Bolton Safeguarding Children Partnership

Acting on Neglect

A Local Resource Pack 2022

'No opportunity is missed and no opportunity is ignored to respond to child neglect'

Contents

1.0 Introduction

The experience of neglect during childhood can have significant, long-lasting and pervasive consequences, affecting all aspects of a child's development and their lives into adulthood. It is the most common type of abuse experienced by children. Recognising and responding to neglect is the responsibility of all of us therefore this resource pack is for everyone working with children and families and those who work with parents and carers. It is essential that everyone understands the role they should play and the role of other practitioners. It is important to note that communities also have a vital role to play in preventing child neglect (NSPCC 2015), however it is not within the scope of this document to discuss the community role in detail.

The aim of this guidance and toolkit is:

- To improve and develop our understanding of neglect and its impact on children
- To support practitioners to recognise the signs and indicators of neglect at the earliest opportunities
- To achieve a consistent child-centred approach when responding to neglect
- To promote early, preventative interventions; minimise the impact of long-term cumulative neglect; achieve better outcomes for children
- To provide a set of practice tools which support effective planning, interventions and timely decision-making for children

This guidance should be read in conjunction with the Bolton Framework for Action

2.0 Values and Behaviours

In our work with children, families, wider communities and across our services in Bolton:

- We will listen to what children and their families tell us, treating them with respect and kindness
- We will seek to understand children's lived experiences at all times
- We will work restoratively with families and each other to build up trust and to promote a culture of high support and high challenge
- We will share information in a timely manner to ensure that we identify and respond to neglect early
- All partners will have knowledge of the impact of neglect on children and will understand their role in identifying and responding to neglect
- We will use Early Help effectively to support our children and families at the earliest opportunity
- We will always maintain a child focus
- We will recognise and understand the impact of Adverse Childhood Experiences (ACES)

Professionals who work regularly with families where there is neglectful parenting can become de-sensitised and may be at risk of minimising or normalising situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming de-sensitised. It is also valuable for workers from different agencies to meet regularly to discuss issues, share concerns and keep neglect in focus.

Recognising Neglect

3.0 Definition of Neglect

All grown-ups everywhere have a duty to uphold Article 27 of the UN Convention on the Rights of the Child (1989): the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

The statutory definition of neglect is laid out in Working Together to Safeguard Children (2018):

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:

A. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
B. Protect a child from physical and emotional harm or danger
C. Ensure adequate supervision (including the use of inadequate caregivers)
D. Ensure access to appropriate medical care or treatment
E. Respond to a child's emotional needs.

Whilst the statutory definition refers to 'persistent failure to meet needs', neglect can be episodic or cumulative. This is important as we need to work to address neglect before it meets the threshold for statutory intervention. Neglect can also be intentional or unintentional and is often complex and cumulative in nature.

The main types of neglect are:

- **Physical neglect:** A parent/carer does not provide appropriate clothing, food, cleanliness and/or living conditions.
- **Educational neglect:** A parent/carer fails to provide a stimulating environment or show an interest in the child's education at school/education provision. They may fail to respond to any special needs and fail to comply with state requirements about school attendance.
- **Emotional neglect:** A parent/carer is unresponsive to a child's basic emotional needs. They may fail to interact or provide affection, undermining a child's self-esteem and sense of identity. (Most experts distinguish between emotional neglect and emotional abuse by intention; emotional abuse is intentionally inflicted, emotional neglect is an omission of care).
- **Medical neglect:** A parent/carer minimises or denies a child's illness or health needs and/or fails to seek appropriate medical attention or administer medication and treatment.
- **Nutritional neglect:** A child does not receive adequate calories or nutritional intake for normal growth (also sometimes called 'failure to thrive'). At its most extreme, nutritional neglect can take the form of malnutrition or obesity.
- **Lack of supervision and guidance:** A parent/carer fails to provide an adequate level of supervision and guidance to ensure a child's safety and protection from harm. For example, a child may be left alone, abandoned, left with inappropriate carers, or they may not be provided with appropriate boundaries about behaviours (for example, under-age sex or alcohol use).

4.0 Impact of Neglect at Different Ages

Neglect can occur from pre-birth through to 18 years and has long lasting impacts (see appendix 1 also)

Pre-birth

The impact of neglect can start before birth. Pre-natal neglect may be associated with (but not exclusively): drug use or alcohol consumption during pregnancy, failure to prepare for a new baby, failure to attend prenatal appointments and/or follow medical advice. A baby can also suffer from the effects of domestic abuse either directly or indirectly.

Infancy (birth to two years)

A baby's growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth. A secure attachment to a primary caregiver is the foundation that allows children to learn to trust others and explore the world around them. Studies have shown that children with disrupted attachment who have experienced neglect have problems coping and managing emotions, have more hopelessness, and have a poor self-concept. The ongoing nature of chronic neglect significantly impacts the brain in infancy and early childhood.

Pre-school (two to four years)

Most children of this age are mobile and curious but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children who are neglected may not have the opportunities to develop self-care skills or safely explore their independence and boundaries, for example they may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement, they may struggle to use a knife/fork etc. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate.

Primary age (five to eleven)

For some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.

Adolescence (twelve to eighteen)

Neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for emotional wellbeing.

Section adapted from Horwath (2007) and the Lancashire Multiagency Neglect Strategy (2019)

5. Neglect from a Child's Viewpoint

This is what neglect felt like to children from their own experiences who participated in work for the Neglect Toolkit (University of Sterling 2013, page 16)

What is Neglect?	What Neglect Feels Like
• Not enough love • Parents and step-parents not spending time with me • Parents and step-parents having no interest in me • Not being able to confide in my mum or dad • Having to look after brothers and sisters – you end up doing your parents' job, the responsibility is passed to you • Parents have no interest in school and not going to parent's nights; not helping with homework • Parents have no control • Parents neglect themselves • The parent can't care – they may be stressed from moving around a lot • Messy hair and clothes – you get judged for your appearance • It's one thing to say they love you but they have to do things to show it • There are no guidelines for parenting • Love is a doing word	• You have to put up a pretence – once in care you feel you are breaking through that barrier, you can be yourself and feel more confident, care makes you come out of your shell • You cover up your feelings • It's hard having no friends and other kids don't realise how difficult that is • Having friends helps but you don't like upsetting your friends when you talk about it so you try not to very much • You get the mickey taken out of you but you blame yourself, not your parents • At school, you can't concentrate on the subject because things are bad in your life and then you feel it's unfair because you get told off • At school a boy shouted at me that I was from a bad family, so then I didn't want people to know • Another girl told everyone and then I got the mickey taken out of me • Feeling it was too crowded in our house, too chaotic • Not enough money and like having two families my parents in one and me and my brother in the other • I didn't think about it much at the time, but when I look back I think it shouldn't have happened

Practice Consideration

Consider what you need to enable you to function every day. How does it feel if you do not get this?

Then put yourself in the shoes of a child who may not be receiving basic care and attention. How might this affect their wellbeing?

We asked children from Early Years, play and youth provisions, social media polls, youth voice action groups and SEND activity groups across Bolton: 'What do young people need to grow and develop well in Bolton?'

This is what 'good' looks like for our Bolton children

Aged 3 - 7 years

What do you need to grow?

Mummy

We need to grow carrots

Sleep, fruit and vegetables, rest and sitting

Exercise - jumping, running

My body needs food and water to grow

I need to eat vegetables but I don't like them. I had 1 carrot but I won't have any more. I like waffles, bread and butter, and doughnuts. I like playing with toys. I've got paw patrol toys

You need water and food to survive

You need air and energy

Have a bath and keep clean

Support from my mum and dad

Going for a walk everyday

Aged 3 - 7 years

What do you need to learn?

