



Hull Safeguarding Children Partnership Neglect Practice Guidance



**Hull
Safeguarding
Children
Partnership**

Contents Page

| | Page Number |
|---|--------------------|
| Title | |
| Aim | 3 |
| Introduction | 3-4 |
| What is Neglect? | 5-6 |
| Types of Neglect | 6 |
| Experiences of Neglect | 7 |
| Impact of Neglect | 7-9 |
| Neglect and Child Exploitation | 9-10 |
| Attachment and Trauma Informed Practice | 11 |
| Values and Principles of the HSCP Toolkit | 11 |
| How to use the HSCP Toolkit | 11-12 |
| Threshold of Need | 12-13 |
| Tools for Practice | 13-16 |
| Children with Disabilities | 16 |
| What do children and young people need? | 16-17 |
| Responding to Neglect | 18 |
| Further Information on Neglect | 18 |
| References | 19 |

Neglect – Hull Safeguarding Children Partnership Practice Guidance and Toolkit

Aim

The aim of this multi-agency guidance and toolkit is to establish a common approach across all agencies who come into contact with a child, young person and their families where neglect may be of concern.

This guidance aims to support all practitioners across Hull, who work with children, young people, and their families, to recognise, assess and respond when there is a concern in relation to neglect.

All HSCP partners should ensure that their workforce are suitably knowledgeable and trained to recognise neglect and know who to speak to or what action to take in response to this.

Introduction

Neglect is the most common form of child maltreatment in the United Kingdom and is the main concern in 47% of all Child Protection Plans in England (DofE, 2018). National and local statistics show that the number of children on Child Protection Plans for neglect have steadily risen. These children remain on plans for longer and are more likely to experience re-referrals into Children's Social Care than children under other categories of harm.

The impact of neglect on children and young people can be very damaging, severely affect their growth and development and limit their life chances. The earlier neglect is identified, and the right support provided for families, the better the outcomes are for children and young people. Indicators are often present that may predict future neglect for those children who become subject to Early Help or Child in Need Plans.

Knowledge in relation to the impact of neglect has increased over recent years and it is now widely recognised that the consequences for children exposed to neglect can be long term. This includes impaired physical and cognitive development, avoidable ill health, poor educational outcomes, difficulties with emotional development and social adjustment. Such factors can impact adversely on the child's perception of themselves and their sense of identity and self-worth. It can also result in children and young people having difficulties making and keeping relationships, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity, and frequency of the maltreatment and on what support mechanisms, resilience strategies, safety and protective factors are available to the child.

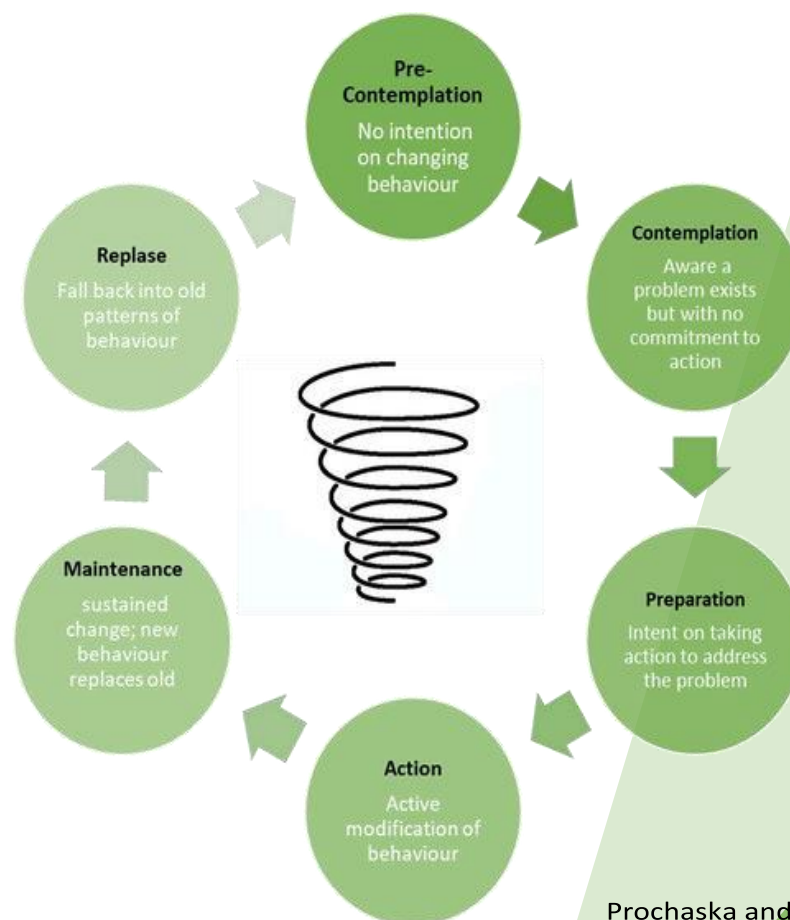
Neglect is notoriously difficult to define, and it rarely manifests in a crisis that demands immediate action, it commonly occurs alongside other forms of abuse. It may be the result of other contributing factors such as parental ill-health, parental learning disabilities, substance misuse, domestic abuse, unemployment, and poverty. In addition, neglect may be contributed to by factors which relate to the child

