



Multi-Agency Practice Guidance on Child Neglect

July 2019

Version Control

Title	Multi-Agency Practice Guidance Neglect
Version	DSP1 (March 2018 V 2.2)
Date	July 2019
Author	Safeguarding Partnership Business Unit

Update and Approval Process			
Version	Group/Person	Date	Comments
DSP1	Business Unit	July 2019	Rebranded under new Safeguarding arrangements to reflect Statutory Guidance.

Issue Date	August 2018
Review Date	August 2020
Reviewing Officer	

Contents

Number	Section Title	Page Number
1	Introduction	4
2	Definition and types of neglect	4
3	Recognising the signs and impact of neglect	8
4	Risk and protective factors	10
5	Assessment factors related to the parents	11
6	Assessment factors related to the child	16
7	Practice matters and Learning from Serious Case Reviews	20
8	Undertaking Enquiries/assessment about Neglect	24
9	References Resources and Toolkits	30

1. INTRODUCTION

Neglect is the most common reason for child protection plans in the United Kingdom. Analysis of Serious Case Reviews has made the link between neglect and childhood fatalities. Neglect causes great distress to children and leads to poor outcomes in the short and long term. Consequences can include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, and increased risk of substance misuse, higher risk of experiencing abuse, as well as difficulties in assuming parenting responsibilities later on in life.

Those working with children and families may feel great empathy for parents and develop a tolerance for actions or inactions, which are detrimental to the child. This type of parent-centred approach invokes a risk that the focus on the child, the actual or potential harm s/he experiences and the impact on the child's development become marginalised. Keeping a focus on the child has to be a priority.

Darlington Safeguarding Partnership has developed a Neglect Strategy. This sets out the strategic aims and objectives to Darlington's approach to tackling neglect. The Neglect Strategy is accompanied by a strategic action plan. This action plan provides the mechanism to ensure the strategic aims and objectives are achieved. Please refer to the link for the [Neglect Strategy 2017-20](#).

This practice guidance has been designed to support multi-agency practitioners working with children and their families to support their understanding, identification, assessment and interventions in childhood neglect. Neglect is a complex and multifaceted issue, which can often be difficult for professionals to address effectively. In order to work together successfully, agencies need to have a shared understanding of neglect and the best way to effect change. It is intended to facilitate good interagency work, so that all those involved can play an effective role to improve outcomes for children.

"The support and protection of children cannot be achieved by a single agency... Every Service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family."

[Lord Laming in the Victoria Climbié Inquiry Report, paragraphs 17.92 and 17.93](#)

See also [Haringey LSCB Serious Case Review - Baby Peter](#)

2. DEFINITIONS AND TYPES OF NEGLECT

Defining and Recognising Child Neglect

['Working Together to Safeguard Children' \(2018\)](#) defines neglect as the following:

"Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Self-neglect is any failure of an adult to take care of him/herself and is not applicable to children, no matter what age. Child neglect is considered the failure of parents or caregivers to meet the needs that are necessary for the mental, physical, and emotional development of a child.

Seeking to clarify neglect, some areas to consider:

- **Persistence:** Neglect is usually – but not always - something that is persistent, cumulative and occurs over time. It can continue without a critical event, or incidents may be widely spaced, but its effects are corrosive to children's development. Its presentation as a "chronic condition" requires the collation and analysis of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern.

Gardener (2008) warns of the danger of viewing neglect as a chronic phenomenon as this involves waiting for a time when 'chronic' is deemed to be present – this delays professional response to children's safeguarding needs.

Neglect can also occur as a one-off event e.g. where there is a family crisis or a parent is under the influence of drink/drugs. It is possible that one-off incidents are part of a wider background of the neglect of the child, thus any incident-based reports need to be assessed to identify whether there are patterns, however widely spaced.