Learn about slime

Helping someone

Reading books

Allah

How to spell words, sing, glasses & cartwheels

Going to school

Writing

You need to learn how to keep yourself safe

Friends and teachers

Your parents

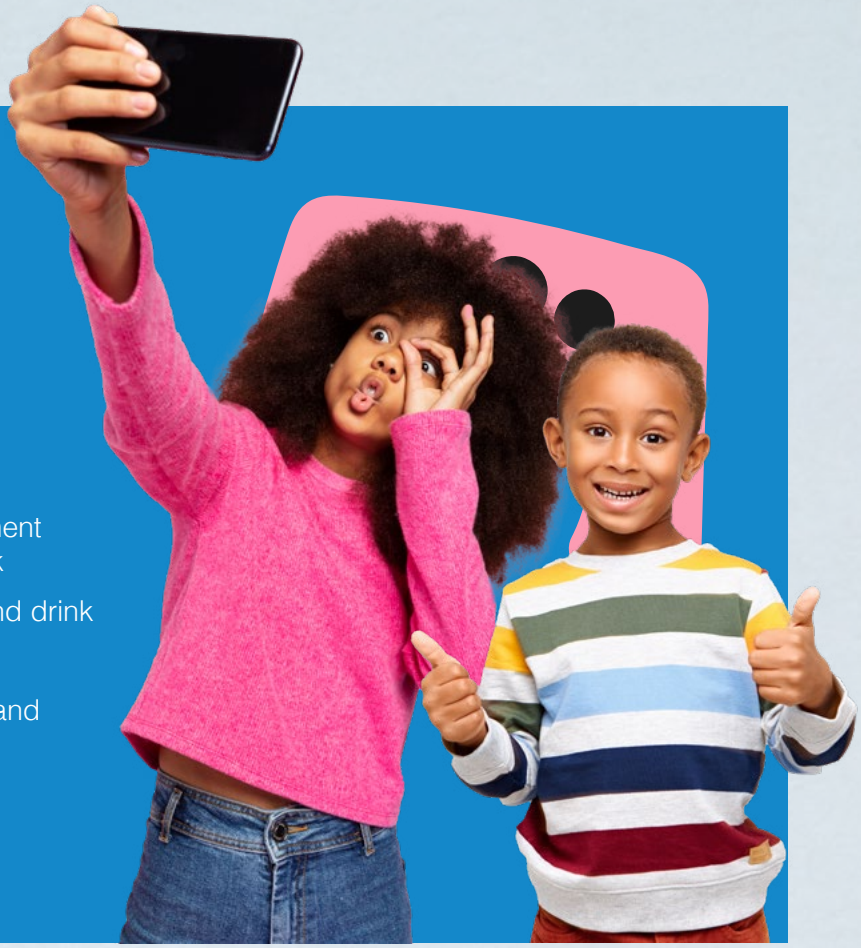
Have a good outside playground, with climbing frames

Lots of different books

Aged 7 - 10 years

What do you need to grow?

- Going to school
- Coming to clubs and seeing friends
- Parents who love you and give you somewhere to live
- Going to parks/woods/ feeding ducks. Family. Playing games
- Hobbies and interests
- Good education
- Comfort/cuddles
- Clean clothes
- Vitamins
- Lots of sleep
- Fresh air
- Exercise
- Clean environment e.g. on the park
- Healthy food and drink
- Fun
- Caring friends and family
- Meditation
- Quiet time



Aged 11 - 19 years

What do you need to grow?

Access to resource information that enable young people to have their needs met. An example would be access to free public transport like the Our Pass - not all young people know about this but it meets their needs of independence

Exercise and healthy balanced meals

Access to a variety of opportunities as they grow up

Access to shelter, food and water, we all need our basic needs met to survive, feel motivated and fulfilled

Important to have knowledge about finances, more needs to be in place to support young people to be independent. An example of this is for young people to learn about credit scores so that they don't get in to debt when they are older

6. Why Does Neglect Occur?

It is not easy to say what causes a person or persons to neglect someone. Most people do not set out to purposefully neglect another. Neglect rarely manifests in a crisis that demands immediate action, it commonly occurs alongside other forms of abuse. It may be the result of other contributing factors such as parental ill-health, parental learning disabilities, substance misuse, domestic abuse, unemployment and poverty. In addition, neglect may be contributed to by factors which relate to the child rather than the parent / carer, but which may still impact on parenting capacity, for example illness or disability.

The Serious Case Review (SCR) Triennial Review 2014 – 2017 (Brandon et al 2020) noted the extremely high prevalence of adverse parental and family circumstances within the cases where neglect was a feature. Poverty was also a significant and overriding issue although it is important to note that many families living in poverty do not neglect their children.

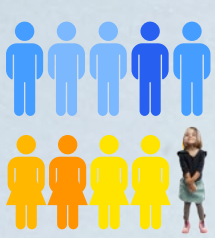
Adverse Childhood Experiences (ACEs) are traumatic events occurring before the age 18 and these are highlighted in the infographic on this page along with adverse community environments. Evidence shows that when children are exposed to adverse and stressful experiences, it can cause toxic stress and have a long-lasting impact on their ability to think, interact with others and on their learning. The impact of ACEs however should not be seen as someone's destiny. There is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

If you want to know more about adversity, trauma and ACES checkout Young Minds
https://youngminds.org.uk/resources/policy-reports/addressing-adversity-book/

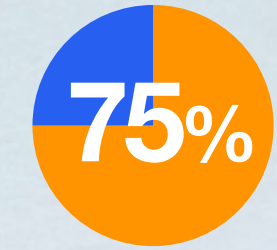
The pair of ACEs

Ellis and Dietz (2017)

7. How Many Children Are Neglected?



1 in 10 Children
have experienced neglect



of SCR
nationally featured neglect
in **2014-2017**
(Brandon et al 2020)

How many children in your class/ on your caseload?

Practice consideration:

Evidence from SCR (Brandon et al 2020) suggests that some children and young people are invisible to the system. There were particular issues related to adolescents, both those who continue to experience neglect throughout their adolescence, and those who continue to live with the impact of neglect earlier in their childhoods. **How might this apply to the children that you work with?**

Steven's Story

Steven was 16 when he tragically took his own life in 2015.

Steven would have likely said that he was invisible, that he had no one looking out for him, no-one to talk to, no friends to hang out with, that he was scared at home by the violence and drug use and that he was frightened by his feelings which he did not understand. However, despite the involvement of services over a period of years, there was very little known by professionals about Steven; what he did all day when not at school; what were his sources of worry and anxiety, what thoughts he had about the future and why there was a need to be so 'guarded' when asked about family life. Professionals assumed a level of resilience in Steven, which was not tested, and they failed to recognise the full extent of his vulnerability and take protective action.

Steven did not start school until he was 6 years old, his attendance was sporadic and in the last 2 years of his life he did not attend school at all. The serious case review into his death noted that the focus on school attendance left professionals addressing just one dimension of Steven's life and important though that may have been, Steven's psychological, emotional and mental health needs were of greater concern.

Steven was brought up in a chaotic family with 2 parents, grandparents and extended family. There were repeated episodes of violence in the home. On 3 occasions in his teenage years Steven attended A&E due to a hand injury which likely occurred at home. Dad spent time in prison for drugs related offences and both mum and dad were known to use drugs. Steven was repeatedly not taken for appointments including to CAMHS where he was referred due to concerns about his emotional presentation and his mum reporting an obsession with keeping clean. Steven spent time on a child protection plan in his younger years but similar concerns highlighted as he grew older were not addressed through statutory involvement. In the 10 months before his death he was not seen. The family were very hostile to professionals but Steven was seen as a quiet and polite boy.

To read more about Steven (child SB) please see *https://www.boltonsafeguardingchildren.org.uk/downloads/file/73/overview-report-child-sb*