rather than the parent/carer, but can still impact on parenting capacity, for example illness or disability.

The identification of neglect and the response to it becomes harder where children with disabilities and/or learning difficulties are involved due to the additional needs and risks associated with the disability/difficulty the child lives with.

The quality of practice in neglect cases can be too variable, as can the quality of professional assessment, particularly with the challenges when working with a lack of engagement and disguised parental co-operation. The potential consequence of these failures is that children do not receive the help and support that they require and that some children are left in neglected situations for too long.

The importance of listening to children and young people and understanding a 'day in their life' has been highlighted as essential in safeguarding and protecting them. It is also essential to be mindful about over optimism to ensure improvements are long standing and not temporary. In order to work effectively, information must be shared amongst professionals to allow the full picture to emerge. Neglect requires a multiagency response, and all professionals must work together to share information, professional knowledge, and perspective. The Cycle of Change is a useful theory to identify motivation and commitment to change, which can be useful when assessing the likelihood and longevity of lasting change.



Prochaska and DiClemente (1983)

What is Neglect?

Working Together to Safeguard Children (2018) provides guidance and defines neglect as 'the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development.'

One aspect shared by the majority of definitions is that neglect is an act of omission. It is a failure to do something, to act or to care adequately for a child or young person. Whoever is providing the care, chronic neglect can be viewed as the 'sustained and chronic breakdown in the relationship of care' (Tanner and Turney 2003:26) This is in contrast to common definitions of abuse, which can be viewed as acts of commission with a degree of intentionality. Regardless of intent, neglect is seen to occur when a child or young person's needs are not met.

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 caregivers); or
- Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Working Together, 2018)

Recognition of prenatal neglect: Whilst it is good practice that neglect should be seen through the experiences of the child, prenatal neglect can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately. Prenatal neglect may be associated with (but not exclusively):

- Drug and alcohol use during pregnancy
- Failure to attend prenatal appointment and/or follow medical advice
- Smoking during pregnancy
- Experiencing domestic abuse

Neglect affects boys and girls equally and occurs across childhood and adolescence. It is also a form of maltreatment that is most likely to recur multiple times. Neglect can be caused by many complex issues, including parental mental health, poverty and drug and alcohol use.

The relationship between poverty and neglect is problematic. It is important to separate material impoverishment and emotional impoverishment. It may be difficult to distinguish between neglect and material poverty. However, when considering neglect, we should do so with a 'poverty lens', understanding the context in which a family lives.

Care should be taken to balance recognition of the constraints of the parents' or carers' ability to meet their child's need for food, clothing, and shelter with an appreciation of how people in similar circumstances have been able to meet those needs. Neglect can be viewed as the persistent failure to meet the essential needs of a child by omitting basic parenting tasks and responsibilities despite parents having the economic resources to meet the needs.

According to the Children Act 1989, we often judge whether the care a child receives is harmful by the impact it has on a child's health and development, not on any specific incident of abuse or neglect. We should not wait for evidence of harm before intervening in cases of neglect as often the impact is only noticeable at a later date.

Types of Neglect

In addition to the Working Together 2018 definition, Howarth (2007) identified six different classifications of neglect:

- **Medical neglect** - the child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.
- **Nutritional neglect** - the child is given insufficient calories to meet their physical / developmental needs; this is sometimes associated with 'failure to thrive', though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity, as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
- **Emotional neglect** - this involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- **Educational neglect** - The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and / or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance and failing to respond to any special educational needs. Further information about educational neglect can be found here <https://www.hullscp.co.uk/wp-content/uploads/2023/06/educational-neglect-.docx>
- **Physical neglect** - The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
- **Lack of supervision and guidance** - The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

Experiences of Neglect

Children and young people experience the impact of neglect differently at different ages, it is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has in fact been ongoing for several years. Identifying neglect at different stages of a child or young person's life, as shown below, will support a practitioner in assessing neglect and prioritising appropriate responses and support.

| EXPERIENCES OF NEGLECT BY HOWARTH'S CLASSIFICATIONS | | | | | | |
|---|---|--|---|---|---|--|
| Age group | Medical | Nutritional | Emotional | Educational | Physical | Lack of supervision |
| 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. | 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. |
| 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. | 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. |
| 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. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets. | Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour. | 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. |
| 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. | 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. | 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. |

Impact of Neglect

The impact resulting from neglect can be wide-ranging, apparent in multiple domains of a child's life and can manifest across the life course.

