

Working Together to stop Child Neglect

February 2016

The Brighton & Hove Local Safeguarding Children Board's Business Plan 2013-16 identifies four key areas of concern to focus on. These are: **Neglect, Sexual Abuse, Sexual Exploitation, and Early Help.**

Throughout the years we have been producing a feature on each of these forms of child abuse. This bulletin on **Child Neglect** aims to spread **awareness** of what neglect is, help you **spot the signs** and let you know where & how to access **help & services**.

Child neglect is not easily identifiable, but it can lead to chronic maltreatment over many years. It can also have a considerable detrimental impact on physical, emotional and social health, with impact often persisting into adulthood. Therefore **early identification**, and subsequent **timely intervention** and support are essential for the short- and long-term welfare of children in cases of neglect. Reading the early signs are crucial. Serious Case Reviews show us the devastating consequences of delayed action. It is hoped this bulletin may go some way to remind all professionals of their crucial role in protecting children from neglect. If you have any feedback on this bulletin please contact LSCB Business Manager, Mia Brown at

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What is Neglect?

Working Together 2015 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.

Neglect may occur during pregnancy, for example as a result of maternal substance abuse, but 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); or
- ensure access to appropriate medical care or treatment.

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

Criticism may arise at the use of the word 'persistent' in such instances; there may all kinds of temporary reasons. But neglect can also involve one-off incidents (NICE, 2009) and its crucial this is recognised.

Essentially, neglect is the ongoing failure to meet a child's basic needs.

A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. Neglect is dangerous and can cause serious, long-term damage. It must also be remembered that a child who's neglected will often suffer from other abuse as well. Neglect is the most common reason for a child to be the subject of a child protection plan in the UK ([NSPCC](#)).

Neglect can often become an issue when parents are dealing with complex problems, sometimes including domestic abuse, substance misuse, mental health issues, social-economic issues or they may have been poorly looked after themselves. These factors are already acknowledged. But we must think of the children. Such problems can have a direct impact on parents' ability to meet their child's needs. Even when parents are struggling with other personal issues they have a responsibility to care for their child or seek help if they are unable to parent adequately.



**1 in 10 Children in
the UK have
experienced neglect**

Source: [Child abuse and neglect in the UK today](#) NSPCC (2011)

Local Prevalence

Of the 2,770 single assessments completed in 2014-15, 416 (15%) identified neglect as a factor at the end of the assessment, down from 30.5% in 2013-14

Of the 309 children subject of a Child Protection Plan as of 31 March 2015, 95 (30.7%) had neglect recorded as a category of abuse compared to 33% (95 children) as at 31st March 2014.

Source: [Brighton & Hove LSCB Annual Report 2014-15](#)

Child neglect is a serious form of child maltreatment and should receive the same priority as other forms of abuse such as sexual and physical harm. The persistent failure of parents or carers to meet their child's basic physical and psychological needs can result in serious impairment to their health and development in the short and long term and can in some cases be fatal. Early recognition of neglect and robust interventions is vitally important as children who live in neglectful households are more vulnerable to other forms of safeguarding concerns such as Child Sexual Exploitation, Child Sexual Abuse and Radicalisation. Working with child neglect will always be challenging but the LSCB and partner agencies are committed to finding ways to work together more effectively to make a difference for the child

Yvette Queffurus, Named Nurse for Sussex Community NHS Trust and Board lead for Neglect

Medical Neglect:

Failing to provide appropriate health care, including dental care, and refusal of care or ignoring medical recommendations

Educational Neglect:

Failing to ensure a child receives an education.

Types of Child 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:

Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove.

What are the signs of child neglect?

Evidence of neglect is built up over a period of time and some signs may be more subtle than others. However, spotting the early signs is crucial.

