

**Safeguarding Partnership Board**

**Multi-Agency Child Neglect Strategy**

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| **DOCUMENT PROFILE** |
| **Short Title** | Child Neglect Strategy |
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| **Target Audience**  | All professionals working with children |
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# **Foreword**

I am delighted to introduce the Child Neglect Strategy for Jersey which sets out our commitment, plan and practical tools to ensure we can all play a role in recognising and responding to child neglect.

Neglect is one of the most common forms of abuse, can take a wide range of forms, tends to be cumulative and can have a significant impact on the physical, emotional, educational and social wellbeing of children and young people.

The Strategy is being launched against the backdrop of the COVID pandemic when additional stressors on families, reduced social contacts and pressures on family budgets add to the risk of children being neglected.

Although we have some excellent practice in Jersey, we also know we don’t always get it right and previous inspections and reviews have highlighted we need to do more to ensure children are seen, listened to and helped at an early enough stage to prevent children and young people being neglected.

The strategy emphasises the multi-agency responsibility to identify the early signs of neglect so that support can be provided to improve the life chances of all children. We have provided practical tools including the well-regarded Graded Care Profile so that all frontline staff can feel confident and equipped to make a professional judgement about whether parenting is neglectful.

Communities and voluntary organisations can play their part too and may notice early signs that a family is not coping, a child looks sad, has poor hygiene, maybe hungry or is inappropriately dressed for the weather. As we roll out the strategy, we will be continuing with communication campaigns and working with voluntary organisations so everyone knows the first step they can take to support a child who maybe neglected.

I commend the strategy to you and through the Safeguarding Partnership Board we will be overseeing implementation, monitoring the impact of the strategy and celebrating good practice in addressing this important area of child welfare.

**Sarah Elliott**

***Pan Island Independent Chair - Safeguarding Partnerships***

#

# **Introduction**

1.1 The impact of neglect on children and young people is significant. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal.  Their lives can be adversely affected and their ability to attend and attain at school can be reduced.  Their emotional health and wellbeing can be compromised which can impact on their success in adulthood and their ability to parent in the future.

1.2 It can be difficult to define neglect and research shows that it often co-exists with other forms of abuse and adversity. It is the most common reason for child protection plans in Jersey.  Neglect can be a catalyst to future harm if not tackled effectively.  Its relationship to other forms of child abuse is significant and for some, the impact of neglect upon their development can have serious consequences as they grow older, particularly in terms of their vulnerability to further abuse and exploitation.

1.3 Neglect is a key priority of the Safeguarding Partnership Board (SPB). Its importance is reflected through the significant activity identified in responding to this issue and the focus applied by the SPB and partner agencies in ensuring coordinated, early, and effective intervention is taking place in this area.  Examples of work being introduced to tackle neglect include:

* the impact of neglect will be consistently prioritised and brought into single and multi-agency training programmes available to the children and adult’s workforce in Jersey
* implementation of action plans, delivery of learning events, case reviews and audits
* SPB to prioritise neglect and disseminate and embed lessons from multi-agency case audits
* SPB review of the escalation process and production of the Resolving Professional Differences/Escalation Policy
* ensured focus upon the importance of Jersey Children’s First Early Help, Right Help, Right Time approach
* SPB regularly reinforcing the necessity of home visiting and the need for children and young people to be seen, heard, and helped, reflected through Jersey’s Children and Families Hub and MASH processes
* increased alertness of practitioners by recognising that neglect is not isolated to low-income families, raising awareness of “neglect by affluence” and there is no quick, easy, “one size fits all” response to child neglect—the response must be based on careful assessment
* children that are transitioning from children’s services and into adult services do not become lost to services at this crucial point

1.4 Building upon the work to date, this strategy presents a roadmap for the future towards which all local professionals can work. It focuses on the following priorities:

* Knowing our Problem, Knowing our Response
* Strong Leadership and Partnership
* Effective Recognition, Assessment and Support

# **2. Purpose of the Strategy**

2.1 The aim of this document is to set out the strategic aims and objectives of Jersey’s approach to the prevention and reduction of neglect across the island.  This includes working within a whole family approach to ensure that issues are addressed restoratively and in a family context, and that all agencies are working together across the partnership to reflect coherent and consistent ways of working to tackle the issue.  This is within the aim to improve outcomes for children, young people, and families in Jersey.