Assessing Neglect

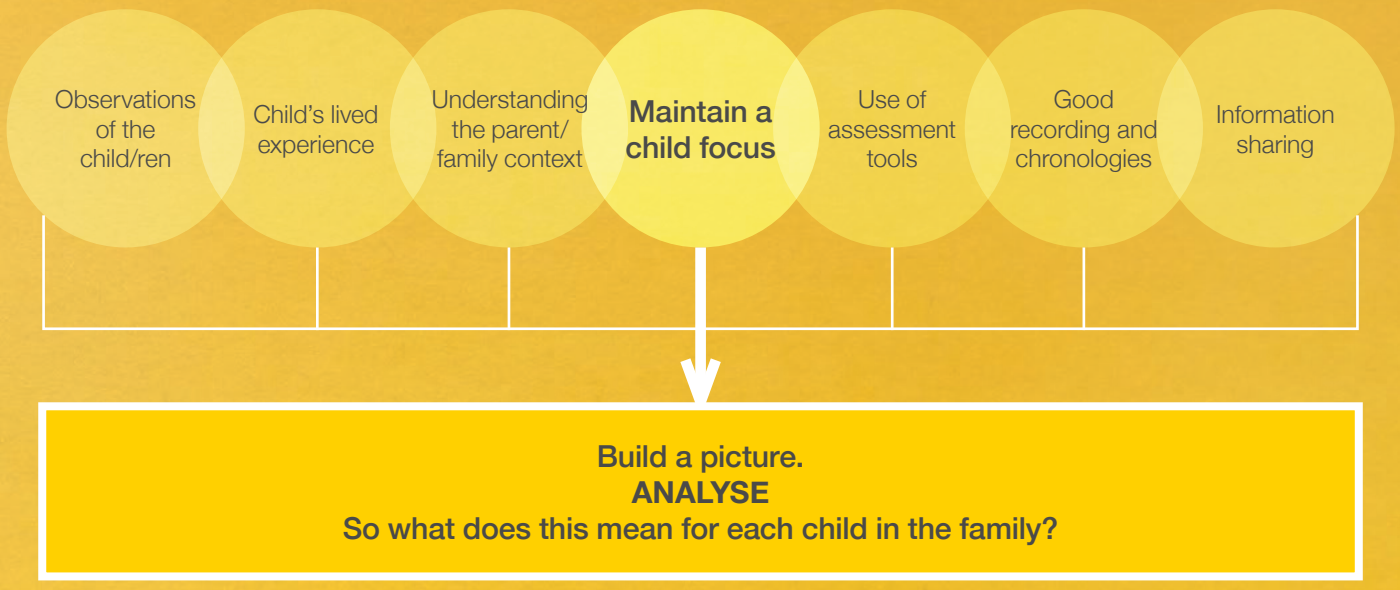
8. Principles of Assessment

When working with children or adults, assessment is an integral part of a practitioner's day to day work. You assess a child (or a situation) every time there is a contact and make judgements as to how that child is presenting and if there are any concerns. The assessment of neglect is no different, however due to the complexity of neglect and the fact that it is often a cumulative effect, assessment of, and responses to neglect need to be carefully considered and well structured.

It should also be remembered that neglect cases usually never start with an allegation from a child; invariably they are from an observation by a professional, or perhaps a member of the community.

Assessment of neglect should be multi-agency, co-ordinated and include examination of parental and family histories and chronologies, as neglect often spans generations. Assessment should identify strengths as well as difficulties and include direct observation of children and parents as self–reports are not always accurate.

It is important to assess the experience of each child within the family unit as a unique individual and their experience, relationship and reliance on their parent. Not all children in a family will be treated the same or have the same roles or significance within a family. For example there may be a child who is perceived to be different, perhaps due to an association by the parent(s) with a difficult birth, the loss of a partner, the child's age or needs, an unplanned child, a stepchild or change in life circumstance. Negative feelings may be projected onto one child but not others in the family.



8.1. Observations of the child

Neglect affects children's development to an extent that signs should be apparent to professionals. Practitioners should not wait for children to raise concerns themselves. The University of Sterling and Action for Children (2013, Page 22) noted:

- Any signs of delayed development in any domain should arouse the curiosity and concern of practitioners and prompt further exploration.
- Cognitive development can be seriously impaired by neglect and the cumulative harm can be manifested in serious problems in school and during adolescence
- In some cases children will show signs of resilience or have resilience-promoting factors in their lives – we need to be careful that this is not a type of 'false resilience' which covers up needs which are not being met.

Signs that help may be needed

- A child being underweight (or grossly overweight), having persistent infections, being late in developing abilities such as walking and being tired and listless
- Cognitive difficulties such as language delay, poor intellectual ability and inability to concentrate or express feelings
- Physical injuries as a result of accidents, due to lack of care or supervision

Emotional signs:

- The bonding between child and care-giver potentially being affected and leading to insecure attachment problems
- Low self-esteem and self-regard, anxiety and depression, over-compliance or anger
- Difficulties in seeking emotional support from adults

Social signs:

- Social isolation due to difficulties in forming and keeping friendships, being bullied or being ignored by peers
- Behaviour difficulties which can make managing the school environment hard
- Poor school attendance and attainment
- Becoming involved in risky behaviours such as substance misuse, criminal activity and sexually exploitative relationships
- Self-harm and suicide attempts AND difficulties in forming relationships

Burgess and Daniel (2011) in University of Sterling and Action for Children (2103 page 22)

Practice considerations

Toxic Stress caused by ongoing ACEs damages children's brains. When trauma launches children into flight, fight or fright mode, they cannot learn - It is physiologically impossible.

When working with a child who may be showing behaviours seen as challenging or 'risky'- try to move towards understanding the message that a child's behaviour is trying to convey rather than punishing them. This is not to excuse the behaviour but to understand it.

You can also change your mindset from a child 'attention seeking' to 'attachment seeking'.

Change the language from "What is wrong with you?' or 'This is what you are doing wrong" or 'W hy did you behave like that' to 'What is happening to you? Or 'What happened for you today?'

Punishment simply adds trauma to an already traumatised child

More about '**why?**' later

8.2 The child's lived experience

'Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs'. (HM Government, 2018, page 10)

Empowering children to express their views and learning to listen and observe what children may be telling us about their experiences are crucially important issues in safeguarding practice. Whatever terminology is used, whether talking about the child's 'lived experience' or 'the voice of the child', the reality is that this can be missing. The child's voice does not only refer to what children say directly, but to many other aspects of their presentation. It is important to remember that a child's behaviour may be a sign of distress. It means seeing their experiences from their point of view. We must embrace and nurture any opportunity to hear from children and young people about issues that impact their lives. This increases the chances of getting help to families and the earliest possible stage (NSPCC 2015).

Here are some ways to ensure all work includes a strong sense of what life is like for a particular child at a particular time:

- In assessing the potential for harm to an unborn baby, practitioners need to take into account factors that may have a negative impact such as maternal physical and mental health, problematic use of drugs and/or alcohol, and physical violence directed at the expectant mother. These must be balanced by identifying protective factors such as good, regular ante-natal care, adequate nutrition, financial stability and housing, avoidance of smoking and severe stress, and social support for the expectant mother (Cleaver et al, 2011 in Brandon 2020, page 75). These can be documented in terms of the likely impact on the child.
- Talk to children about their lives, their likes and dislikes, hopes and dreams, worries and fears. If children are able to talk there are a variety of ways of gaining their views through direct work using tools such as 'A Day in The Life' and 'The 3 Houses'.
- Record the child's own words i.e. 'I am...' or 'I feel....'
- Particular attention should be paid to those children who, through communication or learning difficulties, or their home circumstances, may find it particularly difficult to express their experiences or may express their experiences through their actions/behaviour.
- Where children are too young to speak or are non-verbal, practitioners can convey a sense of what life is like for them by describing their presentation, how others interact with them and how they respond.
- Less is known and understood about how neglect is experienced by older children and young people. One in seven (15%) 14–15 year olds live with adult caregivers who neglected them in one or more ways and neglected teenagers tend to report doubts about their competence, have little faith that anyone cares, feel pessimistic about the future and are dissatisfied overall. (Scott, J and Daniel B, Stirling University 2018)
- Ensure you include the views of other significant people in the child's life who may have contributions to make about the child's experiences from grandparents, aunts, uncles, neighbours and teachers. Ofsted found that these people often had a unique insight into the lives of children yet their views were given less weight than the views of professionals.
- Include the views of fathers and/or other significant males; they may have useful information to share, even if there are concerns about them.

Remember: When families are well known to a range of adult and children's services, the focus may become task orientated, or may shift to the needs of the parents. Professionals' attention can be distracted from the children and their voice is lost; 'neglect fatigue' and a feeling of powerlessness may affect how well practitioners can relate to the child's lived experience

8.3 Understanding the Parent/Family Context

When assessing and responding to emotional and/or physical neglect, it will be important to consider how the potential presence of a range of parent factors may impact on a parent's ability to provide 'good enough' parenting.

Routinely enquiring about/and understanding ACEs of parents allows professionals to plan appropriate care/support. There is mounting evidence informing us that individuals who have experienced ACEs are at a much higher risk of developing poorer future social, physical and mental health outcomes. It can also be a predictor for how a person may parent. Parents who have enjoyed sensitive relationships with their own parents (who were physically and emotionally available during their own development) usually have a better understanding of their own and other people's thoughts, feelings and behaviour, i.e., they are in touch with themselves and with their children. If parents had poor early life attachment experiences, they may be insensitive and emotionally unavailable when their children experience distress and emotional dysregulation. This may lead to poor parenting and even abuse and rejection. Parents may also experience feelings of helplessness which may trigger a dissociative response to their child.

Practice Consideration

Question: How can you start to understand how a parent may have been parented?

Answer: This can be as simple as asking a parent about their own childhood was like or how were things when they were growing up?

Ask about both their positive and adverse experiences.