- **Acts of Omission and Acts of Commission:** Neglect is often – but not always - a passive form of abuse and the definition from *Working Together to Safeguard Children 2018*), refers to '*failures*' to undertake important parenting tasks, what is often referred to as 'acts of omission'. It is not always easy to distinguish between acts of omission and acts of commission however and both can occur simultaneously. For example, a parent leaving a child in the supervision of an unsuitable person involves both an omission to provide appropriate supervision and intent in leaving the child with someone unsuitable. The issue for those identifying and assessing neglect is less about understanding intent and more about assessing the child's needs not being met, and whether the parent has the capacity to change. Neglect may be passive, but it is nevertheless harmful.
- **Neglect often co-exists with other forms of abuse:** Certainly, emotional abuse is a fundamental aspect of children's experiences of neglect. However other forms of harm such as physical abuse, sexual abuse, harm from exposure to domestic abuse, child sexual exploitation can and do co-exist with neglect. The existence of neglect should alert those working with children and families to explore if children are being exposed to other forms of harm.

- **Parents and carers with complex and multiple needs:** A wide range of circumstances and stressors exist for parents whose children are neglected including poor housing, poverty, lack of capacity or knowledge about children's needs, disability, learning impairment, asylum or refugee status and other circumstances which might weaken parental capacity.

Brandon (2012), in a review of serious cases involving child deaths, collectively called parental substance and/or alcohol misuse, domestic abuse and mental health difficulties the 'toxic trio'. These have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people. Parents do need support to address their complex circumstances and needs, so that they can parent their children effectively.

There are various definitions and types of neglect, Professor Jan Howarth, 2007 identified 6 types of neglect (medical, nutritional, emotional, educational, physical and lack of supervision) however it has to be recognised there are many more examples, some of which are included below:

- **Neglect of health needs** – this involves carers minimising or denying children's illness or health needs, and failing to seek appropriate health attention (including dental/pharmacy) or administer medication and treatments. This can include a high number of DNA appointments and should take into account any suspicion of fabricated and induced illness.
- **Criminal neglect** – The definition of neglect is outlined in section 1(2)(a) of the 1933 Children and Young Persons Act.

Section 1 of the Children and Young Persons Act 1933 creates offences relating to the mistreatment of a child or young person under 16 years, by a person of 16 years or more with responsibility for that younger person.

1(1) If any person who has attained the age of sixteen years and has responsibility for a child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health (whether the suffering or injury is of a physical or a psychological nature) that person is guilty of an offence, and shall be liable -

1(2) For the purposes of this section -

(a) a parent or other person legally liable to maintain a child or young person, or the legal guardian of a child or young person, shall be deemed to have neglected him in a manner likely to cause injury to his health if he has failed to provide adequate food, clothing, medical aid or lodging for him, or if, having been unable otherwise to provide such food, clothing, medical aid or lodging, he has failed to take steps to procure it to be provided under the enactments applicable in that behalf;

(b) where it is proved that the death of an infant under three years of age was caused by suffocation (not being suffocation caused by disease or the presence of any foreign body in the throat or air passages of the infant) while the infant was in bed

with some other person who has attained the age of sixteen years, that other person shall, if he was, when he went to bed or at any later time before the suffocation, under the influence of drink or prohibited drug, be deemed to have neglected the infant in a manner likely to cause injury to its health.

- **Nutritional neglect** – this typically involves a child being provided with inadequate calories for normal growth. This form of neglect is sometimes associated with ‘failure to thrive’, in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently, childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long term consequences. Consideration should also be given for parental responsibility to ensure adequate food is available for adolescent children who are capable of feeding themselves. There is new evidence that poverty can be a contributory causal factor in child abuse and neglect ([Bywaters et al 2016](#)) and an indirect factor through the stresses created by low income.
- **Emotional neglect** – this involves a carer being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- **Educational neglect** – this involves a carer failing to provide a stimulating environment, show an interest in the child’s education at school, support their learning, or respond to any special needs, as well as failing to complying with state requirements of enrolling a child in school and/or opting for elective home education with no plan in place, allowing a child to continually miss school or truant and/or deliberately interfering with the child’s educational development. The publication of the [Dylan Seabridge, Child Practice Review in July 2016](#) highlighted the safeguarding concerns for an eight year old had died while educated at home by his parents. The child had no direct contact with any agency from the age of thirteen months.
- **Physical neglect** – this involves not providing appropriate clothing, food, cleanliness and living conditions. It can be difficult to assess due to the need to distinguish neglect from deprivation, and because of individual judgements about what constitutes standards of appropriate physical care.
- **Lack of supervision and guidance** – this involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inadequate or unsuitable carers or failing to provide appropriate boundaries about behaviours such as underage sex, alcohol use, internet use and radicalisation. It can affect children of all ages.
- **Parental Mental Health impact on neglect** – It is known that mental health problems in parents and carers can significantly impact upon parenting capacity and may be a contributory factor in cases of neglect, specialist advice about the impact of mental health must always be sought from an appropriate mental health worker.