2.2 The strategy is developed within a multi-agency environment, under the auspices of the SPB and considered alongside Jersey Children’s First Early Help, Right Help, Right Time approach.

2.3 The strategy aims to quantify the extent of neglect in Jersey, to ensure that all agencies are able to respond to neglect at the earliest opportunity and provide an appropriate and timely response, evaluating practice and the effectiveness of interventions by measuring outcomes.  The strategy aims to reduce the impact of neglect on children, young people and families living in Jersey.

# **3. Vision for Jersey**

3.1 Committed and trained professionals from a range of agencies have a shared understanding about the complexity of neglect.  Supported by robust management oversight and effective supervision, professionals recognise neglect early and effectively respond to help and protect children and young people.

3.2 Neglect by its nature is complex and difficult to address. Because of this, it is absolutely vital that practitioners from all agencies get the basics right and get them right every time.

3.3 Professionals will share information, assess and analyse risk, focus on the child, evidence decisions and use evidence to inform them and record their work accurately.

3.4 If in doubt, professionals will “go look” and make sure that they, or another professional visits the child or young person at home.

# **4. Principles**

4.1 Children being neglected, or at risk of being neglected, need to be seen, heard and helped.

* **Seen** - in the context of their lives at home, friendship circles, health, education, and public spaces (including social media).
* **Heard** - to effectively protect children and young people, professionals need to take time to hear what children are saying and put themselves in the child or young person’s shoes and think about what their daily life might be like.
* **Helped** - by building restorative relationships, practicing a trauma informed approach, remaining professionally curious and by implementing effective and imaginative solutions that help children and young people. Professionals should give parents and families clear information in relation to expectations and improvements.

Jersey is working towards an island wide Trauma Informed Approach to practice; with practitioners who are trained to understand the impact of trauma and how this presents, understand that Early Help enables change and that building restorative relationships will be the key to preventing the negative outcomes of neglect.

# **5. What is Neglect?**

5.1 Neglect is defined in Working Together to Safeguard Children 2015 as:

“***the persistent failure to meet a child’s basic physical, emotional 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”***.

When the child is born, neglect may involve the parents or carers failing to:

* Provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
* Protect the child from physical and emotional harm or danger
* Ensure adequate supervision (including the use of inadequate caregivers)
* Ensure access to appropriate medical care or treatment
* Ensure child receives a suitable education

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



Figure 1 Howarth 2017 – 6 Classifications of Neglect

5.2 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.

5.3 Neglect can be defined from the perspective of a child’s right not to be subject to inhumane or degrading treatment, European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

5.4 The impact of neglect on children is often accumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm.

5.5 It is common for evidence of neglect to present through signs and symptoms which may be noticed by different agencies in relation to different children in the family at different points in time.

5.6 Agencies need to have a common language and feel confident in recognising and naming neglect. It is important to identify emerging problems and potential unmet needs as early as possible. Practitioners need to be alert to the danger of drift and ‘start again’ syndrome by monitoring neglect and using assessment tools such as the Graded Care profile to assess and monitor neglect

# **6. Risk Factors**

 6.1 A number of factors increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

Child risk factors:

* Disability
* Behavioural problems
* Chronic ill health
* Adverse childhood experiences

Parental risk factors:

* Poor mental health
* Substance use
* Domestic violence and abuse
* Previous adverse childhood experiences

Wider risk factors:

* Poverty / affluence
* Unemployment
* Poor social support
* Learning difficulties
* Lack of experience of positive parenting in childhood
* Emotionally unavailable/detached parents

6.2 Whilst poverty is a recognised feature, not all the above risk factors are exclusive to children and young people living in poor households.  Professionals must remain alert to neglect by affluence.

# **7. Context is Key**

**Neglect Profile Snapshot**

7.1 The SPB is committed to ensuring the local contexts in Jersey remain key to the understanding of the prevalence and types of neglect across the Island.

