

**WORKING
with
NEGLECTFUL
FAMILIES**

Multi-Agency
Guidance

2007

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Multi-agency Guidance on Working with Neglectful Families

1 WHAT IS NEGLECT?

1.1 Camden Safeguarding Children Board has adopted the definition of neglect as outlined in *'Working Together to Safeguard Children'*, a guide to inter-agency working to safeguard and promote the welfare of children (DfES 2006):

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

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.2 This is the definition of neglect that has to be satisfied for a child's name to be included on the Child Protection Register. However, in practice there is likely to be a continuum of neglect from the reactive and short term to the chronic and severe. It is important that families who may be showing early indicators of neglect are carefully assessed and provided with appropriate services to prevent the difficulties becoming entrenched and accumulative.

2 WHY DOES CHILD NEGLECT MATTER?

2.1 Unfortunately there is frequently a perception that neglect is 'less serious' than other forms of child maltreatment and secondary to these 'more serious' forms of abuse such as physical and sexual abuse. However research demonstrates that neglect, in its own right, damages children's development and diminishes their opportunities in life.

2.2 *The Framework for the Assessment of Children in Need and their Families* (DoH 2000a and 2000b) identifies seven elements of child development: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills. Neglect can adversely affect any or all of them and includes the following:

- Persistent neglect has significant neuro-developmental consequences with the potential to affect all areas of cognitive, social and emotional functioning.
- The insensitive parenting that does not respond to a baby's cues and which is often found in neglectful families has been linked to non-organic failure to thrive in babies and young children and to injuries, even fatalities, resulting from lack of supervision.
- Neglected children tend not only to do less well in terms of academic outcomes but also have more discipline problems, school exclusions and likelihood of repeating years. These difficulties are likely to begin in primary school and both continue and

- deteriorate in secondary school.
- The lack of parental engagement and stimulation can result in children developing a lack of self esteem and accompanying lack of belief in themselves.
- Children who experience neglect are likely to develop insecure attachments and lack effective social skills.
- Neglected children can become socially isolated due to their presentation and hygiene as it can make them less likeable and attract ostracism. This in turn can further undermine the social skills required for social inclusion.
- Neglect is likely to undermine the development of a secure base, good self esteem and a sense of self-efficacy. This leaves a child less resilient and more vulnerable to adversity.

3 WHAT ARE THE TRIGGERS THAT SHOULD LEAD PROFESSIONALS TO CONSIDER MAKING A REFERRAL TO SAFEGUARDING AND SOCIAL CARE?

- Evidence that the children's basic needs for food, warmth, shelter, safety etc., are not being met. e.g. inappropriate clothing in winter; left unsupervised in potentially dangerous circumstances; very young or inappropriate babysitters; children asking neighbours for food; presenting as hungry in nursery or school or stealing food /money on a regular basis.
- Dirty unhygienic environment – house over-

- run with pets, faeces not cleaned up, etc.
- Babies or toddlers left alone or inadequately supervised.
- Primary school age children frequently left alone or unsupervised in the house for periods of several hours.
- History of unexplained injuries to children, or a series of injuries with unconnected explanations, which may indicate a lack of adequate supervision.
- Depressed, lethargic parents observed not to be offering adequate supervision.
- Evidence of adults in the household misusing alcohol/ drugs.
- Previous concerns about the care of other children in that family, or in another household where these adults have lived before.
- Parents with mental ill-health, chronic ill-health, physical disability, and / or learning disability who are struggling to care adequately for their children
- Children whose non-attendance for medical treatment causes serious concern.
- Repeat episodes of being homeless or frequent moves of house.
- Long term non school attendance or not being registered with a school.
- Children involved in anti-social behaviour and beyond the control of their parents.

4 WHAT IT WILL BE HELPFUL FOR SAFEGUARDING AND SOCIAL CARE TO KNOW

- What evidence is there of an impact on the health and safety of the children? (facts and observations are important but it is equally important to talk through gut feelings and worries about children).
- What has happened that makes a referral necessary now?
- Why do you think this has come about, what might the causes be?
- What has been done to try and improve the situation?
- What other agencies know the family?
- Does the parent know they are being referred and what sort of help do they want or expect?

5 WORKING OUT A RESPONSE: THE ISSUE OF THRESHOLDS

5.1 On receiving a referral Social Care must work out its response which involves considering the child’s circumstances to see whether it has met certain thresholds. Thresholds are a key concept in all child protection cases and determine the following key “when” questions:

- When to define a case as family support or child abuse.
- When to convene a CP conference.
- When to have a CIN plan or a Child Protection plan.
- When to remove a child from his /her family.