The boxes below highlight other parent/ family factors to consider with some possible prompts:

Family Dynamics	Parents with Learning Disabilities or Learning Difficulties	Adult Mental health	Domestic Abuse	Alcohol or drug misue
Are there step children within the houshold? Are there unknown partners? Are there children within the home with complex needs/ disabilities? What are the social support systems around this family? Is this family living in poverty? (see more in section 13)	Do the parents have the ability to respond to their child's needs as these change with age? Are the levels of parental difficulty/ disability understood? Can the parent retain information?	What is the impact on parental functioning? What is the impact of dual diagnoses? What is the impact of medication? Are parents accessing appropriate support for their mental health?	Is there a pre-occupation of adults with their own relationships Are the expectations of the non abusive parent realistic? What is the cumulative impact of domestic abuse on the child? Is there deprivation of food, money and material items by abuser?	Are there issues around safety and supervision? is there parental denial, minimisation, secrecy or manipulation? Are there strangers in the house? - how does this feel for a child? How available is the parent to the child if dependent on alcohol or drugs

Practice Consideration:

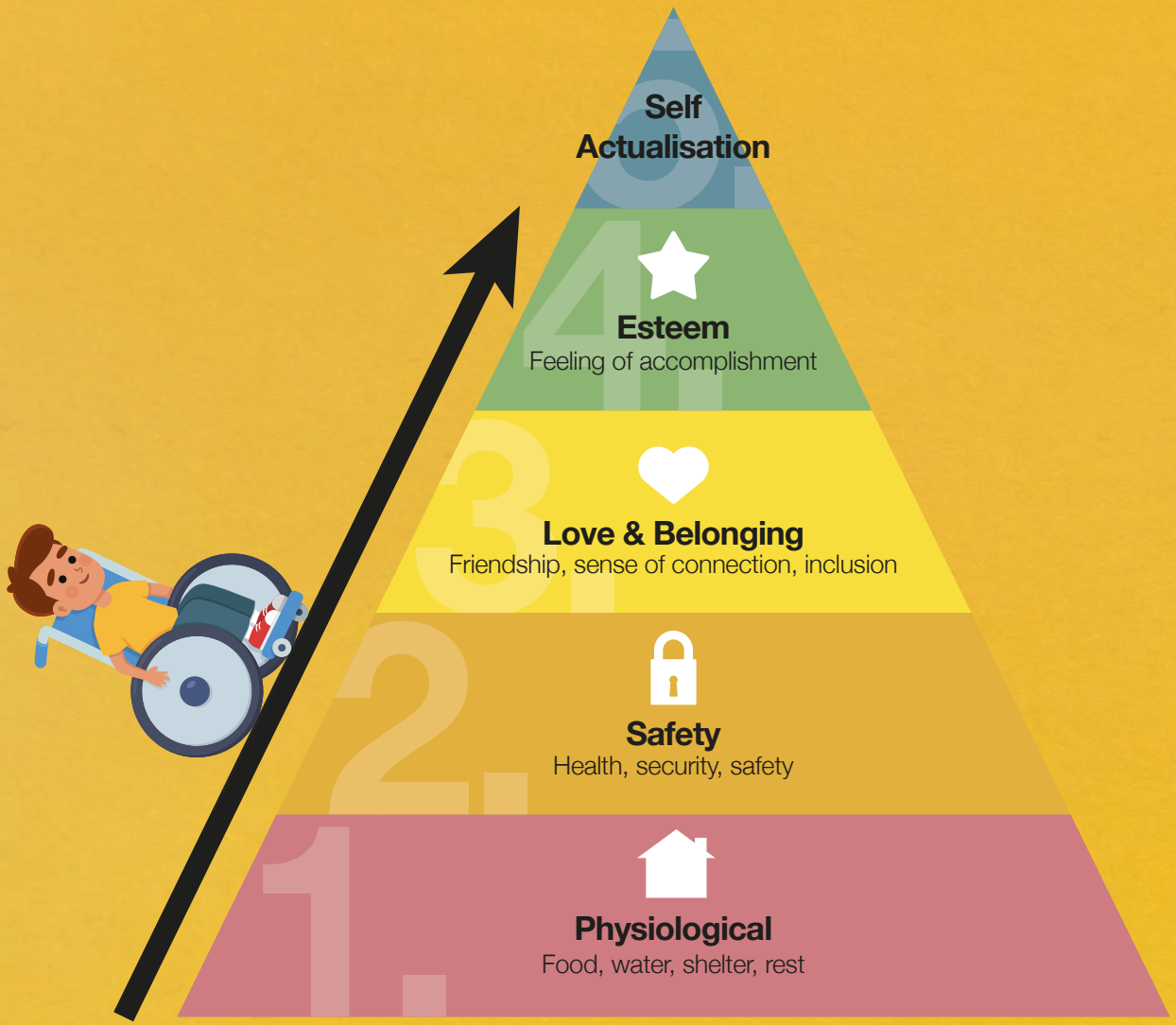
How can I work effectively with adult and child workers to consider the effects of these parental/ family factors and combinations of factors which really increase the complexity for the child?

Practice Consideration – What is Good enough parenting?

This can be really tough for practitioners to benchmark and practitioners can often feel judgmental.

The Maslow's hierarchy of needs is a good place to start and is highlighted below.

Maslow's Hierarchy of Needs



Think about what children have told us about neglect in section 5

Using the assessment principles described in this resource pack will help you to consider the impact on the child.

Accessed from https://sourcekids.com.au/inclusive-children-inclusive-schools/ (23.11.21)

8.4 The Use of Chronologies

Chronologies are imperative for a true picture of family history and should place the child at the centre. A chronology seeks to provide a clear account of all significant events in a child's life to date. This brief and summarised account of events provides the opportunity to identify and respond to patterns of concern as well as emerging need and risks and can be used to inform decisions on support and safeguarding services required to promote a child's welfare.

Chronologies are particularly important when working with neglect where there may be fewer critical incidents, but where children live in families where they are exposed to chronic and long term harm. Chronologies can help identify these patterns of harm. Chronologies are also particularly useful in cases of medical neglect and essential in relation to concerns around perplexing presentations/ fabricated or induced illness.

Chronologies help to make links between the past and the present, helping to understand the importance of historic information upon what is happening in a child's life now. A good chronology can draw attention to seemingly unrelated events or information and assist the process of assessment and care planning.

Chronologies do not replace routine case recording, but offer a concise summary view of events and interventions in a child's life in date order and over time. These should include changes in the family composition (new adults in the home), address and educational establishments. Any periods of school exclusion or non-attendance, any injuries, periods of hospitalisation, changes to health including weight loss/gain. Any domestic abuse or parental substance misuse, any missing episodes or attempts to self-injure as well as any discussions with other practitioners where information is shared. The chronology is not a life story book and should not duplicate or replace the case history. The primary function of a chronology is to record factual information. It should not contain contentious material, opinion or judgement. The chronology is used to inform an assessment and analysis, but this should be recorded separately.

It should be used by practitioners as an analytical tool to help them to understand the impact, both immediate and cumulative, of events and changes in the child or young person's developmental progress. When carried out consistently across agencies, good chronologies can improve the sharing, and understanding of the impact of information about a child's life. Chronologies are also helpful in supporting reflective supervision and future decision-making for a child.

8.5 The Use of Tools to Support Assessment

Bolton has a number of agreed tools which should be used to support practitioners in their day to day work. If used well they can open up a discussion with a child and/ or their family to help to identify and understand what is going well, what is a worry and what help may be needed. Assessment tools can be used as a means of evidencing areas of strength, as well as concerns and will give clarity and a transparent basis to any planning of interventions. Assessment tools can also highlight where more in-depth work needs to be undertaken or joint working with specialist services.

It should be noted:

- Assessment tools should not be used alone but should be used to underpin the assessment
- Assessment tools should not be used as a tick-box but as a framework to prompt discussion and exploration of the child and family's unique circumstances; they are a tool to engage and enable a conversation to take place
- Not all tools are appropriate for all families, individuals or situations
- Practitioners should use the tools which best support them and the family in appropriately identifying, assessing and responding to their needs
- Practitioners can and should be creative about how they use or adapt these tools to make them appropriate to the individual, circumstance or situation
- Practitioners need to be open and honest with children and families about why the tool is being used and what will happen with the information. This will allow the child or family to make a decision about what they choose to share
- Practitioners need to take care not to seek false reassurance from tools/ self- reports when their observations are telling them something else; it is essential to triangulate all sources of information to inform analysis and challenge your own assumptions as needed

Practice Consideration

Children have told us that they sometimes get asked to complete the same tool more than once by different staff, especially the Three Houses tool.

It is important to discuss with children how their information will be used and ask if this can be shared with other people involved in their care. Make sure you take time to explain and prepare the child/parent for the assessment session; check out what has been used before and what the child/ parent thinks would help. Agree some clear ground rules for the session, i.e. the purpose of the session, how long it will last, where it will happen, who will know about it, who will information be shared with etc.