* In Jersey in 2018-2019, the highest category of abuse for Child Protection Plans was Neglect (154 cases equating to 45%)[[1]](#footnote-2)
* Neglect is a factor in 75% of the cases that come to the attention of professionals in Jersey, therefore there is great need for professionals to be aware of neglect and its impact on children and young people
* Neglect is a factor in 60% of serious case reviews. Domestic abuse, mental ill health and/or substance misuse were common in households where children were neglected[[2]](#footnote-3)

# **8. Alignment with wider Strategies**

8.1 Neglect interfaces with other forms of harm and abuse. The SPB recognises this strategy sits alongside other plans that influence the safety and wellbeing of children and young people. The implementation of this strategy will involve engagement with relevant groups representing local communities.

8.2 Being explicit about the impact of neglect in creating the vulnerabilities that make children and young people more susceptible to exploitation, sexual exploitation, criminal exploitation, or gang involvement, whilst considering contextual safeguarding.

8.3 It is essential that neglect continues to form part of the ongoing dialogue and scrutiny at key strategic forums and that everyone is playing their part in dealing with this issue.  The response to neglect must be one where early help for children and young people is dealt with swiftly and effectively to prevent the life limiting consequences that result from growing up in such an environment.

8.4 Ofsted (2014) identified that the “pervasive and long-term cumulative impact of neglect on the wellbeing of children of all ages is well documented”. Findings highlight the key components to a successful, multi-agency response to neglect which are:

* Early recognition
* Robust management oversight and supervision
* Specialist training
* Acknowledgement of complexity
* Effective and timely professional responses both for help and protection

8.5 The SPB action plans will be informed and focused by this strategy.

**Priority 1: Knowing our problem, knowing our response**

To continue to improve our understanding about the quality of the response to neglect in Jersey, it is important all professionals have an understanding of the local picture of neglect, with a common language and understanding of neglect thresholds, with use of the [Continuum of Need](https://safeguarding.je/wp-content/uploads/2020/01/Continuum-of-Need-Final-2020.pdf)

* Partners will have an overview of the prevalence and type of neglect affecting children and young people in their local area through quarterly outcome-based data captured by the SPB
* An understanding of each agency’s perspective around thresholds for action will allow effective and meaningful challenge (and escalation as appropriate) concerning cases of neglect

**Priority 2: Strong Leadership and Partnership**

To secure collective commitment to addressing neglect across all partner agencies, there needs to be effective leadership that drives forward systems, culture and change.

There must be recognition that organisations need to demonstrate commitment to identifying and responding to neglect, where professional curiosity, challenge and appropriate escalation of concerns is the norm. This commitment is required from all agencies.

* Leaders will ensure staff are familiar with the multi-agency Continuum of Need framework
* Leaders will ensure their staff have a shared understanding of neglect and know what to do if they are worried about a child and how to escalate concerns
* Early identification and the effective response to neglect will remain a priority across all organisations, both statutory and non-statutory
* Leaders will support effective joint working between adult and children services and across relevant strategic boards, supporting a clear local partnership response to neglect
* Leaders will form professional networks, talking with each other and sharing information appropriately in order to tackle neglect effectively
* Leaders will ensure their staff are sufficiently trained (both single and multi-agency training) to recognise and tackle neglect and are particularly alert to the risks arising for children with special needs and disabilities
* Relevant developments in service provision are promoted and clear for practitioners on a multi-agency basis
* Provide training that can be accessed by all agencies to enable practitioners to be able to address and support families where neglect is a concern

**Priority 3: Effective recognition, assessment, and support**

To improve recognition, assessment and response to children and young people exposed to neglect, before statutory intervention is required, including the appropriate use of assessment tools and to empower families to respond to children’s needs.

In Jersey, we promote the use of Graded Care Profile (GCP2). The GCP2 is a tool that is used to measure the care of a child/children where concerns are raised about neglect.  It supports open discussions with families and enables a clear baseline of current functioning. It encourages parents and practitioners to produce specific goals to aim for and have a clear idea of what it is that they are trying to achieve and how it will be measured.

Through a focus on this priority, it is intended that there be an Early Help response to the recognition of neglect, robust oversight and supervision of practitioners with effective and timely responses both for help and protection.