5.2 The child protection as opposed to the Children In Need threshold is the point beyond which it becomes

necessary for the state to take action because of concerns that a child may be at risk of being significantly harmed.

However, apart from extreme cases, child abuse is not an absolute concept and thresholds are a socially constructed line which continues to move up or down depending on a variety of influences, for example new legislation, research on what is bad/good for children and local influences, such as findings from Serious Case Reviews. Most behaviour has to be seen in context before it can be considered to be abusive.

6 WHAT HELPS IN DECIDING THRESHOLDS?

- Legislation and guidance (“Working Together to Safeguard Children”, “London Child Protection Procedures”, “Levels of Need - the Lead Professional and integrated working”).
- Consultation and advice from managers and specialists.
- Knowledge about what is bad for children.
- Views of parents and children.

7 SHOULD THE CASE BE IDENTIFIED AS A CHILD PROTECTION CASE UNDER SECT. 47 PROCEDURES?

7.1 Decisions about Social Care CP thresholds regarding neglect share similar features to general CP thresholds, but here are also some differences, given that neglect rarely has a precipitating critical incident, so whilst generally one incident would not provide evidence of neglect, it could if associated with minor physical abuse which does not meet the threshold. All parents are imperfect at times in their standard of care. It

is the chronic nature and /or the severity that justifies calling it abuse. Neglect often presents as a series of minor incidents or mounting concerns regarding the physical, emotional or behavioural presentation of the child. In such circumstances neglect should be a hypothesis which should be tested to determine if the threshold has been crossed. Evidence of neglect is built up over a period of time. The point at which the threshold is crossed in a particular family is a matter of professional judgement.

7.2 Following the initial assessment, in order to determine if Section 47 enquiries should be carried out, the social worker needs to consider if there are allegations/reasonable suspicions of **serious** neglect? These may include:

- An accumulation of concerns that separately do not require Sect. 47 enquiries.
- The carer **persistently** fails to meet the child's basic physical needs (poor hygiene, clothing, nutrition).
- The carer **persistently** fails to protect a child from physical harm or danger (incl. teenagers who are at risk through a lack of boundaries).
- The carer **persistently** fails to ensure adequate supervision (incl. the use of inappropriate carers)
- The parenting has resulted in, or is likely to result in the serious impairment of the child's health or development.
- The carer **persistently** fails to ensure the child's access to appropriate medical care or treatment.
- The carer is **persistently** unresponsive to a child's basic emotional needs.

8 THE INVESTIGATION AND ASSESSMENT OF NEGLECT

8.1 In order to understand why parents are neglecting their children a thorough investigation and assessment of the specific circumstances of each family is needed in order to establish the nature of the difficulties that underpin the neglect in that case. The focus of the assessment is an analysis of the causes of neglect and identification of the intervention required to address these causes and not simply a response to the symptoms of neglect.

8.2 The failure to appropriately care for children is likely to be the outcome of complex interacting factors related to the individual parents, the way the family functions together and the wider social/community environment.

8.3 *The Framework for the Assessment of Children and their Families (DoH 2000a and 2000b)* helpfully provides a framework within which these issues can be addressed. However, care must be taken to keep all three 'sides' of the triangle in balance – that is, assessment needs to consider strengths and concerns within each of the domains and then how they interact. If equal attention is not given to all the domains of the triangle, the assessment will be lop-sided and distorted.

8.4 Additionally, Jan Horwath has developed a framework of prompts specifically focussing on neglect that link onto the Assessment Framework (please see pages 6, 7 and 8)