Name	Description
Three Houses	The three houses template enables practitioners to discuss a child's likes/hobbies/strengths/protective factors, dislikes/worries & risks related to the child and dreams/hopes/wishes. A child can draw/add things to each house or be assisted to do so.
A day in the life of & Neglect tool for teenagers	These tools support workers to gain a good understanding of a child or young person's daily routine. It should help to identify positives or strengths in the child/young person's daily routine, as well highlighting areas where there may be concerns.
About me	This is an ideal tool to capture wishes and feelings as part of a direct piece of work with a child or young person. It allows a child to inform their plan including their time scales for change.
Home Conditions Tool	This is a short assessment of the home conditions and their impact on the children who live there. It considers 20 aspects of home conditions such as odour, cleanliness and home maintenance. It concludes with a decision about the level of concern, what actions need to be taken, what tasks need to be done and who needs to do them.
Graded care profile	This is an evidence based tool which supports practitioners in measuring the quality of care delivered to a child or children over a period of time. The tool provides a representative view of the current level of care and provides grades for different aspects of care i.e. physical, safety, emotional, developmental. It supports practitioners to work with parents to highlight strengths and weaknesses and also to identify what needs to be changed.
Triangle for the Assessment of Children in Need and their Families	This looks at a child within three domains i.e. the child's developmental needs, parenting capacity and family and environmental factors. This can be used to pull information together

All the above tools can be found at https://www.boltonsafeguardingchildren.org.uk/child-neglect

Remember - Tools are the start of the conversation and not a 'one-off' event. It is essential to periodically review, revisit and check out with the child/parent the information gathered from the tool; this will help to identify where progress may have been made, identify any changes in circumstance and enable new information to come to light

8.6 Information Sharing

Information sharing is essential for delivering effective help and support to children and their families. Practitioners should be proactive in sharing information as early as possible to help identify, assess and provide a co-ordinated response to a child or family's needs.

Good information sharing also supports practitioners to identify and understand:

- The level of help and support a child needs to grow, develop and be safe
- Patterns of behaviour for a child or their family, or where multiple children appear associated in the same context or locations of risk
- A child and family's lived experience
- When risk is emerging or escalating and indicating possible or actual significant harm to a child

Worries about sharing information must not be allowed to stand in the way of the need to offer help and support to a child or their family. To ensure effective information sharing within safeguarding arrangements:

- All organisations and agencies should have arrangements in place that set out clearly the processes and principles for sharing information both within their organisation and with others helping and supporting a child
- All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe
- All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another due to the risk that important information about the child or their family may be lost
- All practitioners should consider the most appropriate legal basis for sharing information and this will not necessarily be consent. Record all your decision making and the legal basis used in your records

REMEMBER – before you share information reflect on the 'seven golden rules to sharing information' and 'the information sharing principles' set out in HM Government's 'Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers'

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'
- Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent where it is not possible to gain consent or it cannot be reasonably expected that a practitioner gains consent or if to gain consent would place a child at risk

8.7 Analysis

So what?

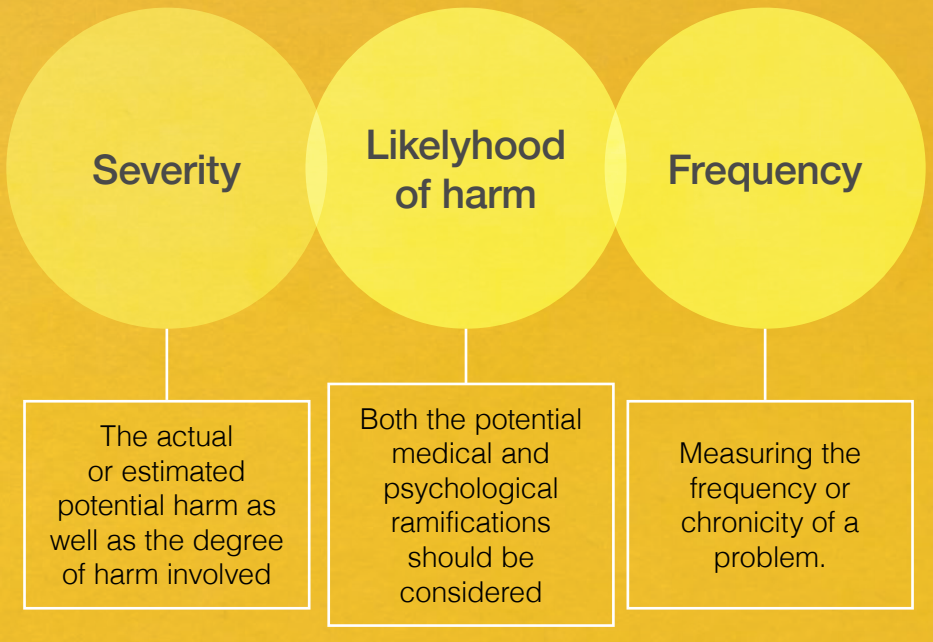
Analysis looks at individuals in the context of their relationship with others and their environment.

Without analysis, assessments lack direction and only provide a mass of descriptive pieces of information that cannot be organised or understood

- Analysis is about hypothesising (what could be going on here?), testing out theories against the evidence, being prepared to change views as the evidence dictates, reaching conclusions from the evidence that is available.
- Analysis is a continuous process – at all stages the worker is comparing what they see with norms, thresholds, acceptable levels of child care and hypothesising about why things are as they are, how motivated clients are to change.
- The decisions about what to do follow from the analysis (conclusions) of the assessment process. Planning is the process of agreeing ways to implement decisions.
- SUPERVISION IS CRITICAL HERE IN TESTING OUT YOUR HYPOTHESIS

Risk analysis is the process of evaluating the impact of the child's exposure to the risk of harm while taking into account individual and family strengths/resources and available agency services that could reduce the likelihood of future harm.

In order to determine whether a child is being neglected, professionals need to consider:



Dubowitz (1999) in Nottingham City Safeguarding Children Board (2017) Bite-size Briefing: Medical Neglect

Responding to Neglect

9. Bolton's Thresholds and Neglect

Recognising neglect and responding early is important for the child and Bolton's Framework for Action* provides local guidance on the responses. The table below considers responses within the context of neglect and this is taken and adapted from DePanfilis, (2006) in NSPCC (2015 page 14). It is important to note that thresholds operate on a continuum and practitioners need to operate at the right threshold for the child