Living with neglect will have a significant impact on a child or young person, both physically and emotionally. The affects may differ for different children, with some being more resilient than others, and some may be short term whilst others will have a longer-term impact.

Experience of neglect at different ages: children and young people experience the impact of neglect differently at different ages, it is important to remember that neglect should be seen in the context of individual experiences, and consideration should be given to whether the neglect began in this age group or has in fact been ongoing for several years. Identifying different main impacts at different stages of a child or young person's life, as shown below, will support a practitioner in assessing neglect and prioritising appropriate responses and support.

- **Infancy (birth to two years)** – babies' 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 made through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.
- **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 may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.
- **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 and get into trouble. 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 high-fat, high-sugar 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 young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

Short-term and long-term effects: Living within a neglectful environment may result in short term effects for a child or young person, many of which may reduce or disappear with support and care. This may include:

- Illness or infections
- Nappy rash
- Under / overweight
- Difficulty in establishing friendships / making friends
- Withdrawn
- Poor coping skills
- Low self-esteem
- Lack of confidence
- Insecure attachments
- Lack of trust
- Bullying
- Acting out/aggression/impulsivity
- Poor problem-solving skills
- Low achievement in school

Children who have been neglected, and do not get the love and care they need from their parents/caregivers may find it difficult to maintain healthy relationships with other people later in life, including their own children. They may experience long-term effects that last throughout their life including, in some cases, emerging in later adolescence or adulthood. This may include:

- Emotional difficulties such as anger, anxiety, sadness, or low self-esteem.
- Mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self-harm, suicidal thoughts.
- Substance misuse and addiction.
- Disturbing thoughts, emotions and memories that cause distress or confusion.
- Behavioural problems including anti-social behaviour and criminal behaviour.
- Going missing or running away from home.
- Poor physical health such as obesity, low weight, aches, and pains.
- Struggling with parenting or relationships.
- Conflict and hostility in relationships.
- Learning difficulties, lower educational attainment, difficulties in communicating.
- Children missing education are more likely to achieve poorer outcomes than those who maintain regular attendance.

Links between Neglect and Child Exploitation

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

During adolescence children remain vulnerable both within the home environment and due to emerging risks outside of the home. Understanding the experiences of adolescents is important when considering neglect – including family life, wider social networks, community influences and any adverse early childhood experiences.

The most recent Triennial Analysis of Serious Case Reviews: Local Safeguarding Partnerships (March 2020) noted that neglect is also associated with children having more accidents, poor mental health in adolescence and young people being

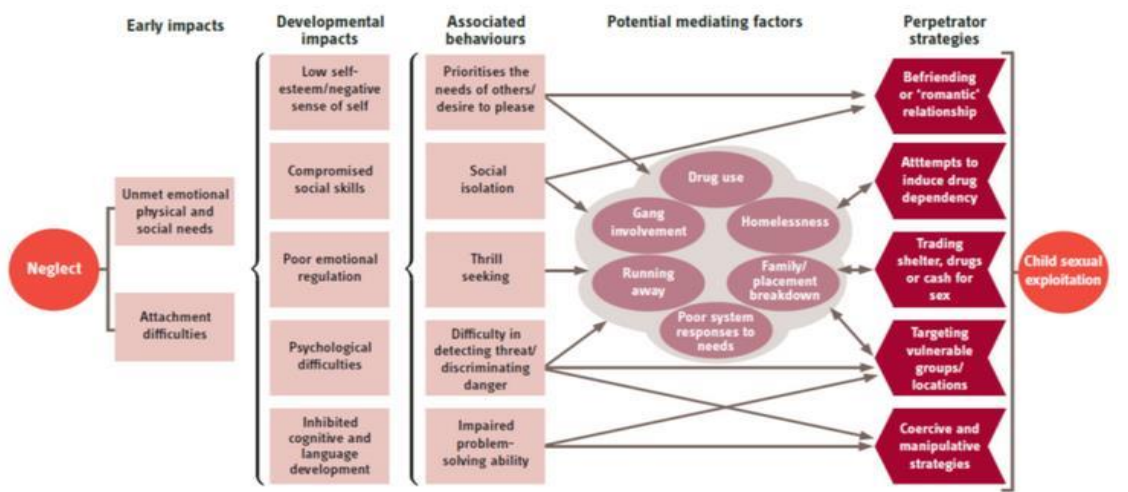
vulnerable to exploitation by others. Other risks associated with neglect include self-harm and poor school attendance and achievement.

