

Brighton & Hove Local Safeguarding Children Board

Neglect Strategy

2017-19



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1. Foreword by Independent Chair of the LSCB

Article 19 of the United Nations Convention on the Rights of the Child states that **Governments must do what they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone who looks after them.**

All children deserve the chance to grow up in a loving, secure family and have the opportunity to achieve their full potential. Sadly, we recognise that not all children have the same experiences and not all children in our city are brought up in families able to care effectively for them.

The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Child neglect is the most common and pervasive type of abuse in the UK today and requires a coordinated and rigorous professional response at all levels. To this end, Neglect and Emotional Harm is one of Brighton & Hove Local Safeguarding Children Board's (LSCB) key priorities for 2016-19.

The LSCB believe that all children in the city should have trusted, committed and able professionals who are able to swiftly identify and respond effectively to child neglect.

Together with our multi-agency partners the LSCB has developed this **Neglect Strategy** for the city, setting out Brighton & Hove's approach to tackling neglect. The overarching aim of the strategy is to ensure the early recognition of neglect and improved responses to it by all agencies, so that the life chances of children are promptly improved and the risk of harm reduced. This strategy is our shared commitment to re-focus our efforts to improve identification of children experiencing neglect and to more effectively join up the support offered to our city's families.

It is important to stress that this strategy has been developed in response to local knowledge as to the causes and effects of neglect, learning from local and national reviews and from the Ofsted Thematic Inspection Report; In the child's time: professional responses to neglect (March 2014).

The strategy is supported by **LSCB Child Neglect Training** which provides professionals with an overarching understanding of the issues surrounding neglect, how it can impact on the children and young people to whom it relates and how early interventions and agency procedures can be used to reduce the risk and thus safeguard from neglectful situations.



A handwritten signature in black ink, appearing to read 'G. Bartlett'.

Graham Bartlett
Independent Chair Person, Brighton & Hove LSCB

2. Why do we need a neglect strategy?

There is considerable national research and local evidence which demonstrates the damage to infants, children and adolescents living in situations where their needs are neglected. Whilst the harm from neglect can be particularly damaging in the first 18 months of life, it can have a demonstrated cumulative impact across childhood, the impact of which can be keenly felt as children progress through their adolescence. The consequences of neglect can last a lifetime, span generations and for some children proves fatal.

The Ofsted thematic inspection: In the child's time: professional responses to neglect, 2014, presents a mixed picture in respect of the quality of professional responses to neglect, with the result that some children are left in situations of neglect for too long. The inspection highlighted a real urgency for improvements to be made in driving up standards of professional practice and leadership in the field of neglect.

The recommendations and best practice examples from the thematic inspection have been considered in our strategy alongside the areas of enquiry proposed by Ofsted for future Joint Targeted Area Inspections: 'Deep Dive'- Children Living with Neglect, 2016, & Guidance for joint targeted area inspections on the theme: children living with neglect, April 2017

Neglect and Emotional Harm is one of Brighton & Hove Local Safeguarding Children Board's key priorities for 2016-19. We have recently completed a Multi-Agency Learning Review, into a long standing Neglect Case and conducted a further Multi-Agency Neglect Audit in March 2017, which highlighted areas for further development and improvement in relation to tackling neglect.

In Brighton & Hove (Children in Need Benchmarking 2015-16) there were 480 out of 1,910 episodes where neglect was recorded as an assessment factor, in the year ending 31 March 2016. This amounts to 25.1% of all factors, which is above the national average of 17.5%, and ranked Brighton & Hove 18th highest nationally out of 150 LAs with published figures. It is noted that children often experience neglect alongside other forms of abuse.

Of the 392 children who have a child protection plan recorded at 31 March 2016, 120 (30.6%) had neglect recorded as the latest category of abuse, this is below the national average of 44.9% and statistical neighbour average of 41.5%, however Brighton & Hove has a higher percentage of children who have a child protection plan in place as a result of emotional abuse (of which neglect is a component), 52.6% compared to 38.3% nationally.

Neglect is identified as the form of maltreatment most likely to be repeated and the impact of which can be cumulative.

Neglect, increases vulnerability and exposes children to other forms of abuse, e.g. child sexual exploitation, radicalisation etc.