Some child related indicators

- An unkempt, inadequately clothed, dirty or smelly child;
- A child who is perceived to be frequently hungry;
- A child who is observed to be listless, apathetic and unresponsive with no apparent medical cause; displaying anxious attachment, aggression or indiscriminate friendliness;
- Failure of a child to grow or develop within normal expected patterns with an accompanying weight loss or speech / language delay;
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies;
- Unmanaged / untreated health / medical conditions including poor dental health (Tooth decay may indicate neglect. Dental services should consider initiating further enquiries or making a safeguarding referral)
- Frequent accidents or injuries (Frequent accidents may be an indicator of poor quality parenting through lack of supervision or living in an unsafe home)
- A child frequently absent from or late at school;
- Poor self-esteem;
- A child who thrives away from the home environment.

Some indicators in the care provided

- Failure by parents or carers to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene, sleep;
- Failure by parents or carers to meet the child's health and medical needs e.g. failure to attend or keep appointments with health visitor, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment;
- A dangerous or hazardous home environment including failure to use home safety equipment, risk from animals;
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating;
- A lack of opportunities for child to play and learn;
- Child left with adults who are intoxicated or violent, inappropriate supervision such as unacceptably young people
- Child abandoned or left alone for excessive periods;
- Neglect of pets.

If there are any concerns about the neglect of a child, consideration should always be given to the possibility that other children in the household may also be at risk of neglect or abuse.

Read more about recognising child neglect [here](#)

If you are worried about a child contact the **MASH** (Multi-Agency Safeguarding Hub) on **01273 290400**

Child-related risk factors that render children more vulnerable to neglect:

- Younger age - especially those less than one year.
- Low birth weight and prematurity - imposes heightened emotional stressors upon parents.
- Child disability - by imposing additional pressures (financial, practical and emotional), and in terms of disabled children not always fulfilling parental expectations. (Source: Rose and Barnes, 2008; Brandon et al, 2013)

What are young people's views on neglect?

In the context of safeguarding, neglect is the most misunderstood and complex of the categories of abuse. Mel Carroll, Advocacy Practice Manager, for Youth Advocacy Project (YAP), says "in YAP's experience, young people often ask **"What IS neglect then?"**" The word neglect is not part of their everyday lexicon.

To write this article, I tried to look at national and international research, but only uncovered two pieces of research that centred on young people's perceptions of neglect. This suggests that in society there is little interest of young people's views on neglect, but our experience with young people at YAP's shows that they often have very different perceptions of neglect. When young people see the word "neglect" in a social work report they often say "I'm not neglected, look at my new trainers" or "I'm not poor, I have everything I need" or "there are other kids in school that are dirty and smelly, they're neglected – not me". Quite often young people associate the term 'neglect' with material possessions, with money, with cleanliness etc.

Conversely YAP has recently worked with some young people who have clearly stated "I'm not being looked after properly" which is probably about as good as it gets in relation to feedback about neglect. However, these views were given when the young person had moved away from the family home i.e. it was safe to say when out of the abusive situation. At this stage advocates will take a step back and will talk to children and young people about their rights. For instance, an advocate will ask the young person if they know that the law says they have special rights as a child? The advocate will let the young person know that it is a parent's job to make sure the following rights are upheld:

- The right to have your basic needs met, like appropriate clothing, food & somewhere appropriate to live.
- The right to have love, interest and attention from your family members
- The right to be safe from harm, abuse and have consistent boundaries in place
- The right to an education
- The right to appropriate medical care
- The right to play and stimulation to develop and grow



This approach helps children and young people to understand more about neglect, and more importantly, why professionals have safeguarding concerns about them.

What we must remember is that we can learn more by paying attention to children's actual experiences of neglect. These experiences can begin pre-birth and continue for life. Children will learn how to live in their family environment; they will develop attachment patterns and strategies to survive. What children do not say about neglect becomes more revealing. By observing their attachment patterns, their behaviours & ability to regulate their emotions we can learn how neglect impacts on the child's development, wellbeing and safety. A child that lives in a house where food is scarce may steal food at school, or go through bins. The same child placed in foster care, where food is abundant, may never be able to share a pizza and may "stockpile" food in secret places.

