

Child Neglect

Background: 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 can occur during pregnancy as a result of maternal substance misuse, health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected. Research shows neglect often co-exists with other forms of abuse and adversity. Neglect can occur at any stage of childhood, including the teenage years.

Why It Matters: Neglect is the most common form of child abuse & the most common reason for child protection plans in Jersey. The impact of neglect is often cumulative, advancing gradually & imperceptibly with the risk that agencies do not intervene early enough to prevent harm. It leads to poor health, educational and social outcomes and is potentially fatal. It compromises children's emotional health & wellbeing which impacts on their success in adulthood and their ability to parent in the future. Neglect increases vulnerability to further abuse and exploitation.

Consider: Are you confident in recognising and naming neglect? Have you considered a [GCP2 assessment](#)? Do you have a good understanding of the thresholds in the SPB's Continuum of Needs. Has the child's lived experience been considered? Has the cumulative pattern & potential impact of neglect been considered? What is the nature of relationships with partners, care givers, fathers and other significant individuals? Are chronologies of sufficient quality and depth?



Forms of neglect: **Physical** (not providing basic needs eg food/clothing/shelter); **Emotional** (omission of love & failure to nurture); **Medical** (not providing appropriate healthcare, refusing care, ignoring medical requirements); **Educational** (not ensuring education, not responding to SEN, lack of interest in achievements); **Nutritional** (insufficient calories or food of insufficient nutritional value); **Lack of supervision or guidance** (exposure to hazards, not providing appropriate boundaries). Evidence may be noticed by different agencies in the family at different points in time. Identifying emerging problems & potential unmet needs ASAP is vital.

What To Do: Early recognition, robust oversight & supervision, acknowledgement of complexity, specialist training & effective & timely responses for both help & protection are required. 'Think Family' & be alert to the risks to children through parental risk factors. Don't normalise neglect because of poverty or pay less attention to the risk of neglect by affluence. Use [SPB Resolving Professional Differences/Escalation Policy](#) to challenge decisions where professional disagreements occur. The SPB's [Neglect Strategy](#) has a toolkit of further resources.

Signs of neglect: See the SPB's [Continuum of Need](#) & [Neglect Strategy](#) for more information on the signs & indicators of neglect. The Graded Care Profile (GCP2) is used where concerns are raised about neglect to support open discussions with families & establish a clear baseline of current functioning. GCP2 supports practitioners to measure the quality of care given to a child, identifies strengths/weaknesses, targets aspects of neglectful care and provides evidence that can inform care and intervention plans.

Risk factors:
Child: Disability, chronic ill health, behaviour problems, [Adverse Childhood Experiences](#) (ACEs)
Parents: Poor mental health, substance misuse, domestic abuse, previous ACEs
Wider risk factors: poverty/affluence, unemployment, poor social support, learning difficulties, lack of experience in positive parenting in childhood, emotionally unavailable/detached parents.