Neglect: Practice Standard and Joint Visiting

“Working together to help children, young people and families to thrive”

DEFINITION

What is neglect? - *“Neglect means the parent or carer is unable to meet the needs of the child yet.”*

Locally, we are adopting this definition by Professor Jan Horwath recognising that other definitions, which refer to neglect as the “failure to meet the needs of the child” can alienate parents but can still help us to identify neglectful circumstances.

Working Together 2018 defines neglect as: *'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’.* This definition can still be a useful starting point in identifying incidents of neglectful behaviour, but it is also important to be aware that not all forms of neglect are immediately obvious.

RISKS AND NEEDS

Neglect can affect children of all ages; it can dangerously compromise health and well-being and can be fatal. Even when not fatal, it is often corrosive and enduring.

The impact of Neglect during the first two years of a child’s life can have profound and lasting effects on the development of the brain, leading to later problems with self-

esteem, emotional regulation, and relationships. Neglect during the first five years of a child's life is likely to damage all aspects of the child's development. A neglected child is likely to have difficulties with basic trust, self-esteem, behaviour, social interaction, educational attainment, and problem solving.

Neglect in childhood is also likely to lead to problems with aspects of adult life such as independent living, anti-social behaviour (including criminality and substance misuse), increased vulnerability to abuse, reduced employment and educational opportunities, and self-care. Children who experience neglect may lack positive parental role models and so are vulnerable to becoming neglectful or abusive parents themselves.

OXFORDSHIRE CONTEXT

A high percentage of Oxfordshire's Child Protection Plans and repeat plans relate to Neglect. This is a sobering fact. There is, however, much that practitioners across services can do to address neglect, both to improve children's wellbeing and to work with families in a strength based and progressive manner:

PRACTICE STANDARDS

1. Read files/information on the family fully, consider other information from other areas/Local Authorities and beware of "start again" syndrome. Complete a full genogram (family tree) with the family, including the roles and responsibilities within the family for routines such getting to school, dentist appointments and cooking meals. Neglect is often intergenerational and male care givers are often unrepresented.

   For Children's Social Care (CSC): Family Group Conference/Family Meeting to address concerns and make a plan involving the family in creating shared ownership, possibilities and contingency plans.

2. Refresh the chronology - ask yourself:

   - What has happened in the past? – the impact on children
   - What interventions have been used/tried?
   - Has change been made and sustained?
   - Are particular children more neglected than their siblings?

   This will enable you to *make sense* of history and avoid starting again as well as look at what hasn't been offered/tried.

3. Consider other factors in family functioning such as low mood, Post Natal Depression, domestic abuse, substance misuse (drugs and alcohol), learning needs and parental separation, loss, trauma and/or experiences which are impacting on their ability to parent.

   Gain their experience of being parented, e.g., were they neglected?

For Children's Social Care (CSC): ensure that your Chronology is regularly updated as this will aid your ongoing assessment and will assist if you need to write an initial statement for court. This is also essential for the Emergency Duty Team if things escalate at evenings and weekends.

Case summary is also vital to update with the summary of concerns, strengths, current plan, key family/agencies and detailed contingency plan. Plan your statutory visits and supplementary visits in advance – be clear on purpose and how you track impact on child.

For Children's Social Care (CSC): Visits must be every two weeks for children on a Child Protection plan, and supervision every month. For Children in Need (CIN) and Targeted Early Help (TEH) visit frequency should be often in order to enable relationship and assess impact of support and on child.

Increase visits to the home and reduce time between core groups if you have concerns. This will enable you to get a good understanding of what is happening for the child and if parents are making progress with actions – what part of the change cycle are parents occupying?

4. Create plans with the family that have set timescale for actions;

    - The who, when and the how – consider what is realistic/proportionate
    - What is time sensitive in respect to children's ages and stages?
    - What small thing can we do right away and what bigger change is needed? – milestone
    - How is this going to be maintained? What will success look like?
    - Who will notice improvement and deterioration?

5. Ensure that visits to the child occur in different venues:

    - The home - see the child's bedroom, the kitchen and the bathroom as well their school and others involved, e.g., carers homes.

    This enables you to see the interactions between parents and children, as well as looking at the home environment. **Gain the child's lived experience**.