Neglected children may not speak out or tell anyone what is happening. They may hide and minimise the abuse they are suffering; they may need to keep quiet to survive. In the Serious Case Review for Daniel Pelka (who was killed by his parents at age 4) it states that he and his sister (age 7) were under "**pressure to maintain a level of secrecy and denial.**" Daniel suffered horrific physical abuse and neglect for most of his life but he was described by professionals thus: "**he did not fit the image of a neglected child**" as he presented as clean and well dressed. Daniel stole food and ate from bins, but the school responded by locking food away – believing his mother's deception. It goes on to say "**No attempt was made to speak to Daniel...he became an invisible child**". Unfortunately this is a feature of many Serious Case Reviews: the child was not seen, heard or believed.

Looking at our practice through a children's right lens can remind us that children have a statutory right to be heard. Article 12 of the UNCRC reminds us to have "**Respect for the views of the child**" and The Children Act 1989 states that we must:

- (a) ascertain the child's wishes and feelings regarding the provision of those services; and
- (b) give due consideration (having regard to his age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

Perhaps it is less important to hear what children and young people have to say about neglect and more important to give them the tools to understand their rights; to have observant & skilled professionals around them; and for them to be seen, heard & believed."

To refer a child or young person for advocacy please see the B&H YAP website www.bhyap.org.uk

Neglect & Child Development: Advice for Schools

The experiences of infancy and early childhood provide the organizing framework for the development of children's intelligence, emotions, and personalities. If those experiences are primarily negative, children may develop emotional, behavioural, and learning problems that persist into adulthood.

Pre-school - Because of the delay in language, both receptive and expressive, in neglected / emotionally abused children, it is essential that all practitioners working with pre-school children are trained in normal child development.

School-age: Children of school-age exhibiting behavioural difficulties such as externalising or disruptive behaviour or features associated with ADHD e.g impulsivity should be investigated for neglect or emotional abuse

Education staff should to be aware of both the behavioural features, reduced IQ and poor academic performance and difficulties in social interaction that children experiencing neglect / emotional abuse may exhibit.

Children as young as eight may present with depressive or suicidal features as a consequence of neglect or emotional abuse, thus consideration should be given to screening children with known neglect / emotional abuse for these features.

Children who are experiencing difficulty developing friendships may be experiencing neglect or emotional abuse, thus practitioners assessing children for neglect or emotional abuse should ask the child about the extent & nature of their friendships.

What is the impact of child neglect?

Persistent neglect can lead to serious impairment of health and development, long-term difficulties with social functioning, relationships and educational progress. The damaging effects of severe neglect can lead to accidental injuries, poor health, disability, poor emotional and physical development, lack of self-esteem, mental health problems and suicide.

Neglect during infancy and early childhood has been shown to negatively affect early brain development and can have enduring repercussions into adolescence and adulthood.

Neglect can affect the following in children:

- behaviour
- attachment and relationships with other children & parents
- emotional or self-perception issues

Children who have been neglected may be:

- slow to develop language and motor skills
- passive and unable to be spontaneous
- have feeding problems and grow slowly, including failure to thrive.
- find it hard to develop close relationships, some of these children are even wrongly thought to have autism and ADHD.
- over-friendly with strangers
- get on badly with other children of the same age
- unable to play imaginatively
- think badly of themselves
- easily distracted and do badly at school.
- develop depression and anxiety
- are vulnerable to CSE, radicalisation and criminal activity
- mis-diagnosed with conduct disorder, anti-social personality and other behavioural issues.

Teenagers & Neglect

The needs of teenagers can easily be missed especially where there are younger siblings. It is important to understand the impact of long term neglect on a teenager's emotional wellbeing and consider the risk of self-harm or suicide.