Whilst neglect is usually an act of omission when children do not receive good enough/adequate care, there are occasions where neglect can be a deliberate act such as a young person who is abandoned by parents or forced to leave home at reaching age 16. Neglect can include parents not being aware of their child's activities or whereabouts outside of the home; not making sure they get health care when they need it; not taking an interest in their education; or failing to provide emotional support with problems or offering encouragement.

Research shows that neglect at home during teenage years can be as damaging as neglect during early years. The Children's Society conducted research with 1000 adolescents in 2016 which found 8% of teenagers experienced some form of neglect, with lack of supervision being the most common (58%). More young people aged 14 and 15 years (3 times as many) than 12 and 13 years reported that their parents hardly ever or never helped them if they had a problem or provided emotional support. This may indicate that as children get older parents think they need less of this kind of support.

Research shows a strong correlation between young people's risk-taking behaviour and them not being emotionally supported at home. There is also a very strong correlation between young people experiencing very poor health and being exposed to neglectful parenting. Young people that experience neglect report low levels of general competence, feel that no one cares for them, are negative about their future, have difficulty in engaging in education and are generally unhappy with their lives overall. If the young person experienced different forms of neglect than their emotional wellbeing deteriorated with an increase in externalising behaviours e.g. drinking alcohol and truanting from school and internalising behaviours (depression, anxiety and posttraumatic stress disorder). Maltreatment that begins during childhood is more damaging than neglect that starts and finishes during childhood as it causes problems during late adolescence and early adulthood including involvement in criminal behaviours, substance misuse, health-risking sexual behaviours and suicidal thoughts (Thornberry et al 2010).

Figure 1: Hypothesised model of how neglect may increase vulnerability to CSE



Attachment and Trauma Informed Practice

Maltreatment by primary care givers is one of the main contributors to attachment difficulties in children and young people.

Practitioners who work with children and young people should be alert to attachment based behaviours, especially where there are child protection concerns. Repercussions of trauma experienced in childhood may persist through adolescence and into adulthood. The intention of trauma-informed practice is an increased understanding of the ways in which present behaviours and difficulties can be understood in the context of past trauma.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'

"At the heart of trauma-informed care is broadening our awareness and understanding of trauma, and the many ways that it affects individuals. By understanding how trauma affects the people we work with, and looking at what we do through their eyes, we can start to adapt our practice to meet their needs."

Dr Sheena Webb, 2023

It is important not to forget the impact (positive, negative, or ambivalent) that fathers have on their infants and young children. Fathers are often marginalised or problematised, for instance as perpetrators of domestic abuse; however, fathers can be an important asset and a protective factor [The Myth of Invisible Men \(publishing.service.gov.uk\)](https://publishing.service.gov.uk).

Values and Principles of the HSCP Neglect Toolkit

- To work WITH families, respecting their experiences and views, and providing support at the earliest opportunity.
- To ensure the lived experience of the child, parent/carer(s) is explored and understood
- To ensure all agencies and practitioners effectively work together to support the needs of the child being met.
- To ensure that there is not delay in identifying and addressing neglect.

How to use the HSCP Neglect Tool

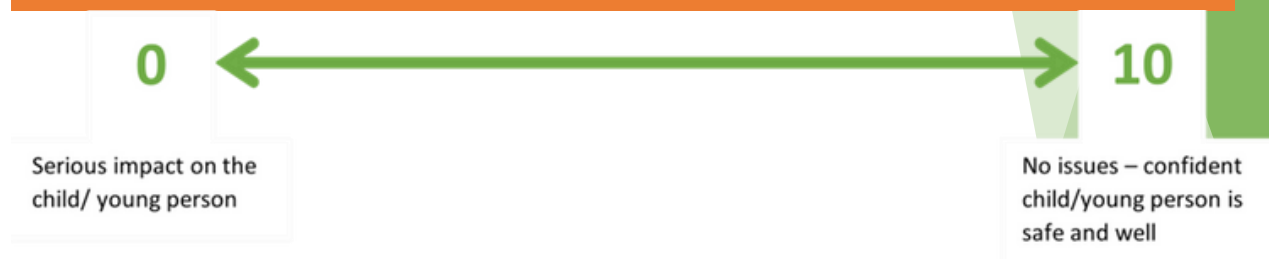
The tool kit has been developed through consultation with a wide range of practitioners who have roles which involve safeguarding children. The impact of neglect on children and young people can be very damaging, severely affecting their growth and development and their life chances. It is often difficult to recognise when children and young people are being neglected. This tool has been developed to

support the workforce across Hull to identify neglect so that the right support can be put in place for families. The earlier neglect is detected then the better the outcomes are for children and young people.