The impact of neglect on a child's development and emotional wellbeing is often cumulative, making it hard for professionals to agree to take action to protect a child. This can result in drift and delay to help and support being provided.

In analysis of Serious Case Reviews (SCRs) Neglect was a factor in two-thirds of the non-fatal SCRs and over half of the fatal cases. Of this number only 12% of children had a child protection plan with neglect being by far the most common category (a further 12% had been on a CP plan in the past). Since more than half (55%) of serious case reviews occur for children who are below the threshold for children's social care, all those working with children and families need to be alert to children's need for protection in their everyday work. The consideration about whether and how urgently children need protection is a challenge for all who work with children and their families¹

3. Our Strategic Aims

- **Raise awareness and challenge neglect when we see it.**
- **Do more to mitigate the impact of this form of abuse upon children and young people.**
- **Identify neglect much earlier in children's lives.**
- **Reduce the number of children that suffer neglect and reduce the amount of time that they experience neglect for.**
- **Give tackling child and adolescent neglect the priority it deserves.**
- **Deliver a well trained workforce that works together confidently to tackle neglect and a community that recognises and reports neglect.**

This strategy has been developed in conjunction with partners represented on the Local Safeguarding Children Board. This strategy needs to be considered in conjunction with other key strategies, policies and procedures.

Through this strategy local partners agree to the following principles:

- **That the safety and welfare of children is paramount**
- **Professionals and volunteers from all agencies have a statutory responsibility to safeguard children from neglect and its consequences.**

The organisations expected to understand, recognise and appropriately respond to the forms of child neglect include:

Brighton & Hove City Council: Children's Service & Adult Services Sussex Police
Sussex Community NHS Foundation Trust Early Year's Settings & Nurseries Children's Centres
GPs/Practice Nurses South East Coast Ambulance Service Housing Providers
Brighton & Sussex University Hospitals Armed Forces Welfare East Sussex Fire & Rescue Service
Sussex Partnership NHS Foundation Trust Community & Voluntary organisations
Dentists Substance misuse services RSPCA / Vets
Schools & Colleges KSS Community Rehabilitation Company & National Probation Service Prisons

¹ (Sidebotham et al 2016).

4. Definition of Neglect

The statutory definition of child 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. 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, shelter, such as excluding a child from home, abandoning them and leaving them alone.**
- **Failure to protect a child from physical or emotional harm, or danger.**
- **Failure to ensure that the child has adequate supervision (including the use of inadequate and inappropriate caregivers).**
- **Failure to ensure the child has appropriate medical care and treatment when needed.**
- **Unresponsiveness to a child's basic emotional needs.**

Working Together 2015

5. Types of Neglect:

As well as the statutory definition it is important to have regard to the specific needs of children that are often subsumed under the term of 'failure to meet basic needs',²

These include:

Medical neglect: Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

Nutritional neglect: Failing to provide adequate diet and nutrition.

Emotional neglect: Failing to meet a child's need for nurture and stimulation, through, e.g. ignoring, humiliating, intimidating or isolating children.

Physical neglect: Failing to provide for a child's basic needs such as food, clothing, or shelter.

Lack of supervision and guidance: Failing to adequately supervise a child, or provide for their safety.

Educational neglect: Failing to ensure that a child receives an education

These provide practitioners scope for support and early help before thresholds for statutory interventions are met. For further information, please see [Types of Neglect and Associated Features](#), NSPCC, Research in Practice, & Action for Children, 2016.

Statutory Multi-Agency Assessment³:

Howe (2005) highlighted four defining forms of neglect, with each form associated with different effects on both children and their parents, which has implications for the type of intervention offered. These are:

Emotional Neglect: Ranges from ignoring the child to complete rejection. Children suffer persistent emotional ill treatment, they feel worthless and inadequate. Their parent keeps them silent, scapegoats them and shows them no affection or emotion.

Disorganised Neglect: Ranges from inconsistent parenting to chaotic parenting. Parents' feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.

Depressed or Passive Neglect: Ranges from a parent being withdrawn or detached with the greater focus being on themselves, than their children and is characterised by a parent or carer, typically being, uninterested and unresponsive to professionals. The parent/carer does not understand the child's needs and believes nothing will or needs to change. They will fail to meet their child's emotional or physical needs and will appear passive in the face of apparent need.