6. View all children as individuals and consider how neglect is impacting on the children in terms of their ages and stages (infants to adolescents). Plan direct work with children, be child led.

7. Work closely and form positive relationships with other professionals to enable you to get a full assessment of the child's lived experience.

8. **Use the child development needs tool – Thrive (2022) and My house (*add links to docs)* –** commonly referred to as the ***Neglect toolkit***.

For Children's Social Care: Use the Graded Care Profile2 to gain a deeper understanding on the impact of neglect and parental understanding of professional concerns. Record GCP2 on LCS/EHM

Plan dates for review in supervision to see if there are any changes, positive or negative, and identify any areas that are stuck and need prioritising.

9. Benchmark each child and establish areas to tackle e.g., teeth, hair care, immunisation, developmental issues, attendance to nursery/school, diet, and routines.

   Ensure you are up to date with current health advice such as parents' need to brush infant's first teeth and involve colleagues in delivering united messages to parents on treatment plans such as head lice treatments, co-sleeping.

   Review appointments attended and liaise with professionals involved to see if child "was not brought" to appointments

10. Ensure tools are reviewed regularly in order to see if the situation is improving or deteriorating. Ensure that these are completed prior to every event such as initial Team Around the Family (TAF), CIN meetings, Initial Child Protection Conference (ICPC) and Review Child Protection Conference (RCPC). Consider carefully which tool, so you are clear on purpose and do not overwhelm the family with too many actions.

11. Use your supervision, internal and external colleagues and reflective forums to look at the situation from a different perspective. Consolidate risks and strengths with the family and consider if the situation needs escalating. Know yourself and professionals supporting children. Consider if you/ others are being overly optimistic and what evidence is informing judgements that the situation is improving or declining?

12. Undertake the Multi Agency Chronology (MAC) to gain an understanding of the child's week, e.g., are appointments kept? Remember the difference between saying 'Child did not attend' and 'Child was not brought'

    For Children's Social Care (CSC): The use of the MAC is essential to aid the assessment process and should be completed by involved agencies over a 6-week period.

    Raise the MAC at the first core group so that all are aware what is expected of them and take examples. Consider - are the key elements of the plan (TAF, CIN, CP) being undertaken? Ensure that each professional in the core group undertake this and share at each core group. Use a colour system, RED for negative and GREEN for positive. Ensure you raise identified strengths with parents and look for patterns. What are parents struggling to achieve? What are they finding easier? What are the patterns?

The MAC process is being reviewed currently to enable it to be a more effective tool for all agencies. However, the portal is still available and can be used as part of planning.

13. Assess the significance of any learning need for parents, to help understand the challenges they may experience, barriers to change. Seek advice on learning needs and ask about their experiences of school.

    For Children's Social Care (CSC) Undertake a Parenting Assessment (PAM assessment) if an emerging issue of learning disability for parent to enhance the plan and ensure that expectations are clear.

    Use the named adults' practitioner for advice and guidance. This is especially important at the outset, to inform our plans and understand the learning needs of parents, so we offer effective and bespoke support.

14. Consider the Special Educational Needs (SEN) of the child. What is the nature of the child's SEN/diagnosis and how does this impact on the quality of parenting they need? Are parents attuned to their child's needs and following advice provided?

15. Ensure the cultural and language needs of the family are understood. Have you considered whether the family need interpreters and/or translations of documents? Ensure you record ethnicity and nationality so we can personalise services to meet the needs of families and growing populations.

16. What is the family's financial situation? Do the family work? Do the parents/carers have basic skills, or do they need support? Can they shop, manage a house, budget, pay bills? Is addiction causing financial issues (e.g., gambling, substance misuse, compulsive shopping)?

17. Where parenting groups are suggested, consider programs or strategies already in place and whether this is the right program for parents at this time? What is the parental unmet need the program will support and develop to improve their parenting of the child? How will we know this has made a difference?

18. Could the child be vulnerable to exploitation online or in the community? Are CSE/CDE issues of risk? What understanding do the parents have of grooming and exploitation? Is there a risk due to a lack of emotional warmth or protection at home? Use the exploitation tool to ascertain evidence for concerns.

19. Take photographs to show change and what is good enough. What has been achieved and agreed? Check your standards with other professionals so you are agreed on what 'good enough' looks like.