- **Child alcohol and substance misuse** – some children and teenagers drink alcohol or take drugs and it is the responsibility of a parent or carer to ensure children are safe, aware of the risks and know when enough is enough if they suspect their child is drinking alcohol or misusing substance and to seek help for the child.

Further guidance on neglect is available on [NICE website](#) (The National Institute for Health and Care Excellence October 2017) – as well as Guidance document - [When to suspect Child Maltreatment](#). See also [Darlington Safeguarding Partnership Multi-Agency Child Protection Procedures](#) and [Continuum of Need Indicators](#) (threshold tool).

3. **RECOGNISING THE SIGNS AND IMPACT OF NEGLECT**

The impact of neglect for a particular child, as with other forms of abuse, will be influenced by a number of factors that either aggravate the extent of the harm, or protect against it.

Relevant factors include the individual child's means of coping and adapting, family support and protective networks available to the child and importantly, the way in which professionals respond and the success of any intervention initiated to safeguard and promote the welfare of the child.

Generally however, the sustained physical or emotional neglect of children is likely to have profound, long lasting effects on all aspects of a child's health, development and wellbeing.

By themselves, many of the signs do not necessarily prove the existence of neglect but they do indicate that something for the child is not right and thus, there is a need for further exploration and assessment into the child's circumstances. Being curious, talking with and listening to children, observing them and their interactions with their parents and seeking a multi-agency perspective are key to gaining a wider understanding of what may be happening in the child's life. Recognition and a prompt response to indicators of neglect are crucial if the neglected child is to be safeguarded. The longer a child is exposed to neglect, the more difficult it will be to reverse the adverse effects of neglect.

It is important to recognise that neglected children are likely to also be exposed to other adversities such as the effects of poverty, poor housing, isolation from sources of support, parental mental ill-health etc. Overall, the interaction of multiple adversities including abuse and neglect, impact negatively on childhood development. When assessing neglect, the child's age, stage of development and specific needs (e.g. those relating to disability) should be a focus.

Children with Complex Needs

Children with disabilities are at around 3-4 times higher risk of being abused and neglected (*Sullivan & Knutson, 2000*). However, disabled children are not a homogenous group and careful assessment of their unique circumstances is required. Nevertheless, some of the increased risk factors for disabled children are:

- They have a prolonged and heightened dependence upon their carers, which may make them more susceptible to neglect and, for example, may be isolated
- The caring responsibilities for parents may increase stress levels and lower their capacity to parent effectively
- Disabled children may be less likely to be able to protect themselves or be less able to speak out about their experience of being parented
- Workers relate the signs and indicators of distress or harm to the disability and not necessarily to the possibility of maltreatment
- Workers can accept a different or lower standard of parenting of a disabled child than of a non-disabled child (*Brandon et al, 2012*)

Culture

There are many differences in patterns and methods of parenting across cultures, it is important therefore that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. However, at the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons. Parents may explain their approach to parenting in terms of cultural factors and it is important to explore and seek to understand the perspective of parents. However, caution is required in placing too much emphasis on cultural factors; the main focus has to be about the impact on the child's health and development. When working with a family, it is useful to gain an understanding of the extended family and who should be included in the interventions.