Severe Deprivation Neglect: Ranges from a child being left to cry for prolonged periods, to a child being left to die. The child and the home will be smelly and dirty. Children are deprived of love, stimulation and emotional warmth. The children may be completely ignored and left unsupervised within their own home or out on the streets.

² J. Horwath, *Child Neglect: Identification and Assessment*, London (Palgrave MacMillan, 2007).

³ (See Indicators & Toolkit to Identification in relation to Threshold Response for Intervention: Appendix A)

6. Contributing factors to neglect:

A number of social factors can increase the likelihood of neglect in some families, particularly when they present in combination with each other:

- Parental mental health problems
- Substance misuse
- Domestic violence and abuse (DV&A)
- Unemployment
- Poverty
- Poor parental functioning (including learning disabilities)
- Inadequate housing
- Lack of a caring relationship.

It is important therefore that preventative approaches and links to other services working with children and families are considered to reduce the risk factors that can lead to neglect.

It is also important to note that these risk factors may, but do not always, prevent parents from providing adequate food and clothing, protecting children from physical and emotional harm or danger, ensuring adequate supervision and /or access to appropriate medical care or treatment – all elements of the *Working Together* definition of neglect.

Neglect and Assessment Considerations:

Living in poverty damages physical and psychological health in children and their families⁴ and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress⁵. In spite of the extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects⁶, the majority of poor families do not neglect their children; in many studies examining the effects of neglect, the comparison population of children are experiencing equal poverty⁷.

Yet the increased stress associated with poverty can make coping with the psychological as well as the physical and material demands of parenting much harder⁸. In this respect poverty can add to the likelihood of poorer parenting and neglect and be one of many cumulative adversities a child experiences. In relation to parental stress, Schumacher and colleagues systematic review of neglect found that a high level of pervasive, smaller stressors is a risk factor for neglect, whereas acute major stressors may not be.⁹

⁴ (Lanier *et al.*, 2010)

⁵ (Drake and Pandey, 1996, Jack and Gill, 2013).

⁶ (Burgess *et al.*, 2014),

⁷ (Naughton *et al.*, 2013).

⁸ (Howe, 2005; Crittenden, 2008).

⁹ (Schumacher *et al.*, 2001:248).

We're investigating neglect. It's mainly to do with the home situation. They're living in squalor. Upstairs there's no carpet, the children are sleeping four to a bed...

(Social worker field notes, Scourfield, 2000, p371)

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances. Professionals assessments of neglect is often characterised by an assessment of home conditions and a concentration on the physical aspects of neglect.

Linking neglect primarily with poor physical living conditions can however deflect attention from the equally harmful neglect that can also occur in well-ordered but physically and emotionally unresponsive parents. Gardner's exploration of neglect cases through interviews with 100 practitioners including social workers, teachers, nurses and health visitors found numerous examples of poor physical home conditions but also examples of neglect in good living conditions, for instance:

The home was beautiful and spotless. There was a row of candles along the hearth. So I asked where the child played and it turned out he was never allowed out of his push chair. The back of his head was flattened where he had sat in it all day every day and he could not walk at all

(Gardner, 2008, health visitor, p.60)

Social isolation: Parents who neglect their children have been found in systemic reviews and other studies, either, to have had fewer individuals in their social networks and to receive less support, or, to perceive that they received less support from them, than did other parents¹⁰. Social isolation and limited networks may mean that parents have little social interaction and by implication little help with the day to day responsibility of supervising small children. Alternatively, neglecting parents in low income neighbourhoods have been found to have had as many social contacts as their peers but not to have reciprocated social support instead making considerable demands on friends and family¹¹.

Pregnancy: A number of risk factors may be apparent during pregnancy. Parents' attitudes to the pregnancy and their expectations of the child and of parenthood are both important considerations. Failure to attend antenatal appointments and / or comply with medical advice may be risk factors or indicators of actual neglect.

¹⁰ (Connell-Carricks 2003).

¹¹ (Naughton et al., 2013).

7. Tackling Neglect: A Strategic Framework

Neglect causes significant harm to children; it alters life chances in relation to health, educational and social outcomes, and can potentially be fatal. A child's ability to form trusting relationships can be impacted upon and affect their own ability to parent in the future. Addressing neglect is multi-faceted and demands a systemic response from government through to front line provision.