20. **Evidence of change is key**, use tools, chronologies and have regular conversations with professionals to see if the situation is improving. Are parents showing a capacity to change? What is preventing change? **Children suffer the very real impact of cumulative neglect way beyond their childhoods and this will impact the parenting they give to their own future children.**

NEGLECT AND DISABLED CHILDREN

Research evidence indicates that disabled children are more likely to suffer neglect than their peers, but that they are less likely to be subject to Child Protection Plans under the category of neglect. When working with disabled children practitioners need to be mindful of the following:

- Developmental delay or behaviour which challenges should not automatically be attributed to the child's disability; it may be a result of neglect and poor parenting.
- Neglect for disabled children can be life threatening; if, for instance, they do not have access to the correct medical treatment.
- Disabled children have the right to the same standard of parenting and relationship of care that other children have. Parents "doing their best" may not be the same as providing an acceptable standard of parenting.
- Disabled children have the same emotional, social and cognitive needs as other children. These can often be subsumed by the high level of physical care and supervision that they require.
- Just because a child has a learning disability or doesn't communicate verbally this doesn't mean that the impact of neglect is somehow less significant. A child's behavioural distress or difficulties may be their way of communicating that they do not feel safe at home.
- Parents of disabled children often experience financial and practical difficulties, for example through reduced opportunities to work. Assessments of parenting capacity must differentiate between neglect due to systemic issues and neglect caused by a lack of parenting capacity.
- Views and experiences of the child must be central so that the needs of the family with a disabled child are not allowed to mask safeguarding and child protection concerns. Safeguarding concerns should be standard agenda item in multi-agency meetings about disabled children.
- Disabled children often have their care needs met by numerous adults so neglect and abuse may have a variety of sources. Families can be overwhelmed by the number of professionals working with them. Different information is shared with different professionals, resulting in no one agency having a complete picture of the family situation. It is important that this is addressed in core group meetings.
- Disabled children can be neglected in specialist placements as well as at home. It is important that professionals work proactively with family carers when disabled children are placed away from home to ensure they know how to recognise and report on concerns.

In summary, in assessing neglect for disabled practitioners should ask:

Would this situation be acceptable if the child was not disabled?

The Children's Disability Teams are always happy to provide advice and consultation for colleagues who are concerned about the neglect of disabled children.

GUIDE TO UNDERTAKING HOME VISITS

- **For Children's Social Care (CSC):** Ensure that you do a range of announced and unannounced home visits. Unannounced visits give you an idea of family life for the child when the family are not expecting a professional – ensure you let the family know that you may call in from time to time.
- Have a clear purpose for each visit and record outcomes - ensure you record what is seen, smelt and the impact on child(ren).
- Consider joint visits with involved professional – health visitor, education practitioner, your supervisor
- See the bathroom and toilet - does the child have a toothbrush, flannel, soap…are they in a good state of repair/mouldy/unused.
- See the child's bedroom – does the room feel like a child's space? Toys/posters -is there bedding on the beds? does the room smell? is the mattress clean and dry?
- See the kitchen -ask what's for dinner? Accept offers of drinks – as this gives a window into home life – demonstrates cleanliness of cups, milk and builds rapport.
- Is the home warm? Have electricity? Broken windows? Consider if you have seen all the rooms in the home? If not, why not?
- Consider where the children play (is there a safe garden?) Is there space to play – have tummy time – is it safe (stair gates? - plug socket covers? Where is medication kept?)
- What are children playing on internet? Do tablets/phones have parental controls on their devices?
- What kind of animals live in house? Where are faeces – whose job is it to clean and care for animals?
- What is the child's behaviour like at home? Is it different to how they present elsewhere? Are they overly guarded or unable to regulate their emotions in the home?
- What are infants doing on visits? Is he/she strapped in a buggy, do they have safe space on the floor, do they have toys? Is their development delayed i.e. Are they able to hold their head up unaided, does the child have a flat head, is the child getting tummy time, how does the child react to his/her parent? If the parent is shouting, how are they reacting to this?
- Who is in the home when you visit? How do the children respond to these individuals?
- MONITOR OVER TIME **– IS LIFE IMPROVING FOR THE CHILD**?

A GUIDE TO UNDERTAKING JOINT HOME VISITS

Joint visiting to children and their families enables us to identify concerns, harm, unmet need, and any complicating factors, as well as developing a joint picture of the strengths and safety factors for the child.

