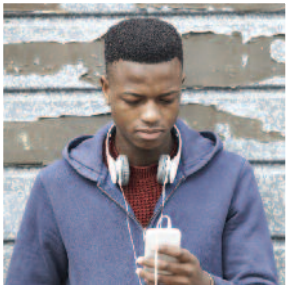


Guide to recognising and responding to **NEGLECT** in children and young people



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This Neglect Toolkit has been designed to promote good practice and assist in the identification and assessment of neglect of children and young people. It should be used when there is a concern that the quality of care a child or young person is receiving is leading to their needs being neglected. The toolkit should be used alongside the LSCB’s “Early Intervention Model and Threshold Document” available on the LSCB Website – **www.southamptonlscb.co.uk**.

If you believe that urgent action is needed because, for example, a child or young person is in immediate danger or needs accommodation phone the Southampton MASH (Multi Agency Safeguarding Hub) on: **023 8083 3336**.

Out of hours: **023 8023 3344**.

In an emergency always dial **999**.

The Multi Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton. It brings together expert professionals, called ‘navigators’, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm.

What is neglect?

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (Working Together 2015).

Who experiences neglect?

Any child or young person can suffer neglect, but some are more at risk, such as those who:

- are in care
- seeking asylum
- live with a parent who
 - has problems with drugs or alcohol
 - suffers from mental health problems
 - witnessing or living with abusive or violent relationships.

Other things that may make neglect more likely include:

- living in poverty, unsuitable housing or a deprived area (Thoburn et al, 2000)
- having parents who were abused or neglected themselves (Harmer et al, 1999).

But neglect happens for many reasons, and there isn't usually one single cause. Just because one or more of these problems exist, it doesn't mean that a child will be neglected. But we do know that having one or more of these issues increases the risk of neglect.

The impact of neglect¹

Children and young people who have been neglected may experience effects that last throughout their life. Children who don't get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children.

Children who have been neglected are more likely to experience mental health problems including depression and posttraumatic stress disorder.

Young people may also be vulnerable to running away from home, breaking the law, abusing drugs or alcohol, or getting involved in dangerous relationships – putting them at risk from sexual exploitation.

Effects on relationships and attachment

A parent or carer's behaviour has a big impact on a child. It can also affect the relationship between parent and child. This relationship, or bond, between a child and their primary caregiver – usually mum or dad but sometimes another family member or carer – is described by attachment theory.

When a child is neglected they don't always have a good relationship or bond with their parent. Psychologists would describe this as disorganised or poor attachment.

Poor attachment can significantly affect the relationships that people have throughout their lives, including how they interact with their own children. Early intervention can change attachment patterns, reducing harm to a child and helping them to form positive attachments in adulthood (Howe, 2011).

¹ NSPCC Website 2015

Effects on brain development

The first years of a child's life have a big impact on how their brain develops. That is why neglect can be so damaging – the child's earliest experiences can change their thought processes and neural pathways.

If a baby is malnourished, neural cells can become weak or damaged and this can cause lowered brain function.

If a child has a poor relationship, attachment or little interaction with a parent then it can change how their brain develops emotional and verbal pathways.

Neglect can severely alter the way a child's brain works. This can lead to an increased risk of depression in later life as well as dissociative disorders and memory impairments. Changes to the brain caused by neglect have also been linked to panic disorder, posttraumatic stress disorder (PTSD) and attention deficit and hyperactivity disorder (ADHD) (Child Welfare Information Gateway, 2009).

How do you know if a child is being neglected?

Neglect can lead to some obvious physical symptoms though often it can take years for emotional and psychological symptoms to become apparent. Some of the possible indicators could include the following, though they may also be symptoms of poverty and deprivation, not child neglect:

- frequently going hungry
- frequently having to go to school in dirty clothes
- not being taken to the doctor when they're ill
- regularly having to look after themselves at home alone under the age of 16
- being abandoned or deserted
- living in dangerous conditions ie around drugs, alcohol or violence
- finding it difficult to adapt to school
- children who are often angry, aggressive or self harm
- children who find it difficult to socialise with other children.

Good practice in responding to neglect

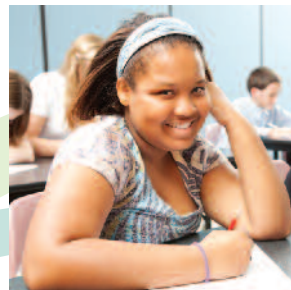
Using the detailed guidance in the LSCB's "Early Intervention Model and Threshold Document" available on the LSCB Website – www.southamptonlscb.co.uk assessment should be made to identify the most appropriate support needed, remember the guidance given on Page 1 regarding what you should do where concerned about immediate harm or risks to children and young people experiencing neglect.

Reflecting on the Child's Experience in making an assessment, ask yourself these questions:

- 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?
- Does the child internalise their experience of being neglected and think they are unworthy of care?