This includes:

- Agreed information sharing protocols regarding concerns about neglect.
- Greater precision given to legal and procedural terms and thresholds.
- LSCB has an inclusive strategy for addressing neglect, including a crisis response.
- Good quality information for children, parents and concerned others, with identified contact points.
- Universal and targeted provision for children and parents (separately and together) that addresses specific components of neglect.
- Located responsibility for achieving best practice on child neglect, in all relevant services – including emergency, community and adult services.
- Staff development and training plans that address staff security, health and safety, knowledge base, supervision, audit and casework.
- Assessment and risk analysis specific to child neglect, linking identified problems to relevant service¹²

8. Pitfalls to tackling Neglect:

Due to its often pernicious and chronic nature, tackling neglect brings a number of challenges and pitfalls for the workforce seeking to support changes, these include:

- Loss of momentum and plans being followed through.
- Difficulty joining up adult and children's services
- Desensitisation and demoralisation of practitioners.
- Failure to track referrals and collate data.
- Concern about blame where a parent is perceived as not intentionally abusive (e.g. See Practice Guidance re Parents with Learning Disability).
- Difficulty with legal thresholds
- Lack of training and reflective practice.

A 'Whole Family Approach' needs to be owned by all professionals working with the local community. This includes opticians, GP's, dentists, fire officers, voluntary, advocacy and animal welfare groups. A Whole Family Approach means that all agencies, irrespective of their particular focus upon one particular family member, take into account the needs of the whole family when making an assessment/delivering an intervention.

The approach is inclusive of children with additional needs such as disability or special educational needs as they are potentially more vulnerable.

¹² www.nspcc.org.uk/globalassets/documents/research-reports/developing-effective-response-neglect-emotional-harm-children.pdf

9. Good Practice Principles in Tackling Neglect:

This strategy will be supported by the following principles of good joint working practices that ensure:

- Timely response provided by all agencies to expressions of concern about neglect.
- Understanding of the child's day-to-day experience
- Adequacy of child care must be addressed as the priority
- Engagement with mothers, fathers, partners and extended family and community networks
- Clarity on parental responsibility and expectations
- Full assessment of the child's health and development
- Monitoring for patterns of neglect and change over time
- Avoiding assumptions and stereotypes
- Effective tracking of families whose details change (name, address, school, GP).

All agencies need to consider historical information to inform the present position and identify families where inter-generational is a risk that includes absent and new partners. Agencies working with children and their parents and carers are expected to contribute to improved understanding patterns of neglect through the use of **multi-agency chronologies** to identify and evidence patterns of neglect.

Work to address neglect needs to be measured by its **impact upon outcomes** for the child. This requires good quality assessment and planning.

Effective collaboration and partnership arrangements are central to ensuring identification, assessment that supports and promotes consistency of practice, which leads to effective challenge about improvement in a family's circumstances and its sustainability. Key to tracking improvements and robustly addressing a decline in a child's circumstance requires effective information sharing and risk evaluation.

Help and support needs to be of the sort that improves resilience and sustains the safety of children and young people into the future. Universal and early help activity across all agencies working with children and their families is crucial to the early recognition and identification of the signs and symptoms of neglect. Co-ordinated and targeted early help recognises the importance of effective collaboration amongst agencies, through early help Strengthening Family Assessments and Plans.

Suitable statutory action needs to be taken if insufficient progress is made.¹³

¹³ (Principles used in this section inspired by Cheshire's Neglect Strategy [/www.cheshireeastlscb.org.uk/pdf/cheshire-east-neglect-strategy-nov-2014.pdf](http://www.cheshireeastlscb.org.uk/pdf/cheshire-east-neglect-strategy-nov-2014.pdf))

10. How we plan to address Neglect for 2017-19?

Priority 1: Strategic Commitment Across all Agencies.

Improvement to the multi-agency response to neglect and emotional harm is a key priority for Brighton & Hove's LSCB. To address this, we will:

- Launch the Brighton & Hove Neglect Strategy Across All Partners.
- Drive forward the Whole Family Approach and all partners to work to promote resilience.
- Ensure neglect is embedded in the LSCB's quality assurance framework
- Raise awareness and collaboration regarding neglect and partnership boards, through the Safeguarding Adults Board, Health and Wellbeing Board, Community Safety Partnership Forum and the MASH Strategic Board
- Work with Pan-Sussex MASH to review information sharing arrangements re the effective tracking of families whose details change.