For children under 5 the expertise of the assigned health professional is key to assess the child's health and development. For children between the ages of 5 and 18 years it is also key to involve the health and education professionals involved in their care and to put a plan in place to address their health needs.

Where we want to understand the significance of parents' unmet need within the quad of vulnerabilities (Domestic Abuse, Mental Health, Substance Misuse and Learning Disability, it may help to introduce an adult facing practitioner (AFP) to consider an intervention to support increased parenting capacity, (add link to named professional in adult services doc).

The benefits of joint visits and assessments and interventions include:

- **Ensuring assessments are rooted in child development and evidence-based interventions**
- **Continuity of service for the child and family irrespective of the outcome of the assessment**
- **The ability to share thinking and jointly analyse what is happening for the child**
- **Improved co-working and information sharing within services and across agencies informing good joint decision making and forward planning.**
- **Help the adult to understand what they need to do to parent their child/children effectively.**

Process

Advise the family that a joint visit may be undertaken as part of planning with them and their children. This may be arranged with the health visitor, (or midwife in the case of pre-birth assessments) or other health practitioner.

Contact the health practitioner to provide an overview of the concerns relating to the referral. Information should be exchanged between the practitioners and a time arranged to undertake the joint visit.

Consider joint visits with Education colleagues. This will help nursery/school colleagues understand the context of the child's lived experience. It will also provide a helpful/fresh perspective on the home conditions and network around the child.

Undertaking the Joint Visit

- Following introductions to the family, the lead practitioner (usually the social care practitioner) will outline the reasons for undertaking the assessment or intervention and

explain how the joint assessment process works and clarify how the outcome of the assessment will be shared with the family

- Confidentiality and information sharing should be fully explained to the family, and consent obtained to share information, if required.
- The home visit should include an assessment of the home including where the child/children sleep at night. Focus will be led by unmet needs assessed at the time

Where follow-up actions or further visits are required, including the social worker seeing any older children on their own, these will be arranged with the family

Agreeing actions following the joint visit

- Following the joint visit, the social worker/early help practitioner, health practitioner, AFP, education practitioner will have a debrief session to discuss their initial analysis of the family's situation. This will be based on the information known and the observation and discussions from the assessment visit.
- Actions and interim plans should be agreed, which may include seeing children on their own, visiting the family again for the purpose of further assessment, visiting absent parents or family members, and gathering information from other professionals/agencies
- Both parties should be clear about who will do what by when, and how further information that contributes to the assessment will be shared.
- Joint use of tools such as the **Thrive (2022)** are helpful after a visit to benchmark and identify areas of strength and development and provide a focus for next steps with the family.
- Where there are specific concerns relating to neglect, arrangements should be made to commence the Graded Care Profile (GCP) assessment with the social worker, Early Help Practitioner and the family. Health practitioners across Oxfordshire do not complete the Graded Care Profile, however the health information gathered at the joint visit will be able to inform this assessment.

Children's social care practitioners are responsible for reporting their analysis of the initial visit and any follow up visits and bring to assessment review or Family Group Supervision, supervision – health practitioners could be invited to this session should health issues be a significant unmet need.

Assessment outcomes and further action

- Assessments and ongoing interventions may require several visits in order to fully assess the situation for a child and their family. Follow-up visits may not always require both practitioners to complete a joint visit again, however communication and collaboration is important throughout the assessment/planning process to address unmet needs and plan a joint response.
- The focus must always be on the **child's lived experience and the level of unmet need and potential or actual harm** to the child to assess next steps of action and by whom.

TOOLS AND RESOURCES

Oxfordshire Safeguarding Children Board's (OSCB) Neglect webpages feature a range of guidance, templates, tools (including the Childcare Development Checklist THRIVE) and videos. https://www.oscb.org.uk/safeguarding-themes/neglect/

The Social workers toolkit has a range of free tools and resources.
http://www.socialworkerstoolbox.com/

See also the Children's Participation Toolkit for Social Workers (activities & worksheets)
https://www.scrc-tp.org/wp-content/uploads/2018/01/Participation-toolkit-Jan18update-web.pdf

Practitioner Toolkit – multiagency, ready-to-use tools to support direct work
www.oxfordshire.gov.uk/practitionertoolkit