Teenagers self-reported features such as suicidal ideation, dating violence, etc. highlights the importance of asking adolescents themselves about their experiences and problems they may be experiencing.

It is evident that emotional maltreatment in adolescents can be particularly harmful, although it is potentially misinterpreted when the children exhibit aggression, delinquency and anti-social behaviour.

Research suggests about 1/3 of all individuals who were abused or neglected as children will subject their children to maltreatment. A cycle of abuse can occur when children who either experienced maltreatment or witnessed violence between their parents or caregivers learn to use physical and other negative punishment as a means of parenting their own children.

More longer term effects of neglect and maltreatment can be found in the ACE study from the US - www.cdc.gov/violenceprevention/cestudy/findings

The NSPCC's [How safe are our children? 2015](#) report reminds us that we must not lose sight of neglect. While child sexual exploitation is dominating the media, it's important to remember that neglect remains the most common form of child abuse across the UK. We need to continue to gather evidence into what works in tackling neglect.

29% of contacts to the NSPCC's helpline in 2014-15 were concerns about neglect

35% of the concerns that the NSPCC's helpline referred to police or children's services related to neglect in 2014-15

What do serious case reviews tell us about child neglect?

Neglected children may not speak out or tell anyone what is happening. They may hide and minimise the abuse they are suffering; they may need to keep quiet to survive. Learning from published case reviews highlights that professionals from all agencies must be able to:

- recognise the different types of neglect
- understand the impact of cumulative and long term effects of neglect
- take timely action to safeguard children.

Neglect is a factor in 60% of serious case reviews

Risk Factors identified in serious case reviews

- Living with **domestic abuse, drug and alcohol misuse**, and parents with **mental health problems**.
- **Young parents**
- **Postnatal depression**
- Patterns of **improvement** in parental care, followed by **deterioration**.
- **Financial problems** including housing problems, homelessness, poverty and unemployment.
- Lack of resources. **High caseloads** and **understaffing** may result in **absence of supervision** and support for social workers. High **staff turnover** makes it difficult to establish meaningful relationships with families

Learning for improved practice identified in serious case reviews

- Be aware of the children who may be more vulnerable to neglect
- Monitor missed appointments - Does your agency have in place a system that allowed missed appointments to be monitored and do you know what to do if you are concerned?
- Pay attention to accidents and injuries
- have the confidence and knowledge to access parental capability to change
- see the bigger picture and understand the long term impact of neglect
- support families through early, evidence based assessment and interventions
- work closely with other agencies about concerns and when planning interventions
- keep a focus on the need to improve outcomes for the child's daily lived experience
- use staff supervision to avoid case drift

Read the full article here www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/neglect

Daniel Pelka

In the Serious Case Review for Daniel Pelka (who was killed by his parents at age 4) it states that he and his sister (age 7) were under "pressure to maintain a level of secrecy and denial."

Daniel suffered physical abuse and neglect for most of his life but he was described by professionals thus: "**he did not fit the image of a neglected child**" because he presented as clean and well dressed.

Daniel stole food and ate from bins, but the school responded by locking food away – believing his mother's deception.

It goes on to say "**No attempt was made to speak to Daniel... he became an invisible child**".