Priority 2: Improve Awareness, Understanding and Recognition.

Case reviews and multi-agency audits suggest that some children and young people are not receiving help and support quickly enough around neglect. We believe that adolescent neglect is often overlooked or misinterpreted by professionals. To address this, we will:

- Work with children and young people to get a better understanding of neglect from their perspective.
- Review and refresh our website, alongside our key safeguarding partners' web content, including procedures and professional tools around neglect.
- Improve our use of communication channels to promote awareness, understanding and recognition of neglect.
- Develop single agency bespoke neglect awareness and training and require assurances regarding completion.
- Include the promotion of the Quality of Care Tool within our neglect training package.
- Create a Multi-agency Neglect Consultation Group to offer a safe reflective space to practitioners and their managers to discuss complex and stuck cases where the neglect of children is the primary issue.

Priority 3: Prevent Neglect through Early Help activity.

The impact of neglect on children is often gradual and there is therefore a risk that agencies do not intervene early enough to prevent harm. Working Together 2015 requires local agencies to have in place effective assessments of the needs of children who may benefit from early help activity. In Brighton & Hove agencies should use the Early Help Strengthening Family Assessment and Plan to gather information to assess unmet needs and to co-ordinate support.

The Quality of Care Tool has been developed but we are aware that use of this tool has not been utilised fully to date. To address this we will:

- Ensure that neglect is included in the revised Early Help Strategy.
- Promote the use of the Quality of Care Tool across the partnership.
- Carry out Strengthening Family Assessment and Plan audits across the spectrum of need, to check tools are being used.
- Review our parenting strategy to ensure that these meet the needs of neglectful parents.
- Develop good practice case studies, from across the spectrum of need.

Priority 4: Improve Effectiveness of Interventions and Reduce the Impact of Neglect.

Sometimes our interventions do not make a big enough difference quickly enough to improve upon a child's circumstances. To address this we will:

- Evaluate the guidance and procedures for screening neglect and use of the Quality of Care Tool.
- Implement the Multi-agency Neglect Consultation Group, whereby practitioners can share concerns, good practice and seek advice regarding neglect cases.
- Improve our responsiveness to specific target groups, e.g. children whose parents have a physical/learning disability.
- Improve our work with fathers.
- Embed the use of Multi-Agency chronologies that provide a systemic overview.
- Improve the quality and timeliness of parenting assessments for children who require an Early Help Strengthening Families Assessment (Level 2&3) and for those who reach the threshold for social work intervention (Level 4).

11. Governance:

Governance will be provided to the LSCB through the Vulnerable Children & CSE Strategic Group and the Monitoring & Evaluation Subcommittee. The subcommittee will monitor progress against the strategic objectives on a quarterly basis and challenge multi-agency partners where appropriate.

12. How will we measure our success?

- LSCB Multi-Agency Audits of Early Help and Children's Social Care Strengthening Family Assessments (SFA), Child in Need and Child Protection Plans for neglect show good impact of the plan and use of the Quality of Care Tool.
- Feedback from parents and children who have had a Strengthening Families Plan in place
- Feedback from parents, children and practitioners where a Quality of Care Tool has been completed.
- Reduction in the incidents of neglect, whilst acknowledging that figures might rise initially (due to better recognition and awareness) particularly at early help levels, where neglect features predominantly.
- Reduction over time of children who require a Child In Need and Child Protection Plan as a result of neglect in comparison with our statistical neighbours.
- Reduction in the number of repeat referrals to children's services post Strengthening Family Assessment, where neglect features.
- Improvement in school attendance for children where neglect is a concern.
- Decrease the percentage of Early Help SFA, where neglect has been identified as a factor who then go onto have a Children's Social Care SFA.
- Measure the percentage of referrals to Children's Social Care for neglect.
- Measure attendance rates for children attending medical and dental appointments, particularly for adolescents.
- Decrease the amount of time that a Child Protection Plan/Child In Need Plan is in place, where neglect is identified as a feature.
- Decrease the number of crimes recorded for neglect.

13. Review

Brighton & Hove's Neglect Strategy will be reviewed on a two yearly basis by the LSCB. Business and Action Plans will be reviewed annually via the Monitoring & Evaluation Subcommittee.