 **Early Recognition of Neglect**

* Neglect will be identified and named by professionals at the earliest opportunity. Professionals will know who to contact and will feel confident in their response
* Professionals will “Think Family” and be alert to the risk of children being exposed to neglect through domestic abuse, parental substance use, adult mental ill health and learning difficulties
* Staff will not normalise neglect because of poverty, nor will they pay less attention to the impact of “Neglect by Affluence” (commonly less attention is paid to children of affluent parents)
* Early Help will effectively work with families and provide timely, robust multi-agency intervention to reduce the number of children and young people suffering from neglect

**Effective and timely professional responses both for help and protection**

* All professionals will be intently curious about family circumstances and undertake or facilitate home visits to check on children and young people at home.  **“If in doubt, go look**”
* There will be effective collaboration and with safe and lawful information sharing
* Parents perceived as resistant and challenging parents will not prevent effective intervention with the child or young person
* All services will consider/research historical information, where agencies will be asked to keep contemporaneous and accessible chronology of significant incidents to inform the present position
* Professionals will be able to identify, and address vulnerabilities associated with neglect and build up a families’ resilience and ability to sustain change
* There will be clear processes and mechanisms to enable practitioners to assess and identify risk for example GCP2, Sudden Unexpected Infant Death Assessment Tool Kit
* Where neglect themed assessment tools are used by agencies, these will align to the SPB [Continuum of Need](https://safeguarding.je/policies-strategies/)

The SPB Neglect Toolbox contains links to existing evidence-based assessment and identification tools, a simple chronology, and links to useful information from leading organisations on child neglect.  Partner agencies within the SPB partnership will choose which tools will be used by them.  The toolbox also contains neglect indicators from the SPB Continuum of Need, which is used by all partners. (See [**Appendix 1**](#_Appendix_1:_Jersey))

**Robust management oversight and supervision**

* All professionals will receive supervision to help them test, challenge and reflect upon their analysis of risk to children and young people, particularly in the context of neglect and cumulative indicators of harm
* Professionals will feel confident in resolving their professional differences using a restorative, high support, high challenge approach by following the SPB [Resolving Professional Differences/Escalation Policy (2020)](https://safeguarding.je/policies-strategies/)

**Measuring Success**

The SPB Children’s Quality Assurance Sub-Group will capture outcome-based priorities around neglect and we may expect an increase:

* in home visiting where agency have concerns, which demonstrate the “go take a look” ethos
* in the number of pregnant women being offered the support of the pre-birth assessment
* in the use of the GCP2 to assist practice and to measure and evidence neglect
* in the number of neglected children accessing early years education
* in the number of children, young people and families supported with neglect through early help plans
* in capture of the voice of the child and the vulnerable adult where they are a parent
* in school attendance for children with children's social work intervention/Early Help when they are receiving support for neglect
* Multi-Agency Audit of neglect cases in Early Help and in Child Protection which show a good impact of the plan of care to learn from good practice

SPB Children’s Quality Assurance Sub-Group will capture outcome-based priorities around neglect and we may expect a safe reduction in:

* the number of children who are subject to Child Protection Conferences due to neglect
* the number of children and young people with complex and special needs who have a child protection plan due to neglect

*(N.B. it should be noted that to start with in Jersey if we begin to identify neglect more robustly then in the short to medium term due to improved recognition some of the above indicators may increase before we see reduction).*

# **Appendix 1:**  **Neglect Toolbox**



**NEGLECT TOOLKIT**

**Quick find:**

[Introduction](#Intro)

[Neglect Indicators and the SPB Continuum of Need](#neglectindicatorsCON)

[Identifying and Assessing Neglect](#identifyneglect)

[Graded Care Profile 2](#GCP2)

[Chronology Guide](#chronology)

[More Assessment Resources](#assessment)

[Practical Tools](#practical)

[Safer Sleeping Risk Assessment Tools](#Safer)

[Training Materials](#training)

[Communications Materials](#comms)

[Ways in which children and young people can experience neglect](#ways)

**Introduction**

Safeguarding is not about ticking the right number of boxes, critically it is about the application of professional judgement. This toolkit has been designed for our multi-agency safeguarding community as an aid to focus thinking and evidence neglect

Knowing what to look for and what to do when you suspect a child may be suffering from neglect is key.

