm still dirty and uncomfortable.
- Sometimes I am cold when I go out as my clothes are not warm enough.
- I want someone to play with me. I have no toys, no one cuddles me.
- Sometimes I feel hungry.
- My nappy is wet and no-one has changed me. I am wet and sore.
- I am not taken to my medical appointments
- No-one talks or listens to me. I watch a TV/tablet all day.
- No-one shares stories or sings songs and rhymes with me. My language is not developing as it should.



Mid Childhood (4 years to 11 years (primary school))

- I haven't had breakfast before I go to school. I'm hungry, I can't concentrate because I'm so hungry. I'm learning that food is more important than listening.
- I go out to play after school and my mum and dad don't know where I am and don't tell me what time to come home. I can do what I want. I'm not learning about risk or how adults are supposed to keep people safe. I'm learning that I can only rely on myself. I don't need anyone.
- I would like somewhere warm, dry and nice to sleep. I sleep on a mattress
- Other children call me dirty and smelly. My clothes and shoes don't fit,
- I want someone to look after me when I feel ill or I've been hurt.
- My mum seems really stressed because there's no money for food in the house.
- My mum is crying because dad has just beaten her. I can't concentrate at school because I'm worried about my mum/dad's safety
- I spend time at home when I should be at school. I am learning that school is not important.
- No-one helps me with my reading at home. I am not learning to read as quickly as I could. No-one reads messages from school. I miss out on important events and experiences.

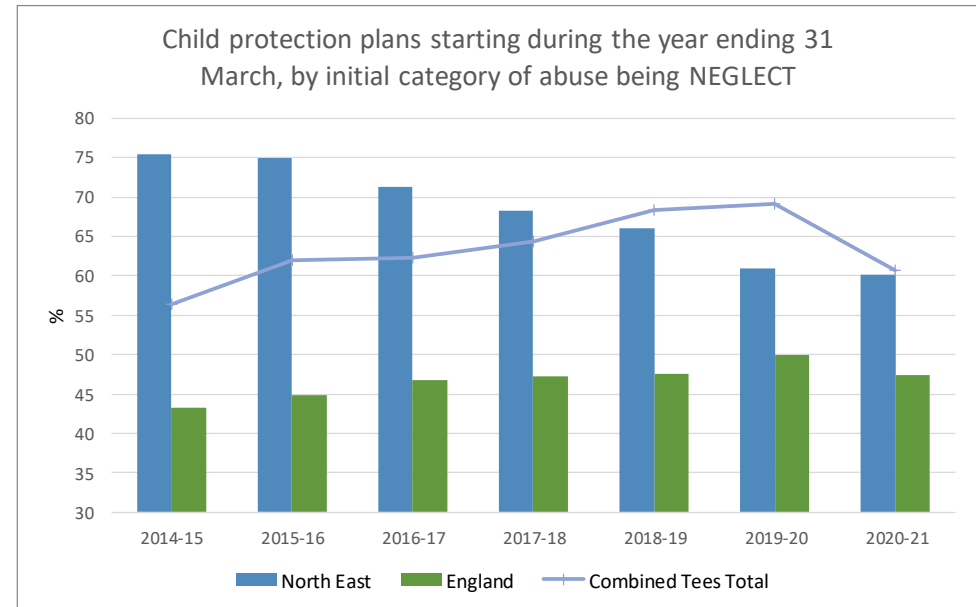
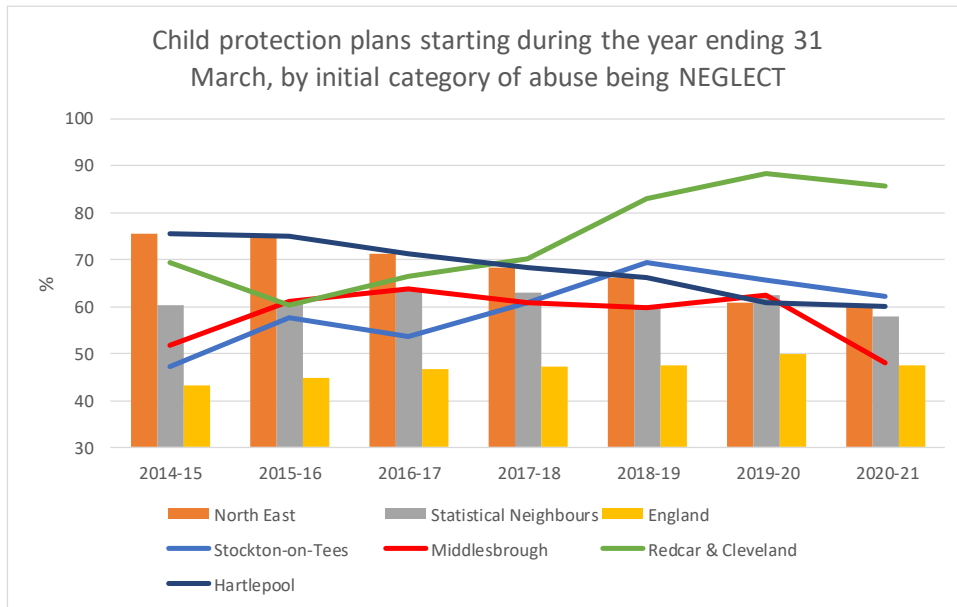