Useful Resources & References:

Review of Child Neglect in Scotland (2012)

www.actionforchildren.org.uk/media/4042383/action_for_children_review_of_child_neglect_final_report.pdf

Evaluation of the Action for Children UK Neglect Project (January 2012)

www.actionforchildren.org.uk/media/3970224/university_of_salford_evaluation_of_the_action_for_children_uk_neglect_project_final_report_2012.pdf

Child Neglect review 2011

www.actionforchildren.org.uk/policy-research/research/child-neglect-review-2011

Effective relationships with vulnerable parents to improve outcomes for children and young people: final study report (2011)

www.actionforchildren.org.uk/policy-research/research/effective-relationships-with-vulnerable-parents-to-improve-outcomes-for-children-and-young-people-report

Seen and Now Heard – Child Neglect Report (2010)

www.actionforchildren.org.uk/media/52188/seen_and_now_heard_child_neglect_report.pdf

Child neglect frontline report (2010)

www.actionforchildren.org.uk/media/145063/child_neglect.pdf

Deprivation and risk: the case for early intervention (2010)

www.actionforchildren.org.uk/media/139941/deprivation_and_risk_the_case_for_early_intervention.pdf

Evaluation of the Action for Children UK Neglect Project (July 2009)

www.actionforchildren.org.uk/media/143099/evaluation_of_the_action_for_children_neglect_project_year_2_interim_report.pdf

Neglect: research evidence to inform practice (2009)

www.actionforchildren.org.uk/media/143188/neglect_research_evidence_to_inform_practice.pdf

NSPCC

Spotlight on preventing child neglect' (October 2015)

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

- [Neglect or emotional abuse in pre school children](#)
- [Neglect or emotional abuse in 5-14 year old children](#)
- [Neglect or emotional abuse in teenagers](#)

Optical Confederation, Guidance on Safeguarding Children and Vulnerable Adults (January 2012)

www.opticalconfederation.org.uk/downloads/guidance/Optical%20Confederation%20-%20Guidance%20on%20Safeguarding%20Children%20and%20Vulnerable%20Adults.pdf

Royal Pharmaceutical Society, Protecting Children and Young People (September 2011)

www.safechildren-cios.co.uk/media/11150192/RPS-protecting-children-and-young-people.pdf

Child Protection and the Dental Team, Department of Health (November 2009)

www.cpd.t.org.uk/data/files/Resources/Childprotectionandthedentalteam_v1_4_Nov09.pdf

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Appendix A: Key Indicators to Identification in relation to Threshold Response for Intervention

Key Indicators: Emotional Neglect

Universal / early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers			
<ul style="list-style-type: none"> • Cannot cope with children's demands • Parents may feel awkward/tense when alone with their children • Inconsistent responses to child 	<ul style="list-style-type: none"> • Failure to connect emotionally with child • Lots of rules • Lack of attachment to child • Unrealistic expectations in line with child's development 	<ul style="list-style-type: none"> • Dismissive / punitive response to child's needs • Poor attachment to child 	<ul style="list-style-type: none"> • Parental responses lack empathy • Not emotionally available to child • No attachment to child
Characteristics of Children			
<ul style="list-style-type: none"> • Over friendly with strangers • Over reliance on social media to interact • No risk CSE 	<ul style="list-style-type: none"> • Frightened / unhappy / anxious / low self-esteem • Know their role in family • Attention seeking • Mild risk CSE 	<ul style="list-style-type: none"> • Withdrawn/ isolated • Fear intimacy and dependency • Self-reliant • Difficulties in regulating emotions • Very poor self esteem • Moderate risk CSE 	<ul style="list-style-type: none"> • Precocious • Unresponsive /no crying • Oversexualised behaviour • Self-harm • Significant risk CSE
What professionals notice			
<ul style="list-style-type: none"> • Ignore advice • Children spend a lot of time on-line • Lack of engagement with universal services • Materially advantaged • Child not included • Child always immaculately clean • Child and family isolated in community • Pattern of re-referrals to Weekly Allocation Meeting (WAM) • Poor dental hygiene 	<ul style="list-style-type: none"> • Avoid contact • Missed appointments • Child learns to block expressions • Child 'shut down' • Risky behaviour on-line • Material advantages can mask the lack of emotional warmth and connection • Pattern of re-referrals to Front Door For Families. 	<ul style="list-style-type: none"> • Deride professionals • Children unavailable • Children appear overly resilient • Poor social relationships due to isolation • Scapegoated child • Regression in child's behaviour • Pattern of step ups to social care • Severe dental disease 	<ul style="list-style-type: none"> • May seek help with a child who needs to be 'cured' • Fabricated illness • Parents seeking a diagnosis/label for child • Pattern of step downs to early help