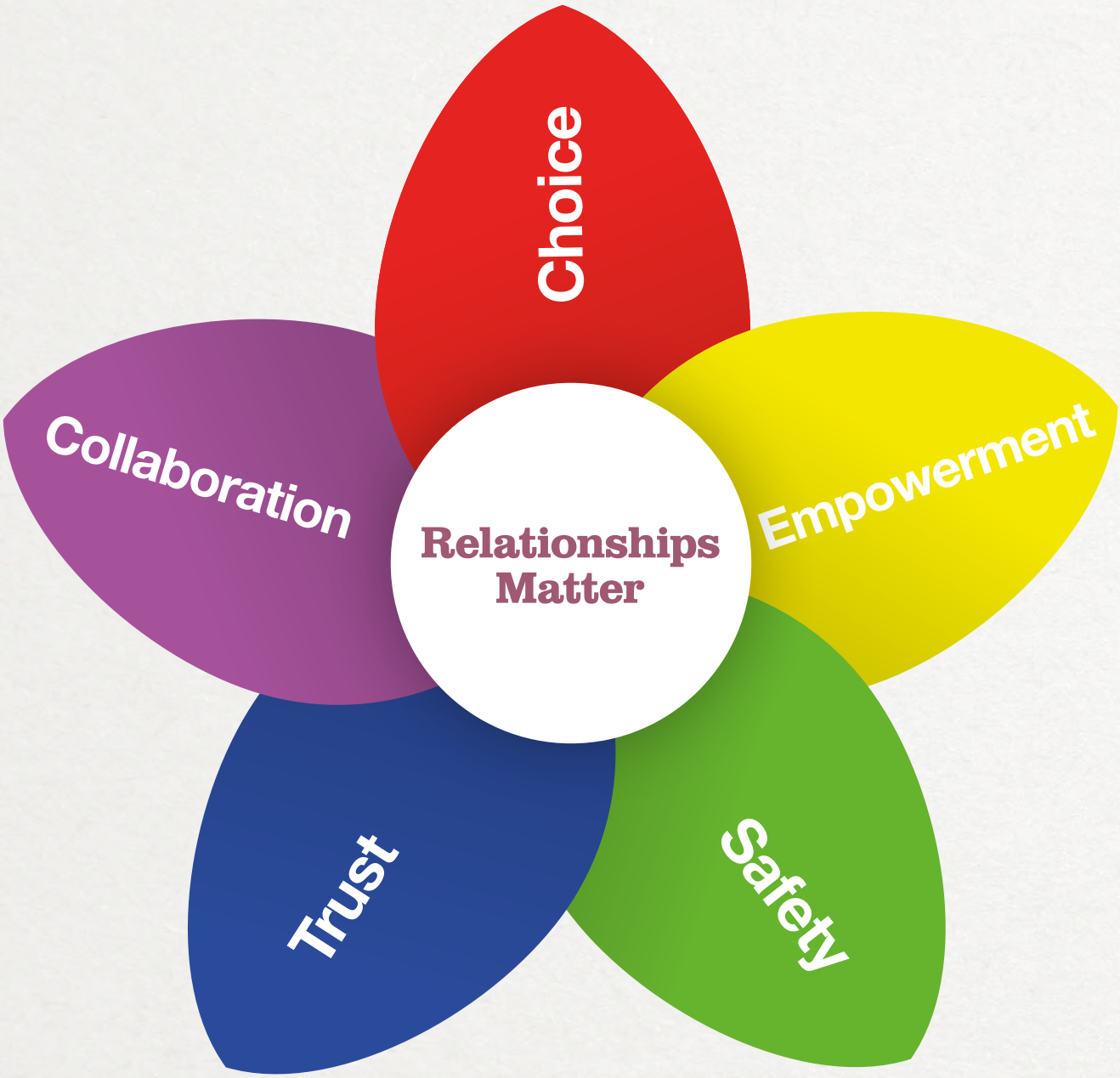
Local Threshold	Neglect	Description	Response
Universal - needs are consistently met	No neglectful parenting	Consistent good quality parenting where the child's needs are always paramount/ a priority	Universal services offer with no additional input which offer preventive interventions
Preventative – emerging need that would benefit from extra help from universal services	Emerging neglect	Periodic incidents of carers struggling to provide care in one or two areas* of basic needs that are having a minor impact on the child; most of the time a good quality of care is provided across the majority of the domains.	Universal services provide preventive interventions, underpinned by assessment and analysis
Early Help – co-ordinated help	Mild Neglect	Periodic and sustained incidents of carers struggling to provide care in one or two areas** of basic needs that are having a visible impact on some elements of a child's development and outcomes	Early Help Assessment and Plan to provide co-ordinated, multi-agency help
Targeted Help – complex needs for the child and their family	Moderate neglect	Periodic and sustained incidents of carers struggling to provide care across several areas, despite multi-agency support. There is a continuing impact on the child's development and outcomes	Referral to Local Authority Targeted Early Help service
Statutory Help – child in need or a child in need of protection	Severe Neglect	Persistent and sustained incidents of carers not providing care across the majority of areas	Referral to Local Authority children's services as a Child in Need or Child Protection Referral

*Bolton Safeguarding Children Partnership's Threshold document
**Area' refers to four basic domains of care: physical care, safety, love and esteem.

10. Principles of working with Children and Families

ACES and trauma is likely to be a significant feature for children who are neglected and for their parents/ carers. It is therefore important for interventions to be trauma informed.

The model below is from the Scottish Trauma Model 'Transforming Psychological Trauma' Page 5
https://transformingpsychologicaltrauma.scot/media/cuzhis0v/nesd1334-national-trauma-training-programme-online-resources_0908.pdf



The Neglect Literature Rapid Review on Interventions (Scott, J and Daniel B, Stirling University 2018) noted that great care must be taken in assessing and putting together comprehensive, multi-layered and flexible packages of intervention and support at each ecological level: individual, family and community when working to address neglect and each member of the family should be recognised in their own right. The review highlighted and summarised a number of principles when working with families and children around neglect and these are described in the boxes below with the page numbers for ease of reference.

Building relationships (Stirling University, 2018, Page 30)

- The important role of relationships between the parent and child, family and worker, and family with the community for sustaining change cannot be underestimated. Relationships need to be collaborative and authentic.
- Effective engagement is essential for interventions to have the greatest impact. Early engagement is critical to establishing a relationship and the actions of professionals at this early stage are critical.
- Parental anger, ambivalence and testing of relationships may be part of a process of building trust, and a worker's action to find solutions to immediate difficulties may be the building blocks for tackling more entrenched behaviours.
- Trust is practical as well as emotional.
- Parental resistance to support initially could be a protective response rather than an unwillingness to engage.
- Balancing child-centred monitoring with efforts to socialise parenting and maintain strong connections to parents is challenging.

The Importance of Social Networks (Stirling University, 2018, Page 30)

- Sustained change in families will only be brought about if attention is given to social support as well as direct interventions.
- Social support for parents may be having someone to talk to, people with whom one can do things, others with whom one feels they compare favourably and the availability of help. Together this reduced the direct effect of child neglect on adult wellbeing.
- Social networks and support are unique to individual families: some feel isolated; some are embedded in networks that may support concerning behaviours; some withdraw from communities to avoid challenge; and some may be too exhausted by personal difficulties. Indeed, their network associates may also be drained by the same stressors and have little capacity for providing support.
- Different parents have different social support needs, requiring a fine-tuned appraisal of social support and social networks as a foundation for intervention efficacy.
- When support is normalised for the recipient's neighbourhood or community, when it is provided in places that avoid stigma and when it is broadly available rather than targeted, it is more likely that received support will be perceived as beneficial.
- Virtual social networks are emerging with mixed results: networks online of known individuals can be supportive, but networks of individuals who are only known online are less so.

Building an intervention (Stirling University 2018 pages 6- 8)

- Each family should be considered as unique. Different interventions will need to be considered once there is an understanding of both the issues and the child's interaction with the caregiver.
- Effective engagement is essential for interventions to have the greatest impact. Early engagement is critical to establishing a relationship and the actions of professionals at this early stage are critical.
- Responses or interventions need to be comprehensive, multidimensional and flexible and address how child neglect is experienced within a family while acknowledging how wider issues such as poverty and social isolation may be experienced differently by families.
- When formulating an appropriate intervention for neglectful families, it is important to distinguish between inadequate parenting as a result of a lack of parenting skills and inappropriate expectations of their children versus inadequate parenting as a result of clear social and environmental, or parental risk factors, for instance parental depression, anxiety, problematic substance use, financial difficulties, homelessness or mental health difficulties. It may be necessary to intervene first with these contextual problems as far as is achievable, before it is possible to embark meaningfully on tackling neglect (Barth 2009; Garshater-Molko, Lutzker and Sherman 2002; Glaser 2011 in University of Sterling 2018).
- Creating a sense of safety for the child is particularly important to focus on for children experiencing neglect.
- Increasing parenting sensitivity is important and some neglectful parents may require nurturing and parenting due to their own past trauma
- Addressing social supports and inclusion, and assisting families with developing new supports to help sustain gains made is important.
- Features of successful early intervention and prevention programmes include: clear objectives, regular monitoring, clear achievable goal and modifying the intervention based on family need.

Brandon et al (2020) in their detailed examination of neglect cases revealed the complex ways in which the links between domestic abuse, substance misuse and poverty are often inter-dependent, so that addressing a single issue does not deal with the underlying causes or other issues present. Complexity and cumulative harm was almost invariably a feature of families where children experience neglect.

Practice Consideration – Whys?

Try to avoid asking 'why' when working with children and families – this can lead to children and families feeling blamed and shamed and this will make it difficult for you to engage with this child or family. Aim for no shame – no blame

We are all programmed to ask 'why' so this will take some practice. Try it out on friends and family and in team meetings. Think of some common questions and reframe them avoiding blame.

For example:

'Why do you love your dad?' Change to 'What does your dad do that makes him loveable?'

Beware!!! 'What does your dad do that makes you love him?' Still blames the child

If you actively listen to the response this slows the conversation down and enables a more empathetic approach

Taken from training by Trauma Norma (Norma Howes, 2021)

11. Naming Neglect

Brandon et al (2020 page 97) noted the reluctance, among some practitioners, to effectively name or describe both poverty and neglect often for fear of creating a barrier to engagement or stigmatising a family. The language we use can paint a vivid picture of the context and risks of child neglect and abuse when making a request for protective interventions. Conversely the use of stock, jargonised phrases can dilute or obscure concerns.

The following example highlights how pertinent this can be in cases of neglect:

> Ambulance staff made a good referral, using descriptive language that conjures a picture of the environment P was living in, the school also made a referral that conjured up a similar picture of the environment. However, when the home environment is described within carers assessments or within meetings the language used dilutes the level of concern for the reader. An example of this would be the Ambulance Crew described the home as 'unsanitary with a foul smell and a fire hazard' whilst the minutes of the section 47 strategy meeting state 'poor home conditions'.