Table 5.3 Horwath framework for assessing child neglect

<i>Area of Concern</i>	<i>The child</i>	<i>The parent/carer</i>	<i>The outside world</i>
Intellectual stimulation	<i>Consider:</i> Level of school/playschool attendance	<i>Consider:</i> Importance attached to educational activities and social opportunities	<i>Consider:</i> Engagement in learning at school/pre-school
	Freedom to play with toys Time for play	Provision of toys and books and opportunities to use them	Access to activities outside home
	Interaction with adults and other children	Interaction and stimulation from carer Ability to listen and communicate with child	Relationships with peers
	Type of activities undertaken, for example, watch TV all day	Encouragement for intellectual development	Opportunities for extra-curricular school and social activities
	Particular educational needs of child	Recognition and ability to meet special needs	Provision of service to meet special needs
Basic care- food, clothing, warmth and hygiene	Appearance and quality of clothing, seasonal, fit and level of cleanliness and repair	Provision of clean fitting clothes appropriate for season Ability to recognise when child needs help with basic care, for example, dressing	Attitude of school and peers to the appearance of the child
	Physical presentation including level of cleanliness, condition of hair, body odour, skin infections, dental and optical care	Encouragement to or commitment to wash/bath child regularly Attitude to changing nappies regularly Treatment of infections	Condition of home, for example, human/animal excrement, soiled bathroom, broken toilet, old/decaying food on floor, evidence of infestation
	Child's development using centile charts	Attendance at clinics, dentists, opticians etc	Child's development and ability to meet basic care needs in relation to peers
	Child's attitude to food	Attitude and ability to provide regular and balanced meals	Provision of food for school Attitude to food outside the home
	Whether child is warm/cool as appropriate	Ability to keep child warm/cool according to season	Warmth of house, for example, damp, source of heating, broken windows, bedding, financial ability to provide heating

Table 5.3 Horwath framework for assessing child neglect (cont)

<i>Area of Concern</i>	<i>The child</i>	<i>The parent/carer</i>	<i>The outside world</i>
Medical care	Child immunized if appropriate	Parents' attitude to immunization	Ability to keep appointments through lack of transport, finance, child care commitments
	Receiving necessary medical checks	Response to medical, dental and optical appointments, use of medication, treatments and therapies	
	Child receiving any medical care as considered necessary by health professionals	Commitment to meeting child's specific medical requirements	
Supervision and safety	Child given appropriate amount of freedom dependent on age and ability, for example, left at home alone, playing in streets unsupervised, time of day when out playing	Carer's ability to meet the child's needs for dependence/ independence and establish appropriate boundaries Carer's level of awareness of child's whereabouts	Norm in the area for playing out, being left unattended etc.
	Child's physical safety in the home	Ability to recognise and provide protection against hazards in the home	Home environment, for example, dangerous electric sockets, broken windows, no fireguard, hazards in garden, medication and alcohol kept out of reach of children
	Child protected from inappropriate behaviours, for example, domestic violence	Ability and commitment of parents to demonstrate and model appropriate behaviours	Support network for child outside home in situations of domestic violence etc.
	Child able to demonstrate appropriate behaviours according to age and ability, for example, anger management	Ability to protect children from harm and danger Recognition and commitment to protecting child from unsafe adults/ children, including siblings	
Attachment and affection	Child's feelings about themselves, for example, self-esteem, self-worth	Attitude of parents to child	Child's positive relationships outside home Attitude of teachers to the child
	Sense of own identity taking into account culture and disability	Value placed on the child	Attitude of significant others to child's identity
	Attitude to parents/carers and	Parents' ability to consistently	Significant people in the child's life

Table 5.3 Horwath framework for assessing child neglect (cont)

<i>Area of Concern</i>	<i>The child</i>	<i>The parent/carer</i>	<i>The outside world</i>
Attachment and affection (cont)	significant others Respose to others	demonstrate warmth, love and affection verbally, cognitively and physically Parents' emotional availability	
	Sense of belonging to family and other relevant groups	Appropriate physical contact, ability to make child feel important member of the family	Identity in out-of-home settings
	Feelings of security	Ability to feed back on negative behaviour in a manner that encourages growth Ability to praise and reward	Activities that increase child's sense of self-worth

The Horwath framework for assessing child neglect, from Horwath, J (2005), "Is this Child Neglect? The Influence of Differences in Perception of Child Neglect in Social Work Practice" in J.Taylor and B.Daniels (eds), "Child Neglect: practice issues for health and social care", reprinted with kind permission from Jessica Kingsley Publishers.

9 ASSESSMENTS: GOOD PRACTICE SUGGESTIONS

9.1 *Pro-active assessment*

Concerns about the quality of care that a child is receiving need to be responded to in their own right. Neglect cannot be marginalised whilst waiting for a clear cut trigger – for example, an accident or incident of physical abuse - before intervening.

9.2 *Multi-disciplinary assessment*

Neglect cuts across children’s lives in so many ways and has the potential to compromise most aspects of their development. **Reder and Duncan (1999)** identified the danger of professionals failing to share discrete pieces of information. The knowledge held by an individual agency may not, on its own, appear worrying but when collated, the overall picture may indicate a more significant level of concern and risk. Effective intervention therefore needs to draw on a range of professional perspectives. This is particularly so when parents have mental health difficulties, learning disabilities or misuse drugs or alcohol. The needs of such parents can fall between two services and professional dialogue about the parent’s difficulties and the impact of these difficulties on the children does not take place.