Please use this toolkit to help focus on the questions you should ask and the actions you could take.

**Who should use the toolbox?**

These tools are available for any services, schools or organisations who work with children and families in Jersey.

**All professionals** need to be familiar with the tools provided and **know when and how to use them**.

Relevant **training** events should be provided/attended to support the use of these tools and seek assurance in supervision that they are completed where appropriate.

These tools are to be used when you are concerned that the quality of care of a child you are working with suggests that their needs are being neglected. It will help you to reflect on the child’s circumstances and will help you put your concerns into context and identify strengths and resources.

**Neglect Indicators and SPB Continuum of Need**

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a significant problem.   Evidence may be noticed by different agencies in the family at different points in time.

The majority of indicators of children and young peoples’ development needs identified in the SPB’s Continuum of Need document may arise as the result of neglect with many of the indicators of need relating to parent /carer and family and environmental factors providing indicators of neglect.  The use of the tools outlined in this toolbox will enable the practitioner to gain a comprehensive picture of the child’s experience of neglect to inform an appropriate response on the Continuum of Need with a focus on promoting early identification and support in line with the Jersey’s Children First practice framework.

**Identifying and Assessing Neglect**

It is important that children and young people receive the right service at the right time. For this to happen, all professionals who have contact with children, young people and families should identify these issues at the earliest opportunity and assess what intervention is required.

Assessment should be a dynamic process that identifies, analyses, and responds to the changing nature and level of need and/or risk faced by a child.

A good assessment will enable practitioners to intervene at the right time with the right level of support and to monitor and record the impact of any services delivered to the child and family.

Continuous assessment is crucial in ensuring that the help and support being delivered is having the intended impact.

This toolbox has been developed to support practitioners to undertake effective assessments that enable them to accurately identify cases in need of early help or onward referral to Children’s Social Care.

The tools included should also be used to review the effectiveness of the support plans that are in place and the outcomes for the child/ren.

Using the assessments early in intervention will hopefully support positive outcomes for children, meaning onward referral may not be required.

**Assessment Tools**

**Graded Care Profile**

**GCP2** is an assessment tool that supports practitioners to make a judgement about whether or not parental care is neglectful.  The tool helps practitioners to measure the quality of care given to a child and make it easier for professionals to spot when sub-optimal parenting is putting a child at risk of harm.

Watch the GCP2 Introduction video [here](https://youtu.be/tVE3bgHOnes)

Watch the GCP2 Case Study film [here](https://youtu.be/b2TZf5H5hKg)

## **Chronology guide**

*A chronology will help you to describe concerns if you suspect neglect and collate evidence. This simple chronology template can be used by any organisations who do not already have a recording structure in place*.

**Multi-agency Guide to Chronologies**

This guidance is to help all agencies that come into contact with children and young people in fulfilling their responsibility for identifying, evidencing and reporting any concerns they may have. Sometimes events on their own may seem not very significant but using a chronology can help evidence feeling something is wrong.

This tool may help agencies to decide whether to make a referral to Jersey Children’s and Families Hub or the MASH and may also help practitioners to describe and evidence their concerns so a referral can be responded to appropriately.

This is intended to be an additional tool, and not something that would ever stop someone from raising concerns about a child immediately or seeking advice if they are not sure what to do.

**What is a chronology?**

A chronology is simply a running record of events that may be seen as significant and can help build up a picture of what is happening to a child and describe it to other agencies. Practitioners using this tool should try to keep to the facts of what has happened: what they have seen or heard; when a child displays behaviour that concerns them or if someone (adult or child) tells them something. It might be useful for practitioners to think about when things haven’t happened too, such as families missing medical appointments, parents’ evenings etc

Practitioners may sometimes feel that things are not right, creating a running list can help reflection on what is worrying them so they can make a decision about what to do. This is the structure**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Event** | **Any documents that could be shared to help evidence anything e.g., emails**(optional) | **Why did this generate concern?** (optional, but may help reflection) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you have any immediate concerns, do not wait to contact your safeguarding lead. Contact the Jersey Children and Families Hub

*Telephone:* 01534 519000
*Address:* Liberte House, 19-23 La Motte Street, St Helier, JE2 4SY

*Out of Hours Hospital Switch Board:* 01534 442000

*Police Control Room:* 01534 612612

When calling it may be useful to reflect on:

* Why you are concerned and also what is going well for the family
* What support or services you believe the family need – do they have an allocated social worker you can contact?
* If you have discussed your concerns with the family and their response to this
* What information the Children & Families Hub need to make the best decision

## **More assessment resources**

The Department of Health developed a pack of tools and resources that can be used to support evidence-based practice and assessments. Although developed in 2000, they can still be a helpful tool for practitioners to use to support evidence-based practice when working with neglect.