The use of clear and straightforward language that properly and explicitly depicts issues in ways that do not dilute impact and harm, or the reality of life for the child, can help professionals to discuss and name difficult topics.

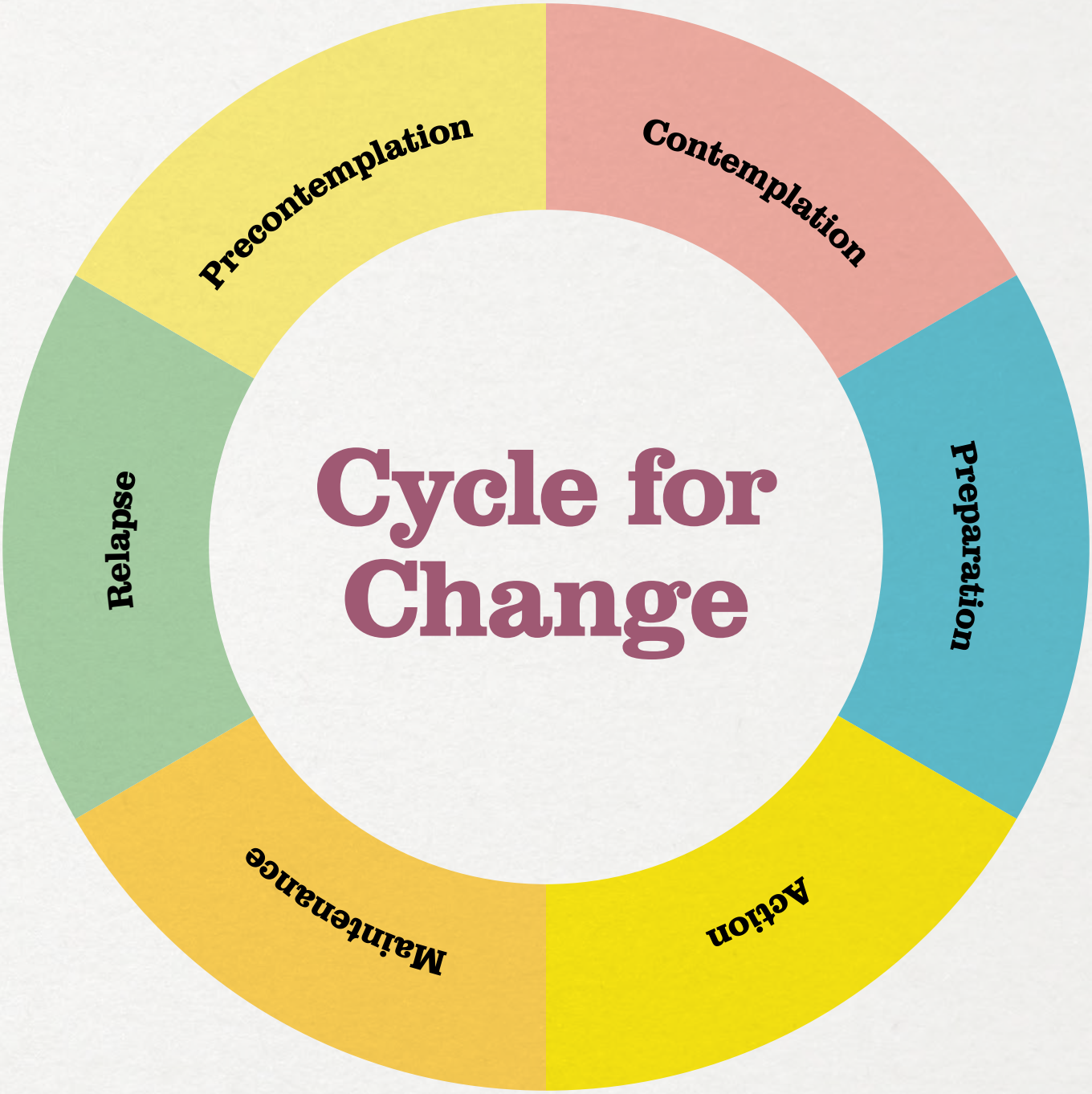
This said, situations of neglect can be heightened as a result of the parent / carer's response to those who recognise it, raise it with them and offer support. The way in which concerns about neglect are raised is vital. The term 'neglect' itself is not very restorative and when parent/ carers hear this, it may lead to them not wanting to work with the person raising concerns. When raising concerns, it is better to not use the term 'neglect' but to be specific and use language that directly describes what the practitioner has observed.

12. Assessing Parental Capacity to Change

Agencies are usually engaged with families to improve their circumstances. Often there is a gap between how things currently are and how things need to be. This inevitably involves change. As part of our work with families, we need to understand whether families; parents in particular, can make the changes required.

This is important as change needs to be achieved within the child's timeframe. Delay can lead to long term harm and poor outcomes. This is particularly true for younger children.

Understanding change is difficult, as parents face external pressure from agencies with an underlying threat that action may follow if they don't comply. This can mask their own willingness to make the necessary changes required. Research indicates that external motivation to change, unless matched by internal motivation, does not lead to sustained change.


Precontemplation
Contemplation
Preparation
Action
Maintenance
Relapse
Cycle for Change

The brain retains capacity for recovery and change therefore it is not the brain but a belief that stops change happening

Practice Considerations

Consider asking these questions to gain and understanding around the readiness to change and the progress with change

- What might you gain if you were to change?
- What might you lose if you change?
- What might be the best thing to happen if you change?
- What might be the worst thing to happen if you change?
- What might be the most likely thing to happen?
- What might help you change?
- Things can sometimes go off track when we try to change – what do we need to think of to support this?

Consider the use of a ruler and scoring:

On a scale of 1 to 10, how IMPORTANT is it for you right now to change?										
0	1	2	3	4	5	6	7	8	9	10
Not at all important										Extremely important

On a scale of 1 to 10, how CONFIDENT are you that you could make this change?										
0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Extremely confident

Please show empathy to families – we have all tried to change something and found it difficult!

Specific Practice Considerations

13. Barriers to Recognising and Working Effectively with Neglect

When working with situations where some form of neglect may be an issue, practitioners should be aware of some of the potential pitfalls to fully identifying the impact of the situation, these include:

- A failure to observe and listen to children
- A belief that neglect can be addressed solely by relieving poverty
- Taking a collective view of children in the same family, i.e. all children in the family share the same experience, when what is required is an individual assessment of each child taking into account their position within the family, their development, their relationships etc
- A belief that parenting is innate and natural and therefore parental behaviours must be right
- A fear of imposing professional values on others
- Making assumptions about culture that could under or over- state the risks
- Viewing neglect as inevitable as the parents are unable to change their own lifestyle/behaviour
- Developing pervasive beliefs that as long as the children seem happy, other omissions of care are of less importance – the 'dirty but well-loved syndrome'
- It can be hard to dig deeper when you are a busy worker
- Professionals having an opinion about what is going on for a child and not testing this hypothesis / not changing their view even though the evidence may suggest otherwise
- A lack of knowledge of the impact and long term consequences of neglect on children
- An adherence to a belief in the adults' rights to 'self- determination' which may deny or be in conflict with the rights and/or best interests of the child
- Over identification with vulnerable parents, leading to denial of children's needs
- A belief that nothing better can be offered to children
- Rule of optimism – a belief that parents can change despite evidence to the contrary and the family support model of intervention in difficult households makes it psychologically challenging for practitioners to switch over to a strategy of putting child protection first

14. Working with Families Living in Poverty

Poverty can be defined as "when a person's resources are not enough to meet their basic needs and allow them to take part in society. This could mean struggling to cover food and energy bills, watching every penny spent, worrying that nothing is set aside for a sudden emergency such as the cooker breaking down or being unable to afford the cost of transport needed to visit a friend or go to a social club." (Age Concern UK)

Practitioners cannot work to prevent maltreatment or mitigate its effects if the causes and consequences of poverty are not also addressed. Howe D in a foreword to Gardner R (2016, p8) notes:

"Stress, of course, runs as a corrosive thread through all cases of neglect. Stressed minds find it difficult to think about, or indeed care about others. And minds become stressed if they live in poverty, poor housing and communities of violence. It behoves practitioners always to start with the obvious. Help families deal with their material and nutritional needs whenever possible. At the same time, it is vital not to fall into the trap of simply responding to the material needs of a child, providing food, clothing, healthcare, while failing to deal with neglect or abuse when that is present. The majority of children living in poverty do not experience neglect, but where poverty and neglect co-exist, the adverse outcomes for children will, inevitably, be escalated"

Practice consideration

Here are two examples from Brandon et al (2020 Page 62 and 63). Read these and consider

1. How you would respond in a similar situation?
2. What is available in the area in which you work and how do you and your team utilise these resources?