9.3 *The value of chronologies and genograms*

It is important for all professionals to locate assessments within the context of the family’s history. Given that chronic neglect is not a single event but a process or way of life that often spans generations it is necessary to establish a clear picture of the family’s functioning, patterns of relationships and

quality of childcare over time. Chronologies and genograms contribute to a baseline from which the seriousness of the problem, objectives for change and the plan of intervention can be established.

9.4 *Observation*

Direct observation of interactions between family members can generate valuable information about the actual care being offered to each child, which may not match with the parent’s own perception and self-report. Observation can also help to understand family dynamics and develop a picture of the overall emotional tone of the home.

9.5 *Domestic Violence*

It is important when working with neglectful families that the impact of domestic violence upon the care given to the children is carefully assessed. In situations of domestic violence the child can often be neglected because the mother is ‘not allowed’ by her partner to spend sufficient time with them. Neglect may also be a consequence of the mother being incapacitated due to injuries she has sustained. Financial abuse and isolation may also be contributory factors. Here it is beyond her control all these factors need to be carefully assessed when developing a formulation for the cause of the neglect and an intervention plan that enables the appropriate support and action to be given

9.6 *Talking with parents*

Parents may find it difficult to talk about neglect and family life. It may be helpful to use tools which can prompt the conversation and reduce the focus entirely on the spoken word. Parents with learning disabilities particularly benefit from

an approach that is practical, involves repetition or reinforcement and uses pictorial materials (see appendix). However in order to appropriately pitch your intervention it will necessary to consult with colleagues who know the parents or are located in the adult learning disability field.

9.7 *Engaging with resistance*

Resistance can be encountered when attempting to engage with parents about concerns for their children and this can be particularly so with parents who misuse substances; this group of parents form a significant proportion of all neglect cases (Forrester and Harwin, 2006). The biggest problem social workers identify in working with parents who misuse alcohol or drugs is the tendency by many parents to deny or minimise their misuse. Denial and minimisation are in part understandable responses to the situation parents find themselves in. Parents who misuse drugs or alcohol often feel ashamed by their behaviour and their inability to control their substance use and are likely to be very anxious about professionals becoming involved with their family. In particular they may also have the experience of social work intervention in their own histories, which creates an ambivalence towards, and anxiety about social workers. It is necessary in the early stage of working with parents to honestly and unequivocally discuss the risks their drug misuse poses to their children and the potential consequences of maintaining their current lifestyle. However there is strong evidence that resistance can be increased or reduced by the way in which professionals talk to people with substance misuse problems (see Miller and Rollnick, 2002). It is important social

workers are aware of research evidence on how to do this.

Behaviours likely to **increase** resistance are:

- Arguing or persuading;
- Giving advice or suggestions when not asked for;
- Appearing uncaring or more interested in procedures than people;
- Not listening to the person's point of view or taking it seriously;
- Raising concerns or problems.

Behaviours likely to **reduce** resistance are:

- Recognising positives – workers who recognise positives as well as concerns are likely to be considered fair by parents.
- Using reflective listening – particularly complex and summary reflections. It is very helpful if after listening to the parents for a while the worker tries to summarise what the parent has been saying. This is important because it demonstrates that the worker has been listening carefully to what the parent has been saying. It also provides an opportunity to check that the worker's understanding is correct.
- Demonstrating empathy. There is substantial evidence that trying to understand the client's point of view and showing you care is central to good practice. In difficult situations, such as interviews where child protection issues need to be raised, it is *more* not less important that the

worker demonstrates empathy. (Forrester 2006, personal communication).

However it needs to be acknowledged that in some situations despite skilled attempts to establish cooperation with parents they remain highly resistant. Here it will be necessary to be open and honest with parents but to be clear about one's personal and statutory authority including the implications of non-cooperation and continued lack of change in the children's circumstances. Given the chronic nature of neglect and the possibilities of staff changes it is important that there is a consistency in the approach to the family so that they are given the constant and reliable message that irrespective of the person in the professional role the expectation is that the children's circumstances must improve. It can be easy for workers to be beguiled by parents into thinking that the problems in the relationship were the responsibility of the previous worker and that the new worker is different. This may be so but it needs to be firmly tested in the context of the parent's ability to cooperate to meet the needs of their children.