Adolescence (12 years to 18 years)

- Mum and Dad let me do what I want. I think they don't like me. I'm confused, all I want is friends but I'm not sure how to make them and keep them. Perhaps alcohol will help. I'm sure now I don't need anyone. No one has been there for me so why should I trust anyone new.
- I am having to care for my younger siblings
- I need protection from dangerous situations. I need help to make good choices.
- I want someone to care about my future. I need support with school and my learning. No-one is bothered whether I go to school or not. No-one is bothered whether I have homework and noone helps me with it. I have no place to do my homework
- I would like clean clothes that fit me properly.
- No-one speaks to me, don't go to school, no routine and boundaries, lack of food, can drink and take drugs no-one is bothered, I smell and I'm dirty so no-one wants to talk to me

Prevalence

The pressures on services across Tees in relation to neglect are significant; with the numbers of children becoming Looked After by the Local Authorities due to neglectful parenting and children made subject to a child protection plan under the category of neglect being consistently above Local and National averages over recent years.



Good Practice - Guiding Principals

Investment in Relationships

A workforce that are able to build trusting, respectful and mutually co-operative relationships with families is paramount in tackling the root causes of neglect and improving the life chances of the children and young people across Tees. This relationship based approach is based on the premise that every relationship has the potential and power to enhance other associated relationships. We also know that children who experience good relationships at home are protected from the harmful effects of poverty, but it is equally important to recognise that the quality of parent-child relationships predicts physical as well as mental health in adulthood.

Professional Curiosity Across Multi Agency Workforce

Lack of professional curiosity is one of the key themes which is sighted as learning from local child safeguarding practice reviews both locally and nationally. A curious workforce are open to working across teams, skilled at looking at underlying issues and can both identify and fill the gaps in their own knowledge. The benefit of having a curious workforce are two-fold we will be more effective in our individual roles and this will contribute to a more successful and efficient organisation.

Understanding A Week in the Life Of A Child

Neglect can be devastating for children yet it can be difficult to identify as its affects are cumulative. Workers often get snapshots of information about a situation for the child but this does not give a full picture of the neglect a child may be subject to. It is important for all members of the workforce to understand what life looks like for a child in order to effectively identify neglect at the earliest possible opportunity.

Good Thorough Assessment and Understanding of The Impact of Neglect and Understanding The Difference Type of Parenting and Why and How to Respond

Neglect is notoriously difficult to define as there is no common view across cultures as to what are desirable or minimally adequate child rearing practices. There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities and it is important for workers to undertake a thorough assessment leading to an analysis of needs in order to implement evidence based interventions. Addressing the causes and not the symptoms through assessment of the specific circumstances is always necessary to establish the difficulties that underpin the neglect.