There is no requirement to fill in every box. The information you have may be vital, either on its own or in helping to see the bigger picture. The tool will help to inform what course of action should be taken next to help the child and support their family.

There is a scale of 1-10 for each section. This measures the extent of the worries and concerns for the safety of the child or young person at that point in time when the tool is completed. Scaling can be undertaken regularly and alongside children, young people, families, and professionals to review progress and to ascertain how worried individuals are about the situation.

On a scale of 0-10, where 10 means the child or young person is safe enough and zero means things are really bad for the child or young person and they must be removed from the situation immediately, where do you rate this situation today?



The scale goes from 0-10, scaling is used to make a judgement about the impact of a situation on a child/ young person.

When scaling, make sure you define what 0 and 10 mean, and always present 10 (what we are working towards) first. The scale would usually be based on the worry/danger statement.

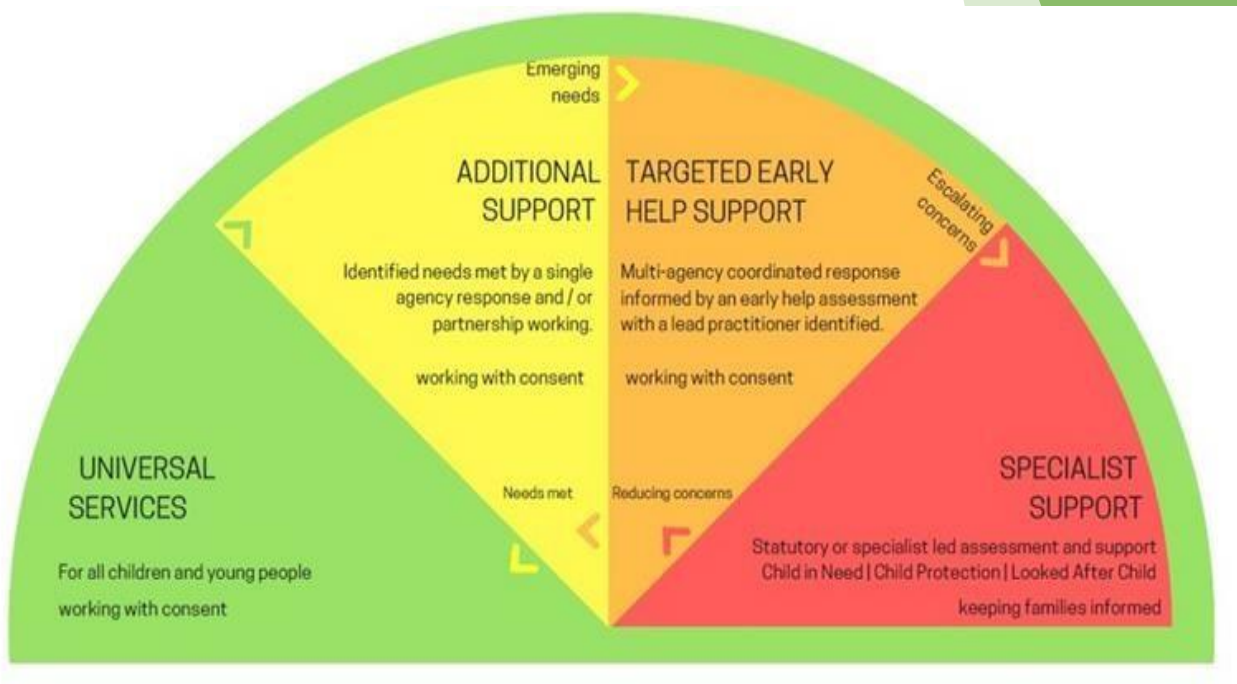
It is expected that this resource will assist in supporting practitioners with assessments in relation to the identification of neglect and providing support in relation to this. The tool can also be used during agency review meetings to measure progress.