## **Parenting daily hassles scale**

An assessment tool which can be used with the parents/carers to consider their view of the children’s needs and how they are coping with these needs.

See link: <http://www.socialworkerstoolbox.com/the-parenting-daily-hassle-scale/>

## **Strengths and difficulties**

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening tool to consider whether a child or young person has emotional or behavioural difficulties. The questionnaire can be completed with the parents/carers and also other professionals such as teachers.

See link: <http://www.socialworkerstoolbox.com/strengths-and-difficulties-questionnaire/>

## **Home conditions assessment**

An assessment tool which can be used if making a home visit where there have been concerns about neglect and poor home conditions.

See link: <http://www.socialworkerstoolbox.com/home-conditions-assessment/>

**Clutter Image Rating**

The Clutter Image Ratings can be used to assess the condition of a hoarded home as well as the hoarder’s level of insight.

See link: <http://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf>

## **Safer Sleeping**

The Safer Sleeping risk assessment tool allows professionals and workers to identify, and therefore support, families who may be vulnerable by identifying the risk factors of Sudden Unexplained Death in Infancy (SUDI)

See link: [Microsoft Word - Safer Sleeping Assessment Tool vs3 (safeguarding.je)](https://safeguarding.je/wp-content/uploads/2021/05/Safer-Sleeping-Assessment-Tool-vs3.pdf)

## **Practical tools**

Helpful resources and information to support practice, including links to the NSPCC core info leaflets

[**Core info leaflets**](https://www.nspcc.org.uk/services-and-resources/research-and-resources/leaflets-posters/)

* [Neglect Matters:  What you need to know about neglect; a guide for parents, carers, and professionals](https://www.nspcc.org.uk/globalassets/documents/advice-and-info/neglect-matters.pdf?_t_id=1B2M2Y8AsgTpgAmY7PhCfg%3d%3d&_t_q=Neglect&_t_tags=language%3aen%2csiteid%3a7f1b9313-bf5e-4415-abf6-aaf87298c667&_t_ip=80.5.88.70&_t_hit.id=Nspcc_Web_Models_Media_GenericMedia/_ef7a2ab0-72eb-4d2e-8cb2-02e0a7500f40&_t_hit.pos=2)
* [Home alone](https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/leaving-child-home-alone/)
* [Emotional neglect and emotional abuse in pre-school children - NSPCC](https://www.nspcc.org.uk/globalassets/documents/advice-and-info/core-info-emotional-neglect-abuse.pdf)
* [Neglect or emotional abuse in children aged 5-14 – NSPCC](https://www.nspcc.org.uk/globalassets/documents/advice-and-info/core-info-emotional-neglect-5-14.pdf)
* [Neglect or emotional abuse in teenagers aged 13-18 - NSPCC](https://www.nspcc.org.uk/globalassets/documents/advice-and-info/core-info-neglect-emotional-abuse-teenagers-13-18.pdf)

## **Training materials**

The **Department for Education** developed resources for training multi-agency participant groups in identifying and dealing with child neglect. Although published in 2012 they are still relevant.