A lone mother of three children and a newborn baby, struggled with depression, substance misuse and domestic abuse. Social workers and health visitors all held serious concerns about the home conditions, 'the children lived in a home that was chaotic, untidy and filthy, at times'. In this case practitioners tried to address the issue and there was a 'massive input from core group members to support the mother and children and improve home conditions'. However, the underlying causes were not addressed.

This was the case for a family of three children previously subject to care orders because of neglect. A visit by the health visitor following the birth of the fourth child identified real need: she had borrowed money from her mother to buy food for the children, but this would not last the weekend. The health visitor approached a charity asking for a food parcel. The response appears to be incident driven and no long-term plan to address the causes and consequences of poverty was recorded.

It has been argued that poverty has become invisible in practice because childcare professionals wish to avoid stigmatising families (Morris K et al, 2018). It is important therefore to be poverty aware

Poverty Aware Practice

- Don't be afraid to ask about poverty.
- Recognise and understand the impact of poverty and use that understanding to inform your responses to individuals, families and communities.
- Listen to and learn from service users about their own experiences of poverty.
- Co-produce your responses to poverty. Recognise the resilience of many of those coping with poverty and use a strengths based approach to mutually identify and agree the right sort of support.
- Consider how poverty impacts on parenting capacity and the child's lived experience.
- Understand that poverty is a social injustice and social oppression. Include poverty in your anti-oppressive practice and guard against personal, cultural and structural discrimination against those experiencing poverty.
- Use your advocacy, resource brokering and systems negotiation skills. Challenge a landlord about making repairs, accompany a service user to a benefits hearing, negotiate better repayment terms with a loans company, write supporting letters for grants.
- Support service users experiencing poverty to improve their self-esteem. Form respectful relationships with service users which promote dignity, self-belief and self-esteem. Encourage service users to find their voice and challenge their situation.
- Be a leader. Educate and influence others to become poverty aware and engage in anti-poverty practice.
- Consider if you are becoming desensitised to the impact of poverty and accepting lower standards for children and families; supervision can support reflective practice that would challenge such assumptions, and enable practitioners to identify poverty and work proactively with families to address its causes and consequences.

Taken from: ANTI-POVERTY PRACTICE FRAMEWORK FOR SOCIAL WORK IN NORTHERN IRELAND (2018)

15. Obesity and Safeguarding

Childhood obesity has proved remarkably resistant to 'common sense' interventions targeting behaviours such as diet and physical activity. Safeguarding issues pertaining to obesity are difficult to progress and clarity on what presentations trigger safeguarding processes is not easy. There is also a tendency to see obesity as health problem when it is often multi-factorial.

The Viner et al Framework (2010) noted:

- Childhood obesity alone is not a child protection issue
- Failure to reduce overweight alone is not a child protection concern
- Consistent failure to change lifestyle and engage with outside support indicates neglect, particularly in younger children
- Obesity may be part of wider concerns about neglect or emotional abuse
- Assessment should include systemic (family and environmental) factors particularly for severe childhood obesity

All professionals in contact with obese children should ask themselves – 'is this neglect?' especially with morbid obesity. It is important to note that obesity can also be caused by physical, sexual and emotional abuse as a response to trauma.

Considerations are:	
Persistent parental failure to change lifestyle	Lack of acceptance of professional advice
Co-morbidity which may be related to the obesity for example sleep apnoea, type 2 diabetes, mobility restrictions or hypertension	Parental inability to take responsibility and at the extreme end the parent blames child and is negative about the child
The child's outcomes are compromised	Concerns escalating over time
Missed appointments and poor compliance	Hostility to professionals

Good practice based on research and findings from serious case reviews

1. Good communication between professionals on a case is key
2. Children who are deemed to be obese should have a multiagency support through Early Help depending on the severity and associated concerns.
3. The importance of challenging parents and sensitivities of professionals to naming the problem of obesity with a family.
4. The need for professionals to undertake a holistic psycho-social approach and not just limit to health issues. Local tools such as the graded care profile can support with this
5. Be aware that behaviour of children and young people may be help seeking
6. Ensure the voice of the child
7. Interventions/ direct work to include prevention and parental education using a whole family approach
8. Health professionals to follow healthy weight pathways and complete the Safeguarding and Obesity Checklist according to clinical presentation

16. Medical Neglect

This involves carers minimising or ignoring children's illness or health (including oral health) needs, and failing to seek medical attention or administrating medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse; (Horwath 2007)

What can prevent practitioners responding to medical neglect?

- Empathy with the parent allows them to overlook risks to the child
- Focus on parental/ family issues rather than impact on child
- Over-reliance on parents self-reporting
- Non-medical practitioners may:
  - not fully understand the extent and complexity of the health issues
  - feel more equipped to focus on other issues, rather than addressing medical conditions
  - feel reassured that specialist medical staff are involved with the child, rather than seeing this as an indication of the severity of the medical condition

As practitioners, how can we respond effectively to medical neglect?

- Use clear and explicit language in relation to risks associated with complex medical conditions.
- Ensure assessments are very clear about needs arising from medical conditions, and the risks associated with any failure by the parent to engage or comply with treatment. A Danger/ Worry Statement is a good tool for identifying the level of risk and communicating this to other non-medical practitioners and parents. 'What are you most worried may happen to the child in the future if nothing in the family changes?'
- Seek expert advice if you are not sure of the potential risks to the child
- Use medical chronologies and medication reviews to provide clarity to all involved of the extent, pattern and severity of concern. These can also support referrals to Children's Social Care where appropriate.
- Consider discharge planning meetings for children with complex medical conditions where there is a pattern of admissions to hospital.
- Consider multi-agency meetings to develop a better shared understanding of the level of risk.
- The voice of the child and their lived experience needs to be evident in assessments, inform planning and be present in meetings.
- Be concerned if a parent places age-inappropriate expectations on the child to look after their own medical needs.
- Maintain professional curiosity and do not allow the empathy you feel for the parent to cloud your understanding of what impact their behaviour has on the child.
- Effective, two way communication must occur between children's social care staff and medical staff where there are concerns regarding the neglect of a child's medical needs

- Think differently about the established term 'Did Not Attend' and consider it within a framework of 'Was Not Brought.' Consider the impact of not being brought on the child's treatment and potential safeguarding risks.

Thank you to Nottingham City Safeguarding Board (2017) for this information

17. Promoting School Attendance

Below are some strategies for improving and promoting attendance, each point would be expanded to reflect a number of interventions to support young people in engaging with their education. Schools should have an up to date attendance policy which is reviewed annually and should be available to all parents.

- Consider student, family circumstances and environmental factors when addressing poor attendance i.e. 'what is happening?' for this child
- Start help early and consider offering support via Early Help
- Consider a range of engagement techniques such as pastoral support and counsellors – consider developing a trusted relationship which a key adult in order to promote resilience.
- Ensure whole school approach to promote and maintain high levels of attendance
- Create a positive school culture and communicate high expectations
- Link attendance to attainment
- Have a clear process in place to monitor and follow up absences, look for patterns
- Robust data analysis
- Provide targeted intervention and support
- Have regular meetings/discussions with parents to ensure they are informed and engaging
- Refer into external agencies who can support with re engagement and return to school plans
- Use legal measures where appropriate
- Remove barriers as appropriate
- Follow children missing education procedures

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Action on Neglect – A Resource Pack

Viner, R. M et al (2010)
Childhood protection and obesity: Framework for practice. British Medical Journal (BMJ), 341 (c3074)

Appendix 1

Experiences of neglect by age group; please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present. The experience of unborn babies has already been highlighted within the main document

Age group	Medical	Nutritional	Emotional
Infancy; 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult
Pre-school; 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.
Adolescent; 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk- taking behaviour e.g. in sexual activity.	Concerns should not just focus on weight; children of normal weight could still have unhealthy diets. Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.

Educational	Physical	Lack of supervision
Some parts of the brain, E.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Neglect can be a significant factor in delaying a child's language development E.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self- esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

For further information about the arrangements, share your experiences of safeguarding in Bolton or get involved in the work we do, contact:

Phone **01204 337479**
Email **boltonsafeguardingchildren@bolton.gov.uk**

Are you worried about a child?

If you're worried about the safety and wellbeing of a child, it's important to take action.

To discuss your concerns, contact a member of our team on 01204 331500.

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