It is anticipated that the tool will be used alongside chronologies, assessments, and observations of parent/ carer child interaction. Within this neglect guidance there are a number of additional tools and resources to support this work.

Threshold of Need

The neglect toolkit can be completed by any professional who has recognised that a family may need support in relation to neglect. The thresholds diagram (below) can be drawn upon to support identification of appropriate intervention. In many circumstances, professionals working with a family will be able to undertake and use the toolkit to assist with planning required improvements at the threshold of 'universal services' and 'additional support'. At the point it is identified that the family require support under 'targeted early help support' or 'specialist support' a referral

should be made to EHASH. It is good practice for all professionals to complete relevant sections of the neglect toolkit in order to provide a full picture of a child's life.



Tools for Practice

The way in which concerns about neglect are raised is vital. The term 'neglect' itself holds a negative connotation and when parent/ carers hear this, it may lead to them not wanting to work with the person raising concerns. When raising concerns, use language that directly describes the concerns or what has been observed.

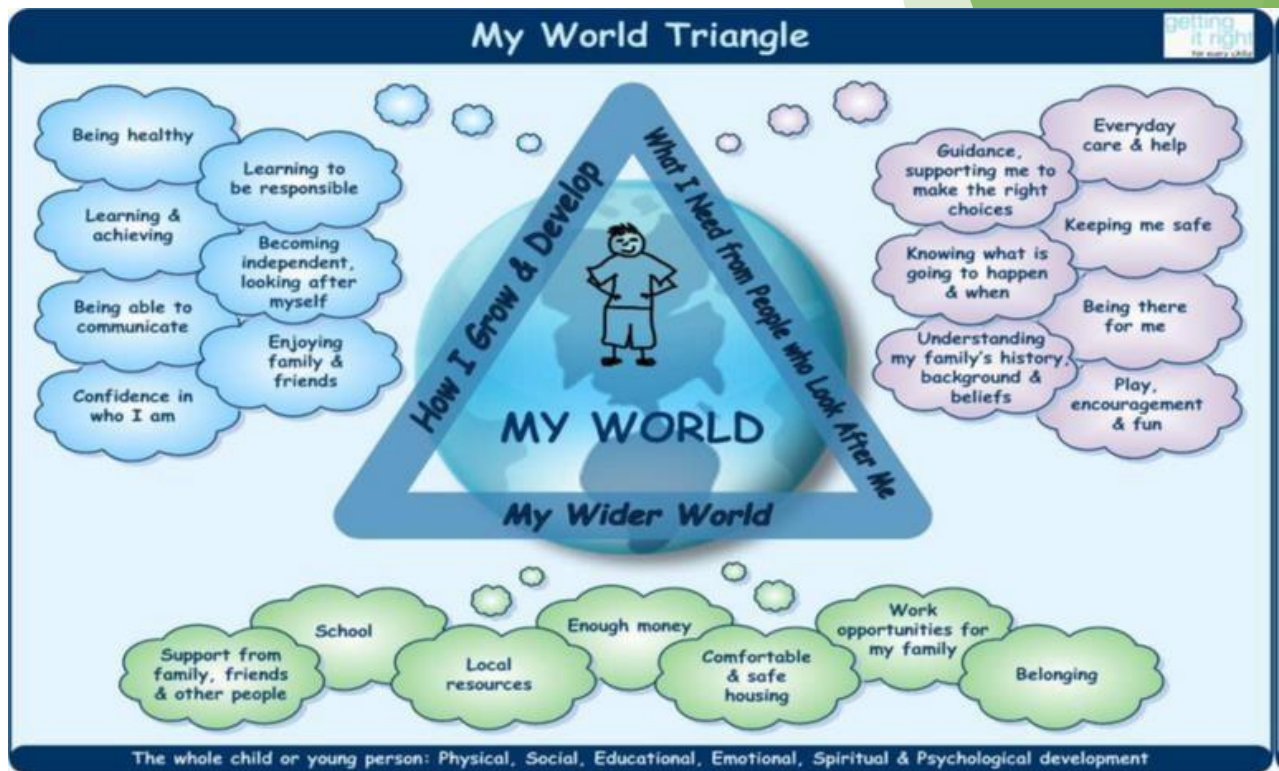
In addition to the language used, the approach is important. When working with parent/carers, a key feature will be to try to engage them in a conversation about the concerns and what has been observed and aim to work with them to identify things that will help to form a plan.

Professionals should seek the views of the parent/carer and the children to gain a clearer understanding of the context in which neglect is occurring, enabling a wider view than just about individual parenting.