9.8 *Communicating with the child*

Finding out about the child's experience in the home will involve spending time with the child in addition to observations. How you communicate with the child will depend on their stage of development and consideration should be given to age appropriate prompts, tools and toys that will help the child tell their story. See appendix for ideas and tools for working with children.

In order to build a picture of the child's experience the following need to be addressed:

- Children should be seen within their family unit and on their own.
- The child's views should be sought in relation to where they would be comfortable to meet with you.
- Children should be spoken to and observed to determine the level of attachment they have to their parents and siblings and other members of the family.
- Consideration should be given to each child within the family. How are they different or similar?
- Are any of the children in this family more resilient than others to the care they are receiving and if so how? And why?
- Describe each child in terms of appearance and personality.
- List the strengths and positives of the relationships within the family.
- List any injuries the child has had chronologically including injuries that have been explained by the parent or carer.
- Remember that children may be reluctant to speak about their home life out of loyalty to their parents or anxiety about repercussions particularly in the early stages of the work and you are an unknown quantity. Developing rapport is essential. Your observations may be as crucial as anything the child may say to you.
- It is important to explain, in ways the child can understand, that you cannot guarantee confidentiality, and why this is necessary.

9.9 ***Ensure assessment recommendations match identified need***

Each child and family requires a plan of intervention which reflects their particular needs. The plan must aim at tackling the causes and not simply the symptoms of the neglect and so formulaic responses must be avoided.

- What are the protective factors? For example, does the child have a good relationship in school or with a grandparent?
- What are the risk factors?
- Is the child particularly vulnerable to harm because of their age and special needs?

10 HAS THE THRESHOLD FOR CONVENING A CHILD PROTECTION CONFERENCE BEEN REACHED?

10.1 Following all section 47 enquiries the social worker and her manager need to consider if a CP conference should be convened. The reason for convening an initial conference is that concerns are substantiated and the child is judged to be at risk of continuing significant harm. To make the decision the social worker would need to look at:

The adequacy of parental care

- Do parents have specific needs that interfere with parenting, for example substance misuse or learning difficulties?
- Do parents recognise the harm?
- Are parents willing to engage with the professional network?

The nature of the harm

- What has happened to the child?
- How severe is it?
- What is the history and pattern of the harm?
- Is it continuing?
- Is it improving/getting worse?
- What are the views of the parent and child?

Capacity for change

- What needs to change?
- What intervention has been tried in the past and what was the outcome?
- What does the personal/family history tell us about the capacity for change?
- Can change be achieved within a realistic timescale for the child?
- Is there a shared perception between the family and the professionals about what needs to change?
- If the family were provided with resources would it make a difference?
- Consider what will happen to the child if nothing changes.

Impact on the child

- What aspects of the child's health and development have been affected?
- Is it significant?
- Is it continuing?
- What is the child's view?
- What is the nature of the child's attachment to the parent?

11 INTERVENTION IN CASES OF CHILD NEGLECT

11.1 *Co-ordination*

Given that neglect is likely to be the consequence of a number of interacting factors no one strategy of intervention will be adequate on its own. However the difficulties experienced by neglectful families can result in their becoming overwhelmed by the introduction of too many services and professionals. Intervention will therefore require careful coordination of services, delivered by as small a number of individuals as possible.

11.2 *Understanding crises*

Neglectful parents may experience frequent crises, whilst the crises will require a response it is important that intervention does not become crisis driven. Crises can become a means of avoiding the underpinning issues. It will be necessary to stand back and use supervision to think about what is being avoided in the work and address this in the work with the family.

11.3 *Using the relationship as a means of bringing about change*

The relationship between the practitioner and the family is at the heart of the process of change and can, and should, be central to the work with neglectful families. The requirement to work in partnership is an opportunity to develop a relationship with parents that they can use to learn about their parenting behaviour and discover new and different ways of bringing up their children. Many neglectful parents will have had difficult childhoods and will not therefore be able to draw upon their own experience to helpfully inform their

own parenting. The relationship with a reliable professional is a chance to work through their own experiences and understand how they shape their parenting and support the development of different ways of responding to their children.