Effective Plans Based on a Change Journey for Children Understand and Use Evidence Based Interventions

Research shows that in order to improve outcomes for children suffering from neglect there are a range of interventions that have been proven to be effective. It is important that once a child has been identified as being neglected that work is undertaken to support the family to improve the child's life. A large proportion of plans focus on compensatory care without fully addressing the parental actions needed to improve the lives of their children. This does not promote positive change.

Workers Supporting Adults (Particularly in Relation to Domestic Abuse; Substance Misuse and Parental Mental Health) Are Confident in Identifying Children Experiencing Neglect and Are Able To Support Families To Access Services.

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. Audits are showing that the large majority of cases where children are experiencing neglect show that domestic abuse/ substance misuse/ parental mental health are the main factors of the resulting neglect. In addition there are low levels of referrals for services (whether Early Help or social care) from services supporting adults with domestic abuse/ substance misuse/parental mental health.

THE SIX QUESTION TOOL

This Framework provides a series of questions to assist professionals in being professionally curious. They cover **SIX** key areas of **NEGLECT**.

PERSISTENCE AND CHANGE

- ◆ Parental Motivation to change
- ◆ Cumulative harm
- ◆ Past experiences and ACE's

THE CHILD'S DEVELOPMENT NEEDS

- ◆ Physical Care
- ◆ Emotional Care
- ◆ Medical Needs
- ◆ Supervision and Guidance
- ◆ Stimulation and Education

THE IMPACT OF NEGLECT AND THE CHILD'S LIVED EXPERIENCE

- ◆ The Child's Experience
- ◆ Other Abuse

CAUSAL FACTORS

- ◆ Parental Mental Health
- ◆ Parental Substance Misuse
- ◆ Domestic Abuse
- ◆ Parental Learning Disability
- ◆ Poverty and Social Isolation

ACTS OF OMISSION OR COMMISSION

- ◆ Carer ignorance of neglect or
- ◆ Deliberate harm/abuse

8 OTHER KINDS OF ABUSE TAKING PLACE



PERSISTENCE AND CHANGE

Parental Motivation to Change

- ◆ 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?
- ◆ Is the carer determined to act in the best interests of the child and has realistic confidence that they can overcome problems?
- ◆ Is the carer willing to ask for help when needed and is prepared to make sacrifices for children?
- ◆ Does the carer have the right "priorities" when it comes to child care and may take an indifferent attitude?
- ◆ Does the carer believe that there is something about the child that deserves ill treatment and hostile parenting?
- ◆ Does the parent seek to give up the responsibility for the child?

Cumulative Harm

- ◆ 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

Parents Experience

What is the parent's experience of being parented?

- ◆ Lack of caregivers
- ◆ Poor early experiences
- ◆ Poverty
- ◆ Lack of skills knowledge
- ◆ Social Isolation
- ◆ Domestic Abuse
- ◆ Parental Learning Disability
- ◆ Parental Substance Misuse
- ◆ Parental Mental Health Issues
- ◆ Parental Separation and Divorce

THE CHILD'S DEVELOPMENT NEEDS

Physical Care

Growth, Diet and Nourishment

- ◆ Is the child's growth appropriate for age?
- ◆ If growth is not appropriate is there an organic reason for this?
- ◆ Does the child have nutritionally balanced meals?
- ◆ Is there food in the cupboards?
- ◆ If the child has dietary advice for low weight or obesity does the carer follow dietetic advice?

Hygiene

- ◆ Is the child clean either given a bath/ washed daily or encouraged to do so if appropriate to age?
- ◆ Is nappy rash treated consistently?
- ◆ Does the carer take an interest in the child's appearance?

Safe Sleeping for babies

- ◆ Does the carer have information on safe sleeping and follow the guidelines?
- ◆ 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)
- ◆ 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?
- ◆ Is carer not concerned about the impact on the child or risks associated with co-sleeping, such as witnessing adult sexual behaviour?
- ◆ Are there adequate sleeping arrangements for children?
- ◆ Is the carer indifferent or hostile when given safe sleeping guidance? Sees it as interference and does not take account?