- Is the poor quality care causing any other kinds of abuse, for example:
 - Sexual Abuse/Sexual Exploitation
 - Physical Abuse
 - Emotional Abuse.

A good record through a chronology of events and activity can identify patterns of behaviour and show where risks may lie in the present or future. If no chronology exists then one should be started and kept on the case file/notes.



Consequences for the child

There are various tools to monitor or grade neglect based on the levels of commitment to care. Parallel with the level of commitment is the degree to which a child's needs are met; these can be observed. This is a modified version of the graded care profile designed by Dr Leon Polnay and Dr O P Srivastava (Bedfordshire and Luton Community NHS Trust and Luton Borough Council). It can be used with parents/carers to reduce neglect and gain lower scores. Professionals can use the tool to discuss or assist with further assessment.

There are 4 domains of care PHYSICAL, SAFETY, AFFECTION/LOVE, ESTEEM. The purpose of using the profile is to clarify areas of concern in order to plan appropriate single agency or inter agency intervention. It is unlikely that the child who is neglected scores low in one or two care domains but will scores higher in most or all of them. This is how the grading works:

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child's needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essentially needs entirely unmet/hostile
2	Child priority	Child first most of the time	Child and carer equal	Child second	Child not considered
3	Best	Adequate	Borderline	Poor	Worst

Grade 1 – No concerns

Grade 1-2 – No referral/UHA

Grade 2-3 – UHA

Grade 3-4 – Refer to MASH

Grade 4-5 – Refer to MASH/Contact emergency services if appropriate

UHA = Universal Help Assessment

Areas of physical care

	Grade 1 Child priority	Grade 2 Child first most of the time	Grade 3 Child and carer equal	Grade 4 Child second	Grade 5 Child not considered
Nutrition (quantity)	Ample	Adequate	Adequate to variable	Variable to low	Mostly low or starved
Nutrition (organisation)	Meals carefully organised. Seating, timing manners	Well organised often seating regular timing	Poorly organised irregular timing improper seating	Ill organised no clear meal time	Chaotic eat what you can when you can
Hygiene 0-4 years	Cleaned, bathed hair brushed more than once a day	Regular almost daily	No routine sometimes bathed and hair brushed	Occasionally bathed seldom hair brushed	Seldom bathed or clean hair never brushed
Hygiene 5-7 years	Some independence, always helped and supervised	Reminded and products provided for regularly. Watched and helped if needed	Irregularly reminded and products provided. Sometimes watched	Reminded only now and then minimum supervision	Not bothered
Hygiene age 7+	Reminded followed helped regularly	Reminded regularly and encouraged if lapsed	Irregularly reminded and products provided. Sometimes watched	Left to their own initiatives. Provision minimum and inconsistent	Not bothered
Clothing (Fitting)	Excellent fitting	Proper fitted even if handed down	Clothes too large or too small	Clothes clearly the wrong size	Grossly improper fitting
Clothing (insulation)	Well protected with high quality clothes	Well protected even if with cheaper clothes	Adequate to variable weather protection	Inadequate weather protection	Dangerously exposed
Health (opinion sought)	Illness and other genuine health matters thought about in advance with sincerity	From professionals or experienced adults on matters of genuine and immediate concern	On illness severity or frequently unnecessary consultation and/or medication	Delayed consultation, only when illness becomes moderately severe	When illness becomes critical or even then ignored
Health checks and immunisation	Visits in addition to scheduled health checks immunisation up to date Up to date with schedules	health checks and immunisation unless exceptions plans in place to address	Omissions for reasons of personal inconvenience takes up if persuaded	Omission because of carelessness accepts if accused at home	Clear disregard of child's welfare. Blocks home visits
Housing (facilities)	Essential and additional fixtures & fittings, good heating, play and learning facilities	All essential fixtures and fittings efforts to consider the child (if lacking due to practical constraints)	Essential to bare no effort to consider the child	Adults needs for safety, warmth and entertainment come first	Child dangerously exposed or not provided for