Tools can be used to guide conversations, contribute to assessments of need and support identification of thresholds.

When working with neglect, practitioners should always be mindful of the importance of observing and listening to children and young people to see the world through their eyes.

Understanding the day in a life of a child



[Microsoft Word - 'My World' Assessment triangle and Guide\(wordpress.com\)](https://www.wordpress.com)

Day in My Life Tools

Day in My Life Tools provide a reference point to assist professionals thinking when exploring neglect with children and their families/carers. Each tool reflects a different group of children and young people and identifies particular issues professionals may want to consider and explore further.

The Day in the Life Tools can be downloaded and printed:

- [Unborn baby](#)
- [Baby](#)
- [Preschool child](#)
- [Child](#)
- [Child with disabilities](#)
- [Adolescent](#)

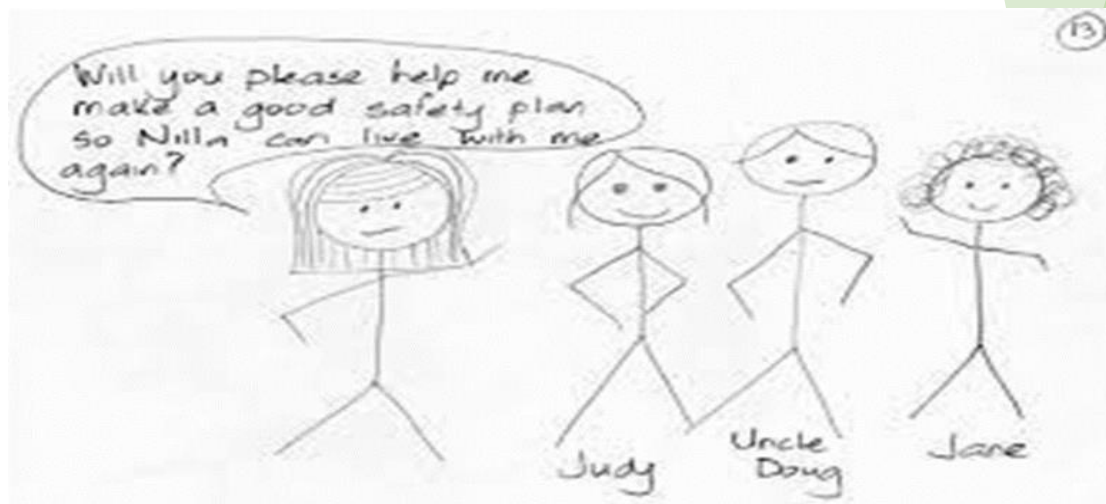
Words and Pictures – Signs of Safety

Gaining the views of children and young people is central to the Signs of Safety model. Specific tools are used to engage with children and young people and to ensure that their voices are heard. Their voice will help to inform assessments and plans. Even from a very young age, children have a voice. How a baby reacts to certain situations, or observations through caregiver interactions. People can display

silent cues through the use of facial expressions or body language. It is crucial that professionals remain alert and curious to these unspoken interactions that are observed.

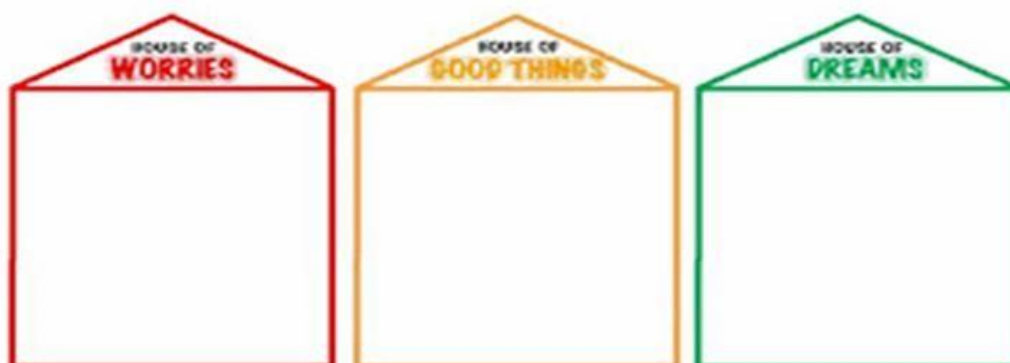
Words and pictures is a technique developed through Signs of Safety. Through this approach children (and their family) are encouraged to design a story about what has happened. This process often identifies what the barrier is to moving forward and helps to develop an achievable and focussed plan, that is created together.