Clothing

- ◆ Does the child have clothing which is clean and fits?
- ◆ Is the child dressed for the weather?
- ◆ Is the carer aware of the importance of suitable clothes for the child in an age appropriate way?
- ◆ Is the carer hostile when given advice about the need for suitable clothes for the wellbeing of the child?

Animals if present

- ◆ Are animals well cared for and do not present a danger to children or adults?
- ◆ Are children encouraged to behave properly towards animals?
- ◆ Is there a presence of faeces or urine from animals and animals are not well trained?

THE CHILD'S DEVELOPMENT NEEDS

Emotional Care

Carer's attitude to the child

- ◆ Does the carer talk consistently warmly about the child and is able to praise and give emotional reward?
- ◆ Does the carer value the child's cultural identity and seeks to ensure the child develops a positive sense of self?
- ◆ Is the carer ridiculing of the child when others praise?
- ◆ Is the carer hostile when given advice about the importance of praise and reward to the child?

Warmth and Care

- ◆ Does the carer respond to the child's needs for physical care and positive interaction?
- ◆ Is the emotional response of the carer one of warmth?
- ◆ Is the child listened to?
- ◆ Is the happy to seek physical contact and care?
- ◆ Does the carer respond with concern if child is distressed or hurt?
- ◆ Does the carer understand the importance of consistent demonstrates of love and care?

Responses to baby

- ◆ Does the carer respond to the baby's needs and is careful whilst handling and laying the baby down, frequently checks if unattended?
- ◆ Does the carer spend time with baby, cooing and smiling, holding and behaving warmly?
- ◆ Is the carer hostile to advice to pick the baby up, and provide comfort and attention?
- ◆ Does the carer recognise the importance of interaction with the baby?

Responses to adolescents

- ◆ Are the adolescents' needs fully considered with consistent adult care?
- ◆ 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)?
- ◆ Does the carer encourage the child to see education as important, and supports regular attendance at school?
- ◆ Does the carer either address directly or seek support to address risky and challenging behaviour?
- ◆ Does the carer take an active interest in the child's day to day life and activities?

- ◆ 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?
- ◆ Does the carer have the capacity to be alert to and monitor relationships (including online relationships) which may be risky or exploitative?
- ◆ Is the carer aware of any risks associated to online activities particularly; grooming in relation to sexual exploitation or radicalisation?

Positive values

- ◆ Does the carer encourage the child to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness?
- ◆ 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 relationship?
- ◆ 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?

THE CHILD'S DEVELOPMENT NEEDS

Medical needs

- ◆ Does the carer seek advice from professionals/ experienced adults on matters of concern about child health?
- ◆ For adolescents, does the carer ensure that sexual health needs are met including advice on contraception and sexually transmitted infections?
- ◆ Are medical appointments made and attended?
- ◆ Is preventative care carried out such as dental/ optical and all immunisations up to date?
- ◆ Does the carer ensure child completes any agreed programme of medication or treatment?
- ◆ Does the carer attend to childhood illnesses or are illnesses allowed to deteriorate before advice/ care is sought?
- ◆ Is the carer hostile when given advice from others (professionals and family members) to seek medical advice?

Disability

- ◆ Does the carer comply with needs relating to child's disability?

- ◆ Is the carer proactive in seeking appointments and advice and advocating for the child's wellbeing?
- ◆ Does the carer accept advice and support i.e. follows advice from physio and occupational therapists?
- ◆ Does the carer always value child and not allow issues of disability to impact on feelings towards the child?

Supervision

- ◆ Is supervision provided in line with age and stage of development?
- ◆ Does the carer recognise the importance of supervision to child's wellbeing?
- ◆ Is there consistent supervision provided both indoors and outdoors, and the carer does intervene where there is imminent danger?
- ◆ Does the carer always know where child is and has inconsistent awareness of safety issues when child is away from home?
- ◆ 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 substances?