[**Childhood neglect: training resources**](https://www.gov.uk/government/collections/childhood-neglect-training-resources)

* [Childhood neglect: improving outcomes for children – guidance for trainers](https://www.gov.uk/government/publications/childhood-neglect-improving-outcomes-for-children-guidance-for-trainers)
* [Childhood neglect: improving outcomes for children – the framework](https://www.gov.uk/government/publications/childhood-neglect-improving-outcomes-for-children-the-framework)
* [Training resources on childhood neglect: exercises and guidance](https://www.gov.uk/government/publications/training-resources-on-childhood-neglect-exercises-and-guidance)
* [Training resources on childhood neglect: presentations and notes](https://www.gov.uk/government/publications/training-resources-on-childhood-neglect-presentations-and-notes)
* [Training resources on childhood neglect: handouts](https://www.gov.uk/government/publications/training-resources-on-childhood-neglect-handouts)
* [Training resources on childhood neglect: family case studies](https://www.gov.uk/government/publications/training-resources-on-childhood-neglect-family-case-studies)

The Jersey **SPB** runs a comprehensive programme of training courses on neglect for the children’s workforce in Jersey.  See the Jersey SPB for more information on content and how to book.

## **Communications materials**

SPB and partner agencies may wish to raise awareness of neglect within its communications.  Please see the below summary.

*What is Neglect?*

According to the NSPCC neglect is the most common form of child abuse, with one in ten children experiencing neglect in the UK. It is the most common reason for taking child protection action.

Neglect means not meeting a child’s basic needs. A child may be neglected if they are:

* Left hungry, dirty or poorly clothed
* Living in an unsafe home, such as around violence, alcohol or drugs
* Not getting love, care or attention
* Not getting education, health or dental care

Neglect often happens over a period of time but can also be a one-off event. Incidents often don’t meet social care or criminal thresholds as it is the cumulative effect that is most impactful.

A child who is neglected will often suffer from other forms of abuse as well. Neglect is dangerous and can cause serious, long-term damage or even death.

*Forms of Neglect*

* **Physical Neglect**: failing to provide for a child’s basic needs such as food, clothing or shelter. Failing to adequately supervise a child or provide for their safety
* **Emotional Neglect:** the omission of love and failing to nurture a child. Emotional neglect can overlap with emotional abuse but is a different form of maltreatment
* **Educational Neglect**: failing to ensure a child receives an education
* **Medical Neglect**: failing to provide appropriate health care, including dental care and refusal of care or ignoring medial requirements

*Signs of Neglect*

* Children who are living in a home that is undisputedly dirty or unsafe
* Children who are left hungry or dirty
* Children who are left without adequate clothing, eg not having a winter coat
* Children who are living in dangerous conditions, eg around drugs, alcohol or violence
* Children who are often angry, aggressive or self-harm
* Children who fail to receive basic healthcare
* Parents who fail to seek medical treatment when their children are ill or injured

*You may notice a child who is neglected because they:*

* become withdrawn
* suddenly behave differently
* are anxious, clingy and/or obsessive
* become depressed and/or aggressive
* take risks such as breaking the law, running away from home, getting involved in dangerous relationships which could put them at risk of sexual exploitation
* have problems sleeping, nightmares
* have a change in eating habits or suffer from eating disorders
* wet the bed
* soil their clothes
* miss school
* abuse drugs, alcohol
* self-harm or have thoughts about suicide

*The Effects of Neglect*

* children who have been neglected may experience short-term and long-term effects that last throughout their life
* Not only will it make a child’s life miserable, but it affects all aspects of their development and future relationships. It can be anything from affecting early brain development, language delay, physical injuries from accidents, low self-esteem, poor school attendance, to self-harm and suicide attempts
* In the worst cases, children can die from malnutrition or being denied the care they need, and, in some cases, it can cause permanent disabilities
* Children who don’t get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children
* Children who have been neglected are also more likely to experience mental health problems including depression and post-traumatic stress disorder

*Reporting Concerns (this will be a call to action)*

* ***“I have a role in keeping children safe from neglect” -*** You may notice signs of neglect which could be the missing information to protect a child from harm
* If you are worried about a child, talk to someone who works with them, such as their teacher, support worker, a youth worker or social worker
* If you are worried about a child, talk to your safeguarding lead

**Ways in which children and young people can experience neglect**

(source: Community Care Inform Research Resource)

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** **group**  |  | **Experiences of neglect by Horwath’s classifications**  |  |
| **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  |

1. LBB Children Social Care statutory return 2017  [↑](#footnote-ref-2)
2. Brandon, M. *et al* (2013) Neglect and serious case reviews: a report from the university of East Anglia commissioned by NSPCC.   [↑](#footnote-ref-3)