Key Indicators: Disorganised Neglect

Universal / early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers			
<ul style="list-style-type: none"> • Demanding and dependant • Cope with babies (babies need them) but then struggle • Flustered presentation • Late • Low mood • Unstructured • Problem driven • Revert back to own needs • Everything 'big drama' 	<ul style="list-style-type: none"> • Feelings of being undervalued or emotionally deprived as a child - so need to be centre of attention/affection • Lack of 'attunement' • Crisis response • Avoidance of contact • Poor attachment • Poor parenting • Not engaging with health 	<ul style="list-style-type: none"> • Disguised compliance • Putting own needs before child • Drug/alcohol misuse • Depression • Not getting children to school • Escalation of mental health 	<ul style="list-style-type: none"> • High criticism / low warmth • Continuous use of medical issues to cover up/disguise • Chaotic family • Escalation of depression
Characteristics of Children			
<ul style="list-style-type: none"> • No risk CSE • Anxious and demanding • Infant -fractious/clinging-difficult to soothe • Lateness at school/nursery • Overactive at school • No school equipment • Not able to sit still • Snatching • Struggle with quiet time • Vulnerable to unhealthy relationships • No boundaries or routines • Not at risk CSE 	<ul style="list-style-type: none"> • Young children -attention seeking, exaggerated affect, poor confidence and concentration, jealous, show off, go too far • Fear intimacy • Missing school/nursery • Disruptive at school • Fretful • Crying • Angry • Afraid • low risk CSE/exploitation 	<ul style="list-style-type: none"> • Roaming late at night • Trouble during unsupervised times • Engaging in risky behaviours • Bullying • Aggressive • Jealous • Depressed • Poor school attendance • Speech and language delays • Moderate risk CSE/exploitation 	<ul style="list-style-type: none"> • Self-harm • Causing harm to others • Substance / alcohol use • Offending • Left at home alone • Anti-social behaviour • Able to do what they want • Feral • Ignored • Danger to self/others • Head lice infestation • Significant risk CSE/exploitation
What professionals notice			
<ul style="list-style-type: none"> • Classic 'problem families' • Numerous pregnancies • Missed appointments • Messy house • Erratic changes in mood • Unable to acknowledge problems • Not reporting absences • Disruptive behaviour • Poor hygiene • Poor dental hygiene 	<ul style="list-style-type: none"> • Annoy and frustrate but also endear and amuse • Chaos and disruption • Avoidance of home visits • Lots of contact • Regular lateness and absences • Family identify own need • No improvement • Persistent lateness • Children visibly tired 	<ul style="list-style-type: none"> • Thick case files • Feelings drive behaviour /social interaction • Dependency on services to provide support • Lack understanding acceptance of issues • Exclusion from school • Severe dental disease 	<ul style="list-style-type: none"> • Anti-social behaviour • Frequent new crises • Difficult to work and engage with • Frequent exclusions • Non-engagement with education