Areas of care/safety

	Grade 1 Child priority	Grade 2 Child first most of the time	Grade 3 Child and carer equal	Grade 4 Child second	Grade 5 Child not considered
Awareness	Good awareness of safety issues however remote the risk	Aware of important safety issues	Poor awareness and perception except for immediate danger	Oblivious to safety risks	Not bothered
Practice pre-mobility age	Very cautious with handling & laying down, seldom unattended	Very cautious with handling & laying down, frequently checks if unattended	Handling careless. Frequently unattended when laid within the house	Handling unsafe. Unattended even during care chores (bottle left in the mouth)	Dangerous handling left dangerously unattended during care chores like bath
Acquisition of mobility	Constant attention to safety and effective measures against perceived dangers when moving	Effective measures against any danger about to happen	Measures taken against danger about to happen of doubtful use	Ineffective measures if at all. Improvement from mishaps soon lapses	Inadvertently exposes to dangers
Infant school	Close supervision indoors and outdoors	Supervision indoors no supervision outdoors if known to be in a safe place	Little supervision indoors and outdoors. Acts if in noticeable danger	No supervision intervenes after mishaps which soon lapse again	Minor mishaps ignored or child is blamed, intervenes casually after major mishaps
Junior & Senior school	Allows out in known safe surroundings within appointment time. Checks if goes beyond set boundaries	Can allow out in unfamiliar surroundings if thought to be safe and in knowledge. Reasonable time limit, checks if worried	Not always aware of whereabouts outdoors believing it is safe as long as returns in time	Not bothered about daytime outings, concerned about late nights in case of child younger than 13	Not bothered despite knowledge of dangers outdoors- railway lines, ponds, unsafe building or staying away until late evening/nights.
Traffic 0-4 years old	Well secured in the pram, harness or when walking, hand clutched. Walks at child's pace	3-4 years old allowed to walk but close by, always in vision, hand clutched if necessary in crowd	Infants not secured in pram. 3-4 years old expected to catch up with adult when walking, glances back now and then if left behind Babies not secured.	3-4 year old left far behind when walking or dragged with irritation	Babies unsecured careless with pram. 3-4 years old left to wander and dragged along in frustration when found
Traffic 5 and above	5-10 years old escorted by adult crossing a busy road walking close together	5-8 years old allowed to cross road with a 13+ child. 8-9 allowed to cross alone if they reliably can	5-7 years old allowed to cross with the older child (but below 13) and simply watched. 8-9 crosses alone	5-7 years old allowed to cross a busy road alone in belief that they can	A child 7, crosses a busy road alone without any concern or thought

Areas of affection/love

	Grade 1 Child priority	Grade 2 Child first most of the time	Grade 3 Child and carer equal	Grade 4 Child second	Grade 5 Child not considered
Carer Sensitivity	Looks for or picks up very subtle signals-verbal or nonverbal expression or mood	Understands clear signals-distinct verbal or clear nonverbal expressions	Not sensitive enough-messages and signals have to be intense to make an impact e.g. crying	Quite insensitive needs repeated or prolonged intense signals	Insensitive to even sustained intense signals or dislike child
Timing of response	Responds at time of signals or even before anticipation	Responds mostly at times of signals except when occupied by essential chores	Does not respond at time of signals if during own leisure activity. Responds at time of signals if fully unoccupied or child in distress	Even when child in distress responses delayed	No responses unless a clear mishap for fear of being accused
Mutual engagement Beginning interactions	Carer starts interactions with child. Child starts interactions with carer, carer does this more often	Carer starts interactions with child. Child starts interactions with carer. Equal frequency, positive attempt by carer even if child is defiant	Child mainly starts interactions sometimes the carer. Carer negative if child's behaviour is defiant	Child mainly starts interactions. Not very often the carer	Child does not attempt to start interactions with carer. Carer does not start interactions. Child appears resigned or apprehensive