11.4 *Hands on work*

The entrenched nature of the difficulties and/or lack of confidence experienced by some parents will mean that advice and talking is not enough. This will be particularly relevant when parents have learning difficulties. Practitioners may need to model the changes required, visit regularly and follow up with supportive telephone calls. Video can be particularly effective when working on the parent-child relationship. Parents are able to see for themselves how they are experienced by others and the impact they have upon their child. The power of seeing themselves 'live' can be used to help parents get in touch with their own and the child's feelings and recognise the need for change. Self learning manuals may also be helpful in developing child care and child safety skills as they enable parents to retain a sense of control and self help but again will require regular follow up and if necessary practical modeling in reviewing progress.

11.5 *Objectives and reviews*

It can be very easy to be sucked into the way of life of neglectful parent and unacceptable situations for children become accepted as normal. Here cases can drift without any real change taking place allowing the accumulative effects of neglect to undermine a child's developmental outcomes. Changes in staffing can result in decisions being delayed whilst new workers come to grips with a case.

In this circumstance decisions become delayed and the child again drifts. It is essential that during the vulnerable period of a handover in social worker that careful attention is given to briefing in full the new worker, including the provision of a detailed summary. In cases of neglect it is essential that clear objectives are set, that parents and professional share an understanding of what these changes will look like and timescales are established. In cases of chronic neglect it will take time to bring about change so it is important to establish realistic timescales but equally important to ensure that progress, or lack of it, are continually and openly reviewed. Consistently ask the question 'what will happen to the child if nothing changes?' if you are feeling stuck or uncertain review a chronology in supervision and consider a consultation with a CPO.

12 HAS THE THRESHOLD FOR CARE PROCEEDINGS BEEN REACHED?

12.1 If, following a comprehensive assessment and subsequent intervention, the child is continuing to suffer significant harm and the carer is responsible for the harm, legal proceedings should be instigated following legal advice. Remember that if you have followed this guidance you are likely to have a substantial body of evidence for proceedings. For the threshold to be reached there must be sufficient evidence to show that the child is suffering, or is likely to suffer significant harm as a result of the care provided by his/her parents. In neglect court cases it is common for difficulties to arise when trying to establish the detrimental effects of poor parenting, as many children develop strategies for coping. It is

therefore crucial that professionals provide a real 'snapshot' of the child's daily life, in order to establish the grounds of significant harm. To do this, there must be a detailed chronology which gives the court a 'warts and all' picture, but this will only be achieved if the network concerned with the child provides the social worker with regular updates that can be included in the chronology.

13 WHAT MAKES WORKING WITH CASES OF CHILD NEGLECT DIFFICULT?

13.1 *An emphasis on 'incidents'*

Child protection work can often become focused on incidents and to operate with a narrow focus on the abusive episode and the assessment of the risk of significant harm. But neglect frequently manifests over time and may fail to provide a suitable 'trigger' incident, it is possible therefore that an incident based approach will not be responsive to the nature of child neglect. Also individual incidents may not reach the threshold for enquiries or intervention in their own right and the potential accumulative concern of a pattern of 'non-serious' referrals may be overlooked.

13.2 *Becoming caught up in the family's way of life*

As said above the long-term and chronic nature of neglect can result in being drawn into the family's way of life and the worker no longer 'seeing' what is happening to the child and becoming quite 'stuck' resulting in drift. A consequence can be an unintentional and unconscious increase in the threshold of concern and formulaic response which do not really tackle the underpinning difficulties.

13.3 *Values and threshold*

Defining neglect can be problematic. Definitions exist but it remains a matter of personal and professional judgement whether a particular circumstance meets the threshold of neglect. This is a complex affair because judgements about neglect typically are value laden in terms of standards about adequate care and professionals can become hesitant about naming neglect

13.4 *Rule of optimism*

In the desire to see change in cases of chronic neglect it is possible to become too optimistic too soon about small changes. It is necessary to ensure that any changes are significant, enduring and making a difference to the child's experience. Unwarranted optimism can result in the premature closure of cases or withdrawal of services which can undermine the family's capacity to make and sustain change.

APPENDICES

These are some ideas/tools that practitioners have found useful.

Tools for Working with Parents

1 *Assessing Parenting Capacity in respect of Ensuring Safety, Guidance and Boundaries*

Three circles cut out of different coloured paper / card:

- o **One Red** - (on this one write Danger)
- o **One Yellow** - (on this one write Unsure)
- o **One Green** - (on this one write Safe)

Write on some small cards a set of scenarios (7-8) relating to the case, for example: "You have just moved house, your neighbour says they will baby-sit" Or "Your 7 year old son wants to go and play on a local park with 2 of his friends".