Care by other adults and children

- ◆ When the child is left in care of someone over the age of 16 are they a suitable carer?
- ◆ Is the carer consistent in raising the importance of a child keeping themselves safe from others and provides some advice and support?
- ◆ Are there occasions where a child/young person is left in the care of another child, young person or unsuitable adult?
- ◆ Does the parent risk assess the circumstances to ensure the child is safe?

Boundaries

- ◆ Do the carers provide consistent boundaries and ensure the child understands how to behave and to understand the importance of set limits?
- ◆ Is the child disciplined with the intention of teaching proactively?
- ◆ Does the carer treat the child harshly and cruelly, when responding to behaviour?
- ◆ Is the carer hostile when given advice about appropriate methods of disciplining?

THE CHILD'S DEVELOPMENT NEEDS

Stimulation

- ◆ Is stimulation provided? Does the carer understand the importance of it for the child?
- ◆ Does the child have suitable toys to play with?
- ◆ Does the child have opportunities to go on outings? To child centred places?
- ◆ Does the child have the opportunity and space to play outside the house?



Education

- ◆ Does the carer take an active interest in the child's schooling and gives support at home e.g. for homework?
- ◆ Does the carer engage well with school/nursery and does not sanction missed days unless necessary?



THE IMPACT OF NEGLECT AND THE CHILD'S LIVED EXPERIENCE

The Child's Experience

- ◆ If you put yourself in the child's shoes, what is life like?
- ◆ Can you describe a day in the life of this child?
- ◆ What is it like for this child living in this house?
- ◆ What are we seeing? What is the child telling us, without telling us?
- ◆ How does the child interact with and / or react to other family members?



- ◆ How does the child interact with and / or react to you?
- ◆ What is the child doing when you see them?
- ◆ Should the child be there? By being there, are they missing school or another appointment?
- ◆ Are you making any assumptions about the experience of this child? Is there anything you need to clarify or check with them for their perspective?
- ◆ How is the neglect experience impacting on them socially? Emotionally?
- ◆ Have you talked to the child / young person face to face alone? (with reassurance to talk openly) – have you listened to the child's / young person's views about home life – likes/dislikes/? Questions – Can you tell me what is like in the morning / evening / school for you? Do you have any worries or concerns?
- ◆ Are adolescents' needs fully considered with consistent adult care? Have you spoken to the adolescent?
- ◆ Does the carer and adolescent recognise and understand that the adolescent still needs guidance with protection from risky behaviour? E.g. the carer still needs an awareness of the adolescents' whereabouts for long periods of time (missing or absent)?
- ◆ Do you have additional concerns that are impacting on the child / young person? If so, have you explained how you will act on these?

CAUSAL FACTORS

Mental Health

- ◆ Does the carer have a history of depression or is currently experiencing depression?
- ◆ Does the carer talk about feelings of depression/ low mood in front of the children?
- ◆ 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?
- ◆ Does the carer hold the child responsible for feelings of depression and is open with the child and/or others about this?
- ◆ Is the carer hostile when given advice focused on stopping this behaviour and carer does not recognise the impact on the child?

Domestic Abuse

- ◆ Is the carer currently experiencing domestic abuse?
- ◆ What is the family norm of domestic abuse?
- ◆ Does the carer argue aggressively and/or is physically abusive in front of the children?
- ◆ Does the carer understand the impact of arguments and anger on children and is sensitive to this?

Substance Misuse

- ◆ What is the carer's frequency of substance and what substances are they using?
- ◆ Does the carer believe it is normal for children to be exposed to regular alcohol and substance misuse?
- ◆ Does the carer understand the importance of hygiene, emotional and physical care of their child and arranges for additional support when unable to fully provide for the child?
- ◆ Are finances affected by parental substance misuse?
- ◆ Is the mood of the carer irritable or distant at times?
- ◆ Are alcohol and drugs secured safely?
- ◆ Is the carer aware of the impact of substances misuse on the child (including unborn child)?
- ◆ Does the carer hold the child responsible for their use and blames their continual use on the child?

Learning Disability

- ◆ Is it apparent that the carer has any learning disability?