Gaining the views of children and young people is central to the Signs of Safety model. Specific tools are used to engage with children and young people is central to the Signs of Safety model. Specific tools are used to engage with children and young people and to ensure that their voices are heard. Their voice will help to inform assessments and plans. Even from a very young age, children have a voice. How a baby reacts to certain situations or people will tell a person a lot about how they feel even before they can speak. Keeping children at the focus and centre of your work



Signs of Safety and the 'Three Houses' technique

Signs of Safety (Turnell and Edwards) includes the use of a number of child-friendly tools, such as the Three Houses tool, the Fairy/Wizard tool, and the Safety House tool. These support children to reveal some of their hopes, wishes and fears in ways that are often easier to express for a child.



Children with Disabilities

Neglect of severely disabled children is frequently through lack of engagement and stimulation, for example, that the disabled child is left in their chair unstimulated or not included in family activities. Lack of engagement can often be observed through poor interaction and rapport between parent and child. There may be no suitable toys and occasionally the parent has not learnt the child's communication system. Another example may be that the parent has not developed toileting for the child at home even when this has been successful at school. Sometimes parents request increasing amounts of breaks from the child and the quality of care and interaction needs to be ensured so that the child returns to a consistent caregiver who meets their needs, including emotional needs. In some instances, the care given to non-disabled children is significantly compromised by the demands of parents caring for a disabled sibling. Observation and communication are more complex issues in disability and training must be accessed in communication methods for those working in the disability service.

What do children and young people need?

Physical Care:

- To be clean
- To be warm
- To have clean, well-fitting clothing
- To live in clean comfortable accommodation
- To have nutritious food
- To have regular dental checks
- To have medical care when needed

The NSPCC logo is displayed in large, bold, green capital letters on a white rectangular background. The background of the entire page features abstract watercolor-style splashes in shades of green, purple, and pink.

Development (to learn):

- To attend nursery/school regularly
- To have access to books and toys
- To have opportunity for play and to develop social skills
- To have support with reading, writing and learning at home
- To be supported to experience success and achievement
- To have targeted help when the child has additional need

To be loved and wanted:

- To feel safe and securely attached to one or more person
- To have a stable home environment
- To feel valued and have a sense of belonging
- To understand who they are and where they come from
- Support to develop friendships
- To have praise and encouragement to build esteem
- Support to help the child regulate their behaviour and emotions through positive role models

To be safe:

- To be protected from unsafe adults
- To be protected from exposure to danger at home and in the community

- To have clear and consistent boundaries
- To be properly supervised
- To be helped to understand potential dangers in the community
- To be protected from exposure to harm from social media; phone, computer/internet. Including harmful but legal content [Children's experiences of legal but harmful content online: helplines insight briefing \(nspcc.org.uk\)](https://www.nspcc.org.uk/press-releases/2017/06/childrens-experiences-of-legal-but-harmful-content-online-helplines-insight-briefing/).



Responding to Neglect

- You can use the Neglect Tool Kit and the Threshold Guidance to assist with your decision making around how to best support children, young people and their families.
- Gather as much information as you can about what it is like to be that child day to day.
- Seek advice from Early Help Services.
- Seek advice from Children's Social Care.

Where can you find out more about neglect?

- DfE sponsored research <https://www.gov.uk/government/publications/indicatorsof-neglect-missed-opportunities>
- Troubled Teens: a study of the links between parenting and adolescent neglect <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/troubled-teens-a-study-of-the-links-between-parenting-and>
- An NSPCC report on how we can act now to stop child neglect <https://www.nspcc.org.uk/services-and-resources/research-andresources/2015/thriving-communities-framework-neglect/>
- Ofsted report on professional responses to neglect <https://www.gov.uk/government/publications/professional-responses-to-neglectin-the-childs-time>
- Early Help and Prevention Strategy [Hull Early Help and Prevention Strategy 202125 \(4\).pdf](#)
- [neglect-matters.pdf \(nspcc.org.uk\)](#) (nspcc.org.uk)
- [NCMD Child Mortality and Social Deprivation Thematic Report \(hqip.org.uk\)](#)
- <http://www.childrensociety.org.uk/what-we-do/research/troubled-teensunderstanding-adolescent-neglect>
- 2019 Triennial Analysis of Serious Case Reviews [UK Government publishes three new reports about learning from case reviews in England | NSPCC Learning](#)
- [Annual report: 2018 to 2019 \(publishing.service.gov.uk\)](#)
- [The Myth of Invisible Men \(publishing.service.gov.uk\)](#)
- [The relationship between poverty, child abuse and neglect: an evidence review | JRF.](#)

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