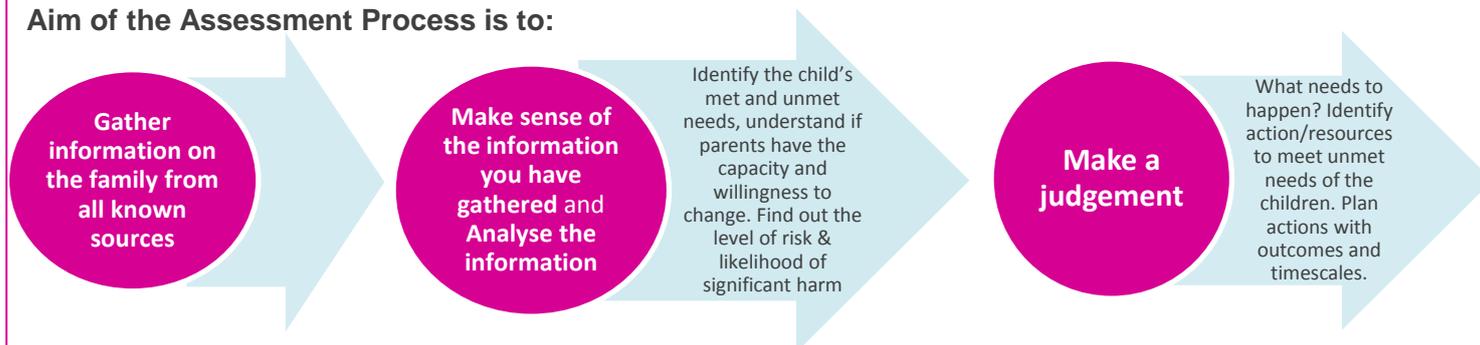
Unfortunately this is a shocking feature of many Serious Case Reviews: the child was not seen, heard or believed.

Neglect also featured in the high profile reviews commissioned after the deaths of Keanu Williams and Hamzah Khan. Read our briefings summarising the learning from these reviews at www.brightonandhovelscb.org.uk/serious-case-reviews-2

How do we assess neglect?

The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes. (Working Together 2015)

Aim of the Assessment Process is to:



Quality of care Tool

Quality of care Tool is currently been piloted in Brighton & Hove. It has been developed to support practitioners to **Focus, Reflect, Analyse and Make appropriate child focussed plans** in cases where there is a concern about the quality of parental care. The tool offers a structure to enable practitioners to measure or quantify the quality of care of a child or children and supports the written or verbal description of their findings. The tool is **NOT** a tick box exercise. The intention is to guide and support thinking and professional judgement.

The Tool breaks down 5 main areas of areas of care Physical Care, Health, Safety and Supervision, Love & Care, Age appropriate stimulation/and/or education into 25 further aspects . It then grades the care from 1 (child's needs are a priority) to 4 (child's needs disregarded).

It is designed for assessing parenting capacity. If parenting is not "good enough" allows practitioners to state how poor or good it is and quantify it. It covers emotional as well as physical aspects of harm. It aims to set clear goals and measure the change in outcomes for the children.

Any intervention should be linked to specific improved outcomes. You will need to undertake regular reviews to check improvements are being made. Where improvements are not being sustained, you will need to decide whether legal proceedings are necessary to protect the child.

What problems can arise when working with child neglect?

Neglect is often complex and multi-faceted. There is no quick fix solution. Practitioners often become overwhelmed with the sheer amount of issues that need addressing in one family and they might work with families for years and may feel hopeless or "burnt out" while addressing the issues. Where there is no change for the better, professionals may sometimes struggle to know how to proceed.

Other problems can include:

- relating to the parents & getting caught up in addressing their needs, losing sight of the children's needs
- not looking at the child's experience and the long and short term effects on the child
- gathering a lot of information on the family but not analysing its significance for the children
- getting caught up in the "Rule of false optimism"
- seeing families engaging but with no change for the children's outcome – think disguised compliance (see later in this bulletin)
- getting caught up in "the start again" syndrome when a case is transferred to a new practitioner (A review should always take place before a case is closed or transferred)

Drift

“Drift is the enemy of good practice”
(Lord Laming)

Hope for change for families should be balanced with the absolute need to avoid **case drift**. Effective and reflective supervision should help you to assess children’s development and behaviours in families you are working with who have high levels of need.

If a case becomes **stuck** do you have a process to escalate the situation to your senior manager? This may help to provide a fresh, objective approach to address the problems.

Do you have opportunities to stop and review the whole case? Again, supervision should assist you with the discipline of reflective thinking.

The main focus should always be whether the child’s needs are being met and how that can be achieved to prevent significant harm.