- ◆ What is the level of understanding of the carer?
- ◆ Does the carer understand written advice and/or instruction?
- ◆ 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?

Poverty and Social Isolation

- ◆ Are the family currently in debt?
- ◆ What is the family's source of income and how do they chose to spend their money?
- ◆ How do those choices impact on the child?
- ◆ Does the carer have a consistent support network within the family or community?

ACTS OF OMISSION OR COMMISSION

Omission or Commission

- ◆ Does the neglectful behaviour occur as a result of carer ignorance or competing carer priorities? (Omission)
- ◆ Is there a general lack of action regarding the child's needs?
- ◆ Does the neglectful behaviour occur due to a deliberate intention to harm? (Commission)
- ◆ What do the caregivers say about what causes the difficulties they are experiencing with care giving?
- ◆ Does the parent blame the child for their inability to care for them?
- ◆ What do you consider to be the primary factors causing poor quality parenting?



WHAT OTHER KINDS OF ABUSE ARE TAKING PLACE?

- ◆ Is there any bruising or other marks on the child?
- ◆ Is there any change in the child's behaviour or presentation that might be cause for concern?
- ◆ Are there any signs or indicators of other forms of abuse: such as - sexual abuse, physical abuse, emotional abuse or domestic abuse?
- ◆ Are there any signs or indicators of exploitation?
- ◆ What is the interplay between the different forms of abuse? How do they impact on one another, on parenting and the neglect present? How do they impact on the child?

Useful Links

The following YouTube clips explain the impact of neglect on brain development:

Science of neglect

<https://www.youtube.com/watch?v=bF3j5UVCSCA>

Attunement and why it matters

<https://www.youtube.com/watch?v=URpuKgKt9kg>

How neglect affects brain development

<https://www.youtube.com/watch?v=uOsgDkeH52o>

Early Help

A recent review of learning carried out by NSPCC “Spotlight on preventing child neglect” says that research shows that the following can make a difference in preventing neglect:

<https://www.nspcc.org.uk/globalassets/documents/research-reports/spotlight-preventing-child-neglect-report.pdf>

Research also states that practitioners feel there is a lack of agreement around what constitutes child neglect and when professionals should intervene ([Gardner, 2008](#)).

<http://www.nspcc.org.uk/globalassets/documents/research-reports/developing-effective-response-neglect-emotional-harm-children.pdf>

1001 Critical Days

A wealth of research has been undertaken into the effect of neglect in a baby’s early days with the Wave Trust (2014) developing 1001 critical days.

<http://www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period>

ACEs

Further information in respect of ACEs can be found at: <http://www.aces.me.uk/in-england/>

Adolescent Neglect

<https://www.rip.org.uk/news-and-views/latest-news/evidence-scope-risks-in-adolescence/>

<https://www.childrensociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect>

What Does Neglect Look Like For Children in Teesside?

<https://www.youtube.com/watch?v=IOeQUwdAjE0>

Risk Outside of the Home

[Child Sexual Exploitation \(teescpp.org.uk\)](http://teescpp.org.uk)

[Tees-wide Child Exploitation Screening Tool \(teescpp.org.uk\)](http://teescpp.org.uk)

[Wrong Hands Toolkit \(teescpp.org.uk\)](http://teescpp.org.uk)

[VEMT Practitioner Screening Tool / Referral Form \(teescpp.org.uk\)](http://teescpp.org.uk)

<https://www.relate.org.uk/relationship-help/help-family-life-and-parenting/parenting-teenagers/communicating-teens>

[The principles of Contextual Safeguarding on Vimeo](#)

[\(75\) Contextual Safeguarding: Re-writing the rules of child protection | Carlene Firmin | TEDxTottenham - YouTube](#)

Looking for tools to help you communicate with adolescents

[Youth Archives - Free Social Work Tools and Resources: SocialWorkersToolbox.com](#)

<https://www.relate.org.uk/relationship-help/help-family-life-and-parenting/parenting-teenagers/communicating-teens>

Language Tools

[TACT An Overview of Language that Cares](#)