Grade 1 – No concerns

Grade 1–2 – No referral/UHA

Grade 2–3 – UHA

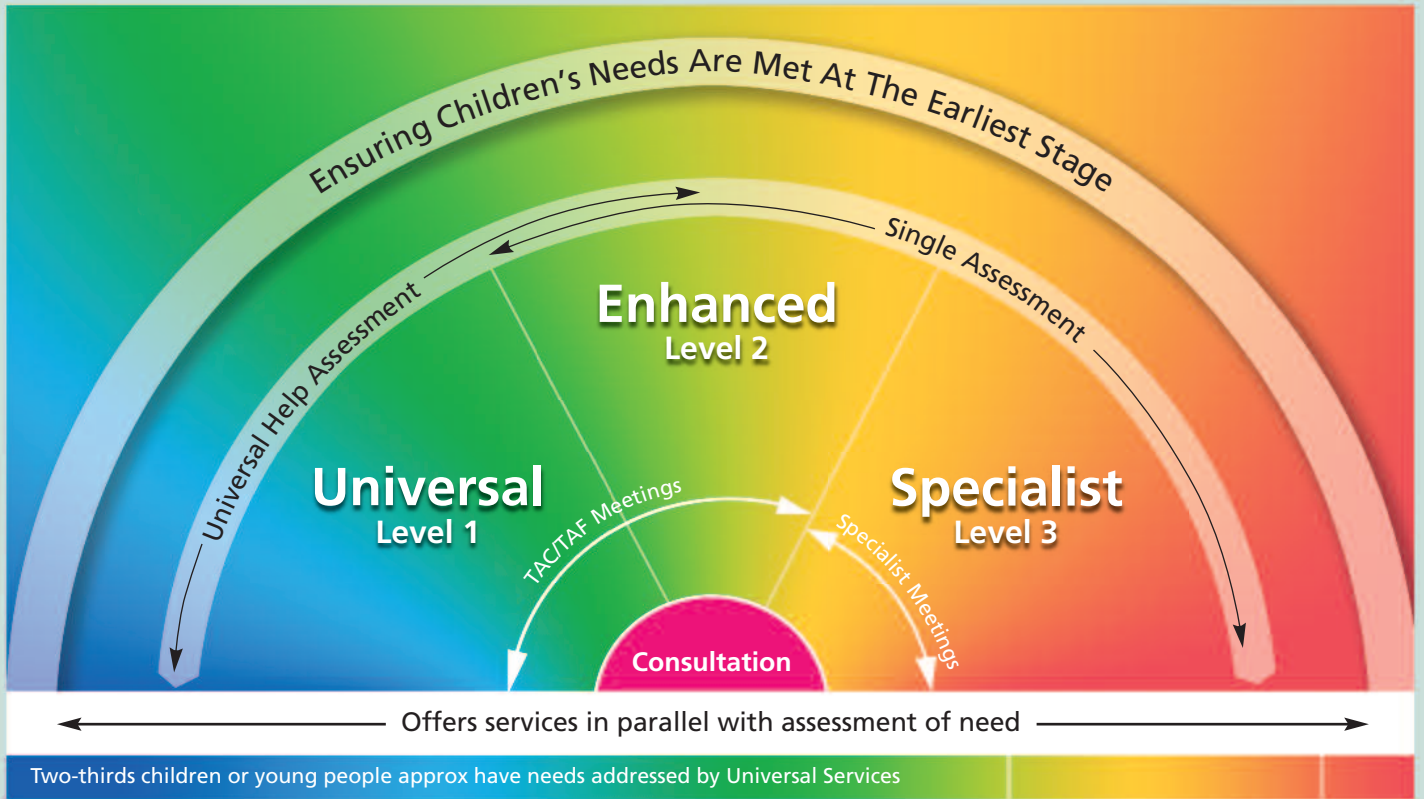
Grade 3–4 – Refer to MASH

Grade 4–5 – Refer to MASH/Contact emergency services if appropriate

Areas of esteem

	Grade 1 Child priority	Grade 2 Child first most of the time	Grade 3 Child and carer equal	Grade 4 Child second	Grade 5 Child not considered
0-2 years	Plenty of appropriate stimulation, plenty of equipment	Enough and appropriate intuitive stimulation	Inadequate and inappropriate- baby left alone while carer pursues own amusements, sometimes interacts with baby	Baby left alone while adult gets on with pursuing own amusements unless strongly sought out by bay	Absent even mobility restricted (confined in pram/chair) for carer's convenience. Cross if baby demands attention
2-5 years	<ol style="list-style-type: none"> 1. interactive stimulation talking to, playing reading, plenty and good quality 2. toys and gadgets Including uniform, sports equipment, books – plenty and good quality 3. outing (taking the child out on recreational purposes) Frequent visits to child centred places locally and away 4. celebrations Both seasonal and personal child made to feel special 	<ol style="list-style-type: none"> 1. interactive stimulation sufficient and of satisfactory quality 2. Provides all that is necessary and tried for more 3. outing Enough visits to child centred places locally and occasionally away 4. celebrations Equally keen and eager 	<ol style="list-style-type: none"> 1. interactive stimulation variable adequate if usually doing own thing 2. toys and gadgets Essential only no effort to make do if unaffordable 3. outing Child accompanies carer whenever carer decides usually child friendly places 4. celebrations Mainly seasonal (Christmas) low key personal (birthday) 	<ol style="list-style-type: none"> 1. interactive stimulation Scarce even if doing nothing else 2. toys and gadgets Lacking on essentials 3. outing Child simply accompanies holiday or locally, plays out doors in neighbourhood 4. celebrations Only seasonal low key 	<ol style="list-style-type: none"> 1. interactive stimulation Nil 2. toys and gadgets Nil unless provided by other sources gifts or grant 3. outing No outings for the child may play in the street but carer goes out locally e.g. to pub with friends 4. celebrations Even seasonal festivities absent or dampened
5+ years	Education – active interest in schooling and supportive	Education- active interest in schooling support at home when can	Maintains schooling but little support at home even if has spare time	Little effort to maintain schooling	Not bothered not even encouraging

Know your thresholds





More information and further details about this matter and how to respond can be found at the following:

www.southamptonlscb.co.uk

Working Together to Safeguard Children 2015:

www.gov.uk

www.nspcc.org.uk

Contact the Local Safeguarding Children Board:

023 8083 2995

email: lscb@southampton.gov.uk

www.southamptonlscb.co.uk

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