Key Indicators: Severe Deprivation Neglect

Universal/early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers			
<ul style="list-style-type: none"> Contact with GP for depression History of chronic mental health Long term unemployed Low cognitive functioning Poor physical presentation Socially isolated 	<ul style="list-style-type: none"> Contact with specialist agency for depression, mental health – in treatment Postnatal depression Poor attachment with children 	<ul style="list-style-type: none"> Carers with serious issues of depression, learning disabilities, substance misuse Homeless Not in treatment 	<ul style="list-style-type: none"> Institutional neglect Suicidal thoughts Carers with serious issues of depression, learning disabilities, substance misuse
Characteristics of Children			
<ul style="list-style-type: none"> Arrive late at school Poor presentation Hungry Tired Miss initial health checks Lack confidence Poor attachment with parents Anxiety and low self esteem Minor accidents at home Poor dental hygiene Poor school attendance Not at risk CSE 	<ul style="list-style-type: none"> Inhibited, withdrawn, passive, rarely smile, autistic type behaviour and self-soothing Relationships shallow, lack reciprocity Disinhibited: attention-seeking, clingy, very friendly Not accessing early years High absence from school Low risk CSE/exploitation 	<ul style="list-style-type: none"> Infants - poor pre attachment behaviours of smiling, crying, eye contact Children -impulsive, hyperactive, attention deficit, cognitive impairment and developmental delay, eating problems, poor relationships School exclusion Moderate risk CSE/exploitation. 	<ul style="list-style-type: none"> Self-harm Mental ill health Sexualised behaviour Failure to thrive Recurrent illnesses Going missing Out of education Significant risk CSE/exploitation.
What professionals notice			
<ul style="list-style-type: none"> Clutter Disorganised home Hoarding Not enough furniture Lots of animals Not attending appointments Poor dental hygiene 	<ul style="list-style-type: none"> Dirty home and children Poor physical and mental health Poor hygiene Regularly attending A&E 	<ul style="list-style-type: none"> Material and emotional poverty Head lice Homes and children dirty and smelly 	<ul style="list-style-type: none"> Urine soaked mattresses, dog faeces, filthy plates, rags at the window Children left in cot or serial care giving Child essentially alone - severe neglect, absence of selective attachment Unable to get into house Severe dental disease

Key Indicators: Depressed/Passive Neglect

Universal/early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers			
<ul style="list-style-type: none"> • Often severely abused / neglected by own parents • Given up thinking and feeling • Withdrawn • Lack of meaningful engagement • Forgetting appointments • Can't impose boundaries • Focused on own needs • Not seen in school • Blame others for children's behaviour 	<ul style="list-style-type: none"> • May seem unmotivated / mild learning disability • Learned helplessness • No structure / poor supervision • Stubborn negative - passive aggressive • Missing appointments • Disorganised • Seeking services to solve problems (but not changing) • Emerging criticisms • One or two elements of toxic trio emerging • Change schools 	<ul style="list-style-type: none"> • No smacks / no shouting / no deliberate harm BUT no hugs, warmth or emotional involvement either • Unresponsive to children's needs limited interaction • Avoiding appointments • Struggling to engage • Blaming services for lack of progress • Refuse to engage with early help 	<ul style="list-style-type: none"> • Obstructing appointments • Blaming others • Combination of toxic trio reaching crisis • No ability to change • No boundaries
Characteristics of children			
<ul style="list-style-type: none"> • Lack of interaction with carers • Presents as hungry • Lack of progression • Tired, withdrawn, isolated • Poor diet • Lateness at school • Dirty clothes • Developmental milestones not met • Attendance at A&E • Not at risk of CSE 	<ul style="list-style-type: none"> • Infant - not curious, unresponsive, moans and whimpers, but does not cry or laugh • Tend not say much • Unwashed, ill-fitting clothes • Missing school • Repeated attendance at A&E • Unmet health needs • Obese • Low risk CSE/exploitation. 	<ul style="list-style-type: none"> • At school – isolated, aimless, lacking in concentration, drive, confidence and self esteem • Anxious • Goes missing • Poor school attendance • Self-harm • Self-isolating • Unresponsive • Moderate risk CSE/exploitation 	<ul style="list-style-type: none"> • Developmental delay • Absent from school • Regularly goes missing • Not accessing health services • Inappropriate behaviour for age • Morbidly obese • Significant risk CSE /exploitation.
What professionals notice			
<ul style="list-style-type: none"> • Shut down and block out all information • Absence from school / nursery • Children appear hungry • Inconsistent engagement • Turn up late at school • Poor dental hygiene 	<ul style="list-style-type: none"> • Parents do not believe they can change so do not even try • A sense of hopelessness and despair – which can be reflected in the workers too • Poor dental hygiene • Stealing food 	<ul style="list-style-type: none"> • Material and emotional poverty • Homes and children dirty and smelly • Chaotic dirty households • Children not saying anything or making excuses for their parents • Children attending appointments on their own • Repeated concerns reported by neighbours • Severe dental disease 	<ul style="list-style-type: none"> • Urine soaked mattresses dog faeces, filthy plates, rags at the window • Children parenting their parents • Offending behaviour • Difficult to work with • Not in for visits



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