Method: Read out to ensure understanding, then ask the parent to identify which category they feel they should belong i.e. Red (danger) and place it on the circle. Encourage the parent / carer to discuss their reasoning and challenge any concerns their comments may raise.

2 *Assessing Parenting Capacity in respect of Ensuring Safety*

This activity will enable workers to build up a perception of the parent / carers understanding of safety within the house. It also provides an opportunity to discuss any accident /injuries the child may have had and how they may be avoided in the future.

Tools / Material Required: large sheet of paper with the simple framework of a house / flat drawn on it. Mark on it the individual rooms known to be in the family home.

Method: Along with the parent / carer draw on or stick furniture representative of their home. By using the diagram, it will enable parents / cares to visualize the rooms in their house. The worker, through

careful questioning can get the parent to talk about their awareness of safety in each room, plus storage of dangerous/risky equipment. This is especially helpful for parents / cares with learning difficulties who find free recall difficult and benefit from the use of visual prompts.

3 *Assessing Child Developmental Needs*

This tool will enable the worker to obtain a picture of the parent's / carer's perceptions of child development in relation to their child, for example, do they expect too much? Do they baby the child? Do they have an understanding of their child's developmental stages and what is within "normal" limits?

N.B. This can successfully cover emotional development as well as physical

Tools/ Materials Required:

- Copy of Mary Sheridan development checklist from birth to 5 years.
- Small cards onto which you can record extracts from the development records to represent expected achievements at a certain age. For example:
 - dry during the day
 - can drink from beaker
 - sits unsupported
 - can dress self

Plus a large sheet of paper divided into age sections i.e.

Method: make up achievement cards to cover a varying age range (some typically reflective of subject children's age). Read the card out for the parent and ask them to place in the section they see as age appropriate. Discuss with them why they feel they should be in that particular section.

4 *Assessing Parenting Capacity in respect of Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries and Stability*

The "Needs Game" is a pictorial tool. It is intended as an aid in the assessment of a parent/carer's understanding of the needs of his/her child. The game provides a basis upon which to define the help that is needed and can be useful in identifying gaps in parenting capacity. It can also be used as a tool for monitoring the progress which is being made.

Tools/ Materials Required: the Needs Game

Method: choose the cards most appropriate from the pack that meet the needs of the child/ family. Get the parent/ carer to place them in priority – most important first. When all the cards have been placed get the parent / care to talk about why the child needs what is identified on the card, how they provided it. It also provides the opportunity to double check understanding, highlight with parents / carers any positives or concerns.

5 *Assessing Parenting Capacity in respect of Play, Stimulation and Education*

This activity encourages the parent/ carer to talk about what toys the children have now and what they like to play with, when they play, how, when and if they play with them. It is also a good way to discuss appropriate supervision.

Tools/ Materials Required: old catalogues such as Argos, Early Learning etc.

Method: present to the parents/ carers that they have:

- a certain amount of money to spend or
- they can choose 2 toys for each child.

Get the parent/ carer to look through the catalogues and identify what they would buy and why, plus what do they think the

child would gain from it. Discuss finance and cheap alternatives to entertain children. From their comments it will be easy to determine if they provide any, or have an understanding of a child's need to play.

N.B. As previously stated, parents / carers with learning difficulties respond well to visual stimulation. If appropriate, you or they can whilst having the discussion, cut out the chosen toys and stick them on sheets of A4 paper with each child's name on.

6 *Identifying concerns/assessing all 3 domains*

The aim of this activity is to make sure the parent/s understand what the concerns are of the professional network/Child Protection Case Conference and to determine the potential for change.

Tools: make up some cards labelled with identified concerns relating to the case

Method: read the recommendations of the Child Protection Case Conference, go over each point, and get the parent/carer to talk about their opinions. To use the cards, get the parents/carers, either singly or together, to place the cards with the concerns on in 2 piles – "high" concerns or "low" concerns. Encourage them to say why they feel this way and explore disagreements.

(Child Neglect: Practice Guidance for all agencies produced by Nottinghamshire and Nottingham City ACPCs.)

Tools for Working with Children

Family Tree

Drawing a family tree is a useful technique for illustrating relationships and attachments within the family. Paper and writing materials are made available and the child is asked to draw his family tree. The tree may be as simple or as complex as the child wishes. The worker can then use the tree as a starting point for discussion about what has happened to the family and what the child thinks about

individuals and relationships within it. The worker may consider asking the following questions:

- Who did you draw first?
- Who is included or excluded from the tree?
- Who would you like to include? (perhaps relatives lost due to divorce, death, miscarriage, adoption etc)
- Who would you like to exclude? (perhaps rival siblings, step parents, hostile or abusing relatives etc)
- How would you change the tree if you could?
- Can you change it? If so, how?