Capacity to change

Be clear with parents about what needs to change and by when. Parents should be respectfully challenged when they fail to follow formal agreements.

When there’s no long term positive change, the lead professional should co-ordinate support and services. Doing this will support agencies to work more effectively together.

Be mindful that warm relationships between parents and children shouldn’t override any concerns you have about neglect.

Try to maintain a focus on the best interests of the child rather than the immediate needs of a parent who may be dominant or very needy.

Regularly review improvements to poor home conditions, especially if you suspect the family is unlikely to sustain them.

Disguised compliance

Disguised compliance is where superficial cooperation is a front for concealing abuse. It is the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published case reviews demonstrate that there is a continuum of behaviours from parents on a sliding scale, with full co-operation at end of the scale, and planned and effective resistance at the other. Case reviews highlight that professionals can sometimes delay or avoid interventions due to parental disguised compliance.

Watch Sue Woolmore, previous Chair of the Association of Independent LSCB Chairs, talk about disguised compliance and the importance of professional curiosity for the Safeguarding Children e-Academy www.youtube.com/watch?v=1juU2B6cD_Q The LSCB delivers **Enabling & Supporting Compliance: Working with Disguised Compliance and Forceful Counter Argument in Safeguarding training**. To book please visit our website www.brightonandhovelscb.org.uk/event/disguised-compliance

Learning from Serious Case Reviews:

Baby Peter

Disguised compliance was a key feature in the Baby Peter Connelly case. His mother misled and deceived professionals in claiming that no men lived in the house, although her boyfriend and lodger resided there. There was untruthful claims about how Baby Peter’s injuries were sustained; chocolate was even smeared on his face to conceal bruises from the child protection workers. The social worker erroneously perceived his mother to be co-operating, despite the baby’s repeated injuries while in her care. According to Munro (2008), ‘*Robust supervision should have challenged this flawed appraisal,*’ and help guard against the social worker’s biases that were impairing her judgment; a point made more generally about the key importance of supervision in her report of 2011 and later echoed by Lord Laming.

Victoria Climbié

Distorted assessment resulting at least partly from disguised or partial parental compliance was also revealed in the Victoria Climbié case. Professionals could not conceive that Victoria’s great aunt could be abusing her, due to the aunt’s apparently normal maternal relationship to Victoria. Social and health care professionals seemed unable to accept the idea that she was complicit in the abuse that was inflicted on Victoria.

Learning from these and other serious case reviews highlights that professionals need to establish the facts. They need to gather evidence about what is actually happening, rather than accepting the parent’s presenting behaviour and assertions.

Focus on outcomes rather than processes to keep your work centred on the child

Read more about learning from serious case reviews here:

www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/disguised-compliance

Seeing the bigger picture: Advice for professionals

- Always take the full history of the family into account and patterns of previous episodes of neglect. Include background information of the parents' own childhood to better assess parenting capability.
- Record all circumstances which may affect the level of care the child receives, for example substance misuse, and establish any patterns of care, such as the child being left with neighbours.
- As well as ensuring a healthy physical environment, make sure the child is helped to build healthy relationships.
- Alongside proactive case management and decision-making, identify and record all incidents of neglect to build a picture of what is going on in the child's life.
- Emotional neglect is particularly difficult to evidence. Individual observations of emotional neglect should be systematically collated.
- GP's and other GP practice staff are in a good position to be actively curious when engaging with a family where there are concerns about neglect.

Working together to tackle child neglect

- Compile a multi-agency chronology of key events
- Involve health professionals such as the health visitor or school nurse
- Challenge professionals with confidence - thresholds for intervention should be clearly understood across agencies
- Make sure terminology is free from jargon and clearly understood by the family and all professionals involved
- Make sure roles and responsibilities are clearly understood by all
- When undertaking multi-agency assessments all agencies will need to be clear which agency is leading and what action is being taken.
- Where families refuse to engage with early assessments, this shouldn't prevent professionals from sharing information or making referrals about child protection concerns
- Where neglect coexists with physical or sexual abuse, a criminal prosecution for abuse shouldn't be viewed as the only means of child protection. Where criminal cases don't result in a prosecution, child protection proceedings may still be necessary to keep the children safe from harm.

In my new role as Lead Practitioner in Children's Social Work Services, I am taking a lead in practice around children who suffer neglect. I am hoping to develop social work practice in: assessing neglect in families; improving interventions with families to support sustained change; intervening decisively in cases where the prognosis for change is poor, in order to reduce drift. I will be supporting social workers to pilot the Quality of Care assessment tool and assessment template, and helping to develop the LSCB multi-agency training on neglect.

Francis King, Lead Practitioner, Brighton & Hove City Council and chair of Neglect Reflective Practice Group



In January 2015 the LSCB piloted 'Understanding Child Neglect' training designed and delivered by the Social Care Institute of Excellence.

This course has been developed to help practitioners identify what helps and what hinders their work with families to address issues around Neglect. The session is a scenario based training day which encourages professionals to look at the learning within their working context. This is preceded by an e-Learning module which participants complete.

Part of the aim of the scenario-based training day is to identify the systemic issues which can hinder effective local responses to neglect. So far, practitioners have identified the following:

1. Multi-agency working

- Participants commented that it was useful to meet and train with people from different agencies, this supports a mutual understanding of roles.
- During an exercise on making a referral to Children's Services it was highlighted that there may not be a shared understanding about how to make a 'good' referral. More guidance on how to structure referrals to ensure they contain the most relevant information has been built into the core **LSCB Working Together** training offer: [Assessment, Referral & Investigation](#)

2. Assessment and analysis

- Practitioners use different models for assessing need and risk. For example, some practitioners on the training were using the Brearley risk assessment tool, and others were not aware of this. Whilst this is not a problem *per se*, it was discussed on the training what the impact is of people using different approaches.
- Supervision was highlighted as an important mechanism by which practitioners' analysis of cases can be challenged and refined. Participants were concerned that some practitioners do not receive supervision at all and even for some who do, there is not a focus on sharing and testing analyses of cases.

3. Challenges in maintaining a focus on the child(ren)

- Language can help or hinder a focus on children. One example of this was the difference between describing missed attendance at appointments as 'Did Not Attend', compared to 'Was Not Brought', with the latter being a more accurate reflection of the child's experience, as well as highlighting missed appointments as a potential indicator of neglect.
- Exercises also raised issues about the impact that different types of families may have on workers. For example:
 - Parents who 'present as children', and have significant needs in their own right, and the difficulty this presents for maintaining a focus on the needs of the child
 - 'Middle class parents', who may not fit stereotypes about the kind of families where neglect is likely to be observed.

4. Information sharing

- There was recognition that systems for sharing information have improved significantly in recent years, for example since introduction of secure email systems. However, there continue to be barriers to information sharing - schools do not have secure email addresses.

To book a place on this training please visit the LSCB website:

www.brightonandhovelscb.org.uk/event/child-neglect-training

Neglect is one of the most prevalent areas of concern, and that the impact of neglect upon children and young people's development can be extremely damaging. It can influence behaviour, self esteem and mental health. The difficulties in dealing with families where the care is just about "good enough", is a long standing dilemma for all professionals as to when the criteria are met to take the matter into child protection procedures, and the LSCB are committed to helping professionals work effectively together to improve outcomes for these young people. The LSCB Training Team have recently formed a working group to develop the on-going training package within this area, ensuring it incorporates the latest learning from case reviews and national research, as well as giving professionals the opportunity to share best practice with each other.

Dave Hunt, LSCB Learning & Development Officer

What next?

Neglect will continue to be a priority area of concern for Brighton & Hove LSCB in our 2016-19 Business plan. We will be working with our partners to improve the way we work together as a city to tackle this abuse, improve outcomes for children and support families. Future activity planned includes:

- e-learning to support an understanding of child neglect
- Training sessions on the use of the Quality of Care Tool
- Further multi-agency quality assurance activity
- Look out for a questionnaire to hear your thoughts on recognition and response to child neglect in Brighton & Hove.

Further reading

- Pan Sussex Child Protection Procedures - <https://sussexchildprotection.procedures.org.uk/qkpz/recognition-and-referral-of-abuse-and-neglect/recognition-of-abuse-and-neglect/#s38>
- View the NSPCCs [factsheets](#) on neglect
- Ofsted's report [In the child's time: professional responses to neglect](#)
- [Literature Review](#) Child neglect identification: the health visitor's role www.readperiodicals.com/201511/3858201141.html
- Your LSCB's Annual report - read from page 40-42 to see what individual agencies have done in the past year to tackle neglect www.brightonandhovelscb.org.uk/your-lscbs-annual-report-2014-15
- It's everyone's job to make sure "I'm alright" Literature Review www.gov.scot/Publications/2003/05/17127/21832 Looks at the various theories which have been put forward to explain the incidence of child abuse and neglect and considers the characteristics of abusers and victims of child abuse.
- A Literature Review into Children Abused and/or Neglected Prior Custody was commissioned by the Youth Justice Board for England and Wales to identify the extent of abuse and/or neglect experienced by children and young people in the secure estate in England and Wales and explore the potential impact of abuse on longer-term issues <http://yjpublications.justice.gov.uk/Resources/Downloads/Abused%20prior%20to%20custody.pdf>



Local & National Support and Resources

The organisations below help to provide advice and support to families where neglect may be an issue and can provide information to professionals

Multi-Agency Safeguarding Hub (MASH) If you are concerned about a child in Brighton & Hove please call the MASH on 01273 290400 or email MASH@brighton-hove.gcsx.gov.uk

Early Help Hub For cases that do not reach the level for Social work interaction contact the Early Help Hub on 01273 292632. Early help is a top priority in Children's Services, and they are committed to intervening early to support families facing challenges and difficulties so that we can prevent an escalation of problems and improve outcomes for children and young people.

www.brighton-hove.gov.uk/content/children-and-education/childrens-services/early-help

The Family Information Service has a range of information on sources of support for families in Brighton & Hove www.familyinfobrighton.org.uk

SupportLine provides a confidential telephone helpline offering emotional support to any individual on any issue www.supportline.org.uk 01708 765200

Childline provides confidential online advice from counsellors 121 chat or call 0800 1111 www.childline.org.uk

The Portal offers a support service to survivors of Domestic Violence and Abuse and Rape, Sexual Violence and Abuse in Brighton & Hove and East Sussex. 0300 323 9985 theportal.org.uk



Sussex Mental Healthline is telephone service providing support and information to anyone experiencing mental health problems including stress, anxiety and depression. The service is also available to carers and healthcare professionals. The Sussex Mental Healthline operates a no appointment system. 0300 5000 101

Brighton Oasis Project is a women only drug and alcohol service. A crèche, advice, information and ongoing support are available to women using the service. 01273 696970 www.oasisproject.org.uk

Pavillions Families & Carers Service offers free and confidential advice, information and support services for the families, friends and carers of substance users in Brighton & Hove. They offer counselling for families, friends & carers, outreach and educational groups. 0800 014 9819 familyandcarers@pavillions.org.uk

www.pavillions.org.uk/services/families-and-carers-team



Useful numbers:

Brighton & Hove LSCB office: 01273 292379 LSCB@brighton-hove.gov.uk
Designated Doctor Safeguarding Children: 01273 265788
Designated Nurse Safeguarding Children: 01273 574680
Brighton & Hove Police Child Protection Team: 101
Local Authority Designated Officer: 01273 295643

If you are concerned about a child call the MASH on 01273 290400