Further guidance is available from [Darlington Safeguarding Partnership](#) including:

[Female Genital Mutilation Practice Guidance](#)

[Honour Based Violence Guidance](#)

[Forced Marriage Guidance](#)

[PREVENT Practice Guidance and Channel Process](#)

[Unaccompanied asylum seeking and refugee children](#) – DfE November 2017

[The Victoria Climbié Enquiry](#) - Lord Laming

4. RISK AND PROTECTIVE FACTORS

Risk factors raise concern that the care given by parents and carers may be compromised. Risk factors do not inevitably mean that parenting capacity is reduced but does need to be assessed: if care given to the child is deemed to be good, then concerns about risk factors may be dispelled. However, some risk factors may still affect care adversely in the future if the severity worsens or if the care required becomes more demanding (e.g. a child is unwell). Some risk factors (e.g. substance abuse, mental illness) may mean that the care the child receives is inconsistent or unpredictable, which affects their health and development.

The priority and focus, when assessing risk factors, is the safety and wellbeing of the child.

Factors which indicate strengths in parenting capacity are also important to address. As noted above, when relating to risks, strengths in parenting do not always relate to good care being provided to the child in a consistent and predictable way.

Research (from reviews into serious cases) suggests that certain family and environmental factors may be seen as predisposing risk factors in child neglect.

These include:

History of Parenting

A significant factor associated with the neglect or the risk of neglect of a child is the known and/or assessed history of the level of care previously provided by the parents. Previous abuse and/or neglect of a child, which has not been addressed successfully through intervention, will heighten the risk of future neglect.

Factors in Parents/Carers

- History of physical and/or sexual abuse or neglect in own childhood; history of care
- Multiple bereavements
- Multiple pregnancies, with many losses
- Economic disadvantage/long term unemployment
- Parents with a mental health difficulty, including (post-natal) depression
- Parents with a learning difficulty/disability
- Parents with chronic ill health
- Domestic abuse in the household
- Parents with substance (drugs and alcohol) misuse
- Attitude to parenting
- Early parenthood
- Families headed by a lone mother or where there are transient male partners
- Father's criminal convictions
- Strong ambivalence/hostility to helping organisations

Factors in the child

- Age of the child
- Birth difficulties/prematurity
- Children with a disability/learning difficulty/complex needs
- Children living in large family with poor networks of support
- Children in larger families with siblings close in age
- Level of vulnerability / resilience
- Young carers

Environmental Factors

- Families experience of racism/discrimination

- Family isolated
- Dispute with neighbours
- Social disadvantage
- Multiple house moves/homelessness and security

5. **ASSESSMENT FACTORS RELATED TO THE PARENTS**

During any professional contact with a child, consideration should always be given to the presence of the following factors that may indicate neglect as an issue. Where neglect is suspected the following aspects can be used as a tool to help assess if the child is exposed to an elevated level of risk. This list is not exhaustive or stated in order of importance.

Basic Needs of the Child are Not Adequately Met

The basic needs of any child include adequate physical and emotional care. Examples include food, shelter, clothing, warmth, safety, protection, nurturing, medical care, school attendance and identity. The failure or unwillingness of a parent or carer to provide adequate care will contribute towards the overall assessment of significant harm and should be considered as an elevating risk factor.

Poverty

Those working with children and families should guard against the risk of 'excusing' or minimising neglect because a family is in poverty. Although the majority of families living 'in poverty' parent their children perfectly well given their available resources, the stresses of living in such circumstances can, on occasions, result in the neglect of children.

It is often difficult for professionals to distinguish between indicators of early neglect and those of poverty and this can present dilemmas when considering if a child protection response is necessary.

It is more likely that neglect caused through financial poverty will be alleviated through the provision of support, finance and intervention; however, it must not be assumed that such provision will bring an end to the neglect.

Professionals should also be aware that this can occur in families who could be considered as 'well-off'.

Those children at most risk of neglect are those whose parents' or carers' emotional impoverishment is so great that they do not understand the needs of their children and despite intervention and provision of support, are unable to provide for their children's continued needs.

Household Conditions

The household conditions are a clear indicator in relation to physical neglect, for example, whether the children's bedrooms