The child's feelings, thoughts and perceptions about his family and individual relationships can be explored. Similarly the relationships existing within the family at the current time and in the past can be discussed giving the child an opportunity to say how he would like the family to be in the future. Ambiguities, uncertainties and anxieties stemming from his relationship with his family can be explored, discussed, and worked through.

Eco Maps

The eco map is a useful tool for helping a child express their feelings about their circumstances, particularly in situations where the child's circumstances have changed including removal to foster carers. By concentrating on the "here and now" eco maps open the way for communication between the worker and the child and are thus useful as an initial interviewing tool.

The eco map should include symbols or drawings to represent important areas in the child's life – these can be accompanied by blank spaces and questions or incomplete sentences intended to act as a trigger for discussion between the worker and the child. A copy of the map is given to the child together with colouring materials. The child is asked to colour in the map and to complete the sentences in the spaces provided. The worker can encourage the child to talk about issues of currents

concern and his thoughts, feelings and wishes; the worker can also take this opportunity to provide information and reassurance concerning the foster home, his new school, and other important matters such as the whereabouts and welfare of other siblings and other relatives to whom he is attached.

The eco map should include a section on the child himself – his name, age, description etc. Other sections might include:

- The role of the worker
- The role of other agencies and procedures involved (such as magistrates and care proceedings)
- Siblings
- Friends
- Play-group, nursery or school
- Dreams and nightmares
- Likes and dislikes
- His feelings (particularly how he feels at the moment)
- The role of the foster parents and their relationship with the child's birth family (if applicable)

Space Chart

Large sheets of paper and colouring materials are required. A large circle is drawn while the worker explains that no baby is born good or bad but has an empty space inside waiting to be filled up a person goes through life. This strengthens the child's self image by reinforcing the view that s/he was not born "bad". The child is asked to think about the important people in their life – this can include friends, teachers, the worker etc. Areas of the circle are coloured in with the child's favourite colour denoting the warm feelings and positive experiences given by some individuals, and the least favourite colour denoting cold feelings and negative experiences. The size of each area indicates the relative importance of each individual to the child.

Over a series of sessions a space chart can be drawn to represent each significant period in his life. Usually charts will cover the years from 0-2, 2-5, 5-8, 8-10, 10-14, and 14-18. This will help the child to

understand and validate their feeling about what has happened to him and the people who have played an importance role in his life. The worker can use the charts to discuss with the child their feelings about people now and how those feelings have developed.

While discussing the charts is it often helpful to have objects representing cold and warm feelings for the child to hold and manipulate. This provides a non-verbal outlet for the child's emotions and gives expression to deep-seated feelings. A ball of soft wool or cuddly toy may represent warm feelings while a sharp, prickly object, such as a ball of wool spiked with wooden straws, can denote cold feelings.

Supervision

Supervisors should be acquainted with their agency Staff Supervision and Appraisal Policy. In the context of agency policy on supervision particular attention needs to be given by supervisors on the impact of chronic neglect on families which can result in practitioners becoming caught up in the family's way of life and failing to recognise the accumulative and insidious erosion of a child's well being. In these circumstances the supervisor needs to keep the worker's thinking about the family alive. They will need to ask practitioners to report in detail on visits and be prepared to robustly challenge the practitioner's perception of the situation. It is advisable for supervisors to undertake joint visits with the practitioner every six months to ensure that there is the opportunity for a fresh pair of eyes to review the children's circumstances.

Children's Needs Game.

This tool consists of picture cards with a variety of images ranging from baby-feeding bottles, places of worship, money, friends, television, etc. the carer/carers are asked to consider the needs of their child/children and then to select ten cards that best represented their children's needs. They are then asked to prioritise the cards and explain why they thought it was important for the child/children to

have this need met, the possible effect on the child/children if the needs were not met and how they met or intended to meet this need. It can be repeated by asking the carer to predict how the child/children need's change over time or in the context of special needs. It is a tool that can also be used with couples to identify roles in providing care, ability to prioritise, agree needs, work together etc. Similarly it can also be used with children, asking them to identify their needs and how they were met or not met by their carers.

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