

**This procedure is for Professionals working with a
Stoke-on-Trent Child / Young Person Only**



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Stoke-on-Trent and Staffordshire Safeguarding Children Boards

NEGLECT PROTOCOL

Section J 06

Version 3: July 2019
Review: July 2021

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J06 Neglect

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PRACTICE GUIDANCE 7: THRESHOLD PROTOCOL FOR THE IDENTIFICATION, INVESTIGATION AND MONITORING ARRANGEMENTS FOR CHILDREN AT RISK OF, OR EXPOSED TO, NEGLECT

1.0 Neglect

1.1 Neglect can be defined 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 as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Neglect differs from other forms of abuse in that there is rarely a single incident or crisis which draws attention to the family. It is repeated, persistent neglectful behaviour which causes incremental damage over a period of time. However, this should not deter staff from discussing initial concerns with managers and designated child protection personnel within their organisation.

1.2 Neglect therefore may encompass all aspects of the care of a child and requires a judgement to be made about what is ‘good enough’ parenting. The challenge for professionals and others involved with the child and family is knowing:

- what is ‘good enough’ parenting;
- when poor parenting becomes neglect; and
- knowing when the level of neglect is likely to cause the child to suffer significant harm

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- 1.3 The Neglect Threshold Matrix is provided to assist professionals in making these judgements.

2.0 The Concept of Significant Harm

- 2.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It is the threshold for the local authority in deciding whether action should be taken to safeguard or promote the welfare of a child and it is the test for the courts in deciding whether to make an order in respect of a child.

A court may make a care order (committing the child to the care of the local authority) or a supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- that the harm or likelihood of harm is attributable to a lack of adequate parental care or control.

Sec 31 Children Act 1989

- 2.2 Under the Children Act 1989 as amended by the Adoption and Children Act 2002:

- 'harm' is defined as the ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill treatment of another.
- 'ill-treatment' is defined as sexual abuse and forms of ill-treatment which are not physical.
- 'health' is defined as physical or mental health;
- 'development' is defined as physical, intellectual, emotional, social or behavioural development;

- 2.3 There is however no specific definition given in legislation as to what constitutes **significant harm**. Whether the harm or likely harm suffered by the child is significant has to be determined by comparing the child's health or development with that which could reasonably be expected of a similar child.

- 2.4 Professional judgement has to be exercised to determine when the issues affecting a child become issues of significant harm and this judgement must be made following the completion of an assessment which considers:

- the nature of the harm, in terms of maltreatment or failure to provide adequate care;
- the impact on the child's health and development;
- the child's development within the context of their family and wider environment;

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- any special needs, such as a medical condition, communication impairment or disability that may affect the child's development and care within the family;
- the capacity of parents to meet adequately the child's needs; and
- the wider and environmental family context.

2.5 Factors in the case which will influence the analysis and the significant harm decision are:

- The age of the child
- Past history
- Acknowledgement by the parent of the problem
- The degree of co-operation of the parents
- Whether it is a one off incident or a continuing pattern of concerns
- The degree of injury/harm
- Contributing factors e.g. use of drugs/alcohol, domestic violence
- Whether there is an identified protector
- The child's reactions, his or her perceptions, and their wishes and feelings

2.6 The Neglect Threshold Matrix will assist professionals in making these judgements.

3.0 Neglect Threshold Matrix

3.1 The threshold for referral to local authority Children's Services might be reached as a result of a number of factors illustrated in the matrix being present. These factors on their own or as a one off incident would not reach the threshold. If you are ever unsure, you must seek advice.

3.2 The attached matrix is intended to be used as a tool and guide for practitioners to assist in the identification of when there may be issues of neglect.

3.3 It is not intended to be a definitive list of examples of neglect.

3.4 Lower level of need may indicate the need for an assessment under Early Help

3.5 A higher and more complex level of need may be an indicator of the need for a referral to Children's Services under Section 17 Children Act 1989 as a child in need.

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- 3.6 Ultimately, there may be indicators of more significant child protection issues and therefore a referral to Children's Services for enquiries under Section 47 Children Act 1989 has been reached as a child in need of protection.
- 3.7 On some occasions the issue of neglect might be so serious as to warrant immediate referral to Children's Services which may result in a decision to undertake a Section 47 enquiry to protect the child (e.g. a very young child left home alone).
- 3.8 In cases concerning neglect, where professionals are concerned enough to recommend to a parent that a child needs medical attention, that professional must check that the family have attended and follow up the reasons with the family if they haven't attended.
- 3.9 Where there is a disagreement between agencies about the appropriate action to take, a strategy meeting should be convened, including all relevant agencies, to agree the appropriate response to the concerns raised.

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NEGLECT THRESHOLD MATRIX

1. PARENTING CAPACITY

PHYSICAL CARE			
Universal	Early Help	Child in Need	Child Protection
Physical needs are provided for – e.g. food, drink, appropriate clothing, medical and dental care	Basic physical care needs are not provided consistently	Inconsistent availability of food in the house and no regular mealtimes / routines	Empty cupboards, decaying food, children going unfed
	Parent/s struggling without the provision of support/ resources	Sporadic loss of heating and lighting due to parents inability to budget consistently	Regular absence of heating/lighting, the house is cold and unlit and not in acceptable condition for children to be living in
	Young inexperienced parents with inadequate support from family/ friends	Inappropriate weaning, prop fed with bottle. No acknowledgement of risk	Unweaned child regularly given solids and dangerous food items. No comprehension of risky parenting practice
		Child sometimes presents in school as hungry	Child in school reporting no breakfast on a regular basis
		Inconsistent application of essential medication	Critical medication not given
		Child regularly presents as cold and pale	Child presents as anaemic without medical assessment.
	Child dressed in poorly fitting clothes, wrong size shoes	Child constantly inadequately clothed for the weather conditions	
		Child has poor hygiene, sometimes smells and has untreated sores/ injuries as a result of parental neglect	Child often has persistent untreated head lice, infected injuries, and has a very strong smell of urine, damp or body odour due to clear parental neglect
		Child presents in school with significant illness but no explanation from parents	Child sent to school with acute illness
	Child often arrives late for school and is last to be collected	Poor school attendance	
		Child has poorly maintained dental health	Child has untreated severe tooth decay
		Evidence that parent/carer is prioritising own needs over needs of the child	Child not taken for essential medical appointment or investigations that may have a long term effect on health

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SAFE CARE			
Universal	Early Help	Child in Need	Child Protection
Parent/s protect from danger and harm at home and elsewhere	Inconsistent supervision, parents unaware of child/ young person's whereabouts	Parent inconsistently allows child to play at great risk of physical injury e.g. in the road, on walls/ high level activities	Child sustains injuries whilst playing dangerously, falls off play equipment, is knocked down by cars due to lack of parental supervision
	Safety equipment, e.g. fireguards and stair gates, not used consistently	Child under 10 years sometimes left alone either at home or in the street without appropriate parental supervision	No active supervision, left to own devices, seeks company of much older children. Found wandering in the street or around shops alone
	Lack of awareness of dangers and risks to child/ young person	Child has access to dangerous equipment, fire, hot objects, drugs etc. due to no parental supervision	Child sustains scalds, ingests harmful drugs/chemicals, in possession of knives and other dangerous objects. Parents do not comprehend any presenting risk.
	Inappropriate child care arrangements – e.g. carers too young/inexperienced, too many different carers	Child has a number of recent admissions to Accident & Emergency due to lack of supervision from parents/carers	Child has multiple admissions to Accident & Emergency and parents ignore advice
	Parent/s offer inconsistent boundaries Child has inappropriate levels of sexual knowledge	Child left in care of young children	Child left with inappropriate carers e.g. who are under the influence of drugs and alcohol. Child is injured whilst being cared for by carers due to lack of appropriate supervision

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EMOTIONAL CARE			
Universal	Early Help	Child in Need	Child Protection
Parent/s show warmth, praise and encouragement	Parent's emotional response inconsistent	Child often made the scapegoat	Clear evidence that the child is the family scapegoat
	Parent/s have unmet emotional needs themselves	Child's emotional needs are not being met even with support	Child singled out for punishment
	Child unable to develop emotional relationships with parents	Child given inconsistent physical contact and reassurance	Child rarely comforted/ reassured physically
	Parent occupied with sibling/s with higher level needs, e.g. disabilities, and needs additional support		
	Child spends considerable amount of time alone, and has limited access to leisure facilities	Child spends long, regular periods isolated in their bedroom with no stimulation	Child spends all their time in their bedroom
	Child/ young person's key relationships with family members not always maintained		
	Complex family dynamics result in ongoing levels of instability		
	Parent often indifferent to child's presence		
	Parent rarely referees disputes between siblings		Parent encourages sibling conflicts and fails to prevent injuries

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2. ENVIRONMENTAL

Universal	Early Help	Child in Need	Child Protection
Housing has basic amenities and appropriate facilities, and appropriate levels of cleanliness/hygiene are maintained	Housing is poor or not adequate for family's needs	Poorly maintained and/or lack of a bed / bedding and other basic essentials	
	Parent/s struggling to maintain standards of hygiene/repair in the house	Threat of eviction and sporadic periods of homelessness. Accommodated by friends/neighbours	
	Parents accruing rent arrears which may jeopardise tenancy if action is not taken	Poorly maintained unhygienic conditions. Blocked toilets, broken bathing and washing facilities	
	Keeping of pets which pose a threat to young children	Pets, dogs etc bite children and soil the floors	
		Accommodation requires repair - broken windows, doors, bare electrical cables, intermittent heating/lighting etc, house sparsely furnished	House unsecured, numerous serious health & safety hazards for children/adults, no heating/lighting, no curtains, furniture etc

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3. CHILD DEVELOPMENT/HEALTH

Universal	Early Help	Child in Need	Child Protection
Child/ young person in good health and developing appropriately for age.	Child/ young person not reaching developmental milestones	Child not encouraged to reach developmental milestones	No attempts made to encourage/assist child to reach developmental milestones
	Child has persistent minor health problems resulting in poor school attendance	Child left in pram/car seat for inappropriate periods of time	Child left for extended periods of time in pram/car seat. No stimulation and no recognition of possible risk
	Inconsistent attendance at key health appointments	Infrequent attendance at key health appointments	Failure to attend key health appointments
	Dental care not sufficient – poor attendance for checks/treatment Child inconsistently wears prescribed glasses or other eye sight correctional aids or hearing devices	Fails to consistently follow critical medication regimes Hearing and visual aids not always used	Critical medication not administered Child prevented from wearing prescribed glasses or other correctional aids/hearing devices
	Inappropriate response to minor injuries	Minor injuries left untreated	Failure to seek medical attention for serious injuries e.g. scalds, head injuries

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Indicators of Neglect

Physical	Development	Behaviour
Failure to thrive	General delay – more explanation needed	Attachment disorders, anxious, avoidant
Recurrent and persistent minor infections	Language delayed – more explanation needed	Lack of social responsiveness
Frequent attendances at the Accident and Emergency department or admissions to hospital	Attention span limited	Overactive
Unexplained bruising	Socio – emotional immaturity	Aggressive and impulsive
Severe nappy rash	Learning difficulties	Seeks physical contact from strangers
Short stature - where there is not an underlying medical reason Including genetic factors	Lack of self esteem	Disordered or few relationships
Unkempt and dirty	Poor coping skills	Self stimulating or self injurious behaviour or both
		Unusual patterns of defecation or urination or both

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APPENDIX A

STOKE-ON-TRENT CHILDREN AND FAMILIES PARENTING ASSESSMENT

Assessments are categorised as initial or core assessments. All allocated referrals will receive an initial assessment at the conclusion of which some cases will be closed, some will receive continuing services within a child in need plan and others will proceed to a core assessment because of the complexity of their needs. Some categories of referrals will automatically proceed to a core assessment because of their known complexity, e.g. section 47 enquiries; long term neglect and children coming into care.

The Framework for the Assessment of Children in Need and their Families will be used to complete all assessments. The Framework identifies 3 dimensions:

- Child's developmental needs
- Parenting capacity
- Family and environmental factors

All 3 dimensions must be addressed within the Assessment. In cases of neglect, this means that we should acquire a clear understanding of:

- **what each child's needs are in the light of their age and ability;**
- **in what way are the parents failing to provide adequate care;**
- **what impact is this having on each child; or likely to have**
- **what factors are present (in the extended family or in the community) that hinder or support the parents in their care of each child;**
- **what further resources (in the extended family or in the community) are available to further support the family.**

It is important that any assessment addresses both the behaviour of the parent and the impact on the child.

In terms of the 'child protection' threshold this includes an assessment of whether the behaviour of the parent is persistent (or likely to be persistent) and whether the impact on the child is one which has resulted or is likely to result in the serious impairment of the child's health or development.

The assessment for children falling below the 'child protection' threshold should address the issue of whether each child is a child in need requiring a suitable plan to support the family reviewed via child in need planning meetings.

It is important that all social work visits to families are purposeful and that the worker has a clear understanding of the information to be gathered during the visit and of actions to be taken if concerns arise during the visit or if no-one is at home.

The information obtained under the Assessment Framework dimensions should be analysed using professional theory, experience and judgement to decide whether the child is in need or has a level of vulnerability which needs to be addressed within a child protection or a child care plan. All assessments need multi agency involvement to gain a holistic picture of the child and family and their needs. Agencies and Council Directorates other than Children's Services may have had considerable involvement with some children and their families prior to any referral to Children's Services. They will have extensive knowledge and understanding of the child and their family that will form an important contribution to the assessment process and which will avoid duplication in assessments for professionals and families.

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No initial home visits should be undertaken without information about the child and family first being checked with other child protection agencies.

Assessment is a continuing process and not a single event. Assessments completed under the Assessment Framework need therefore to be constantly reviewed and revised as additional information is ascertained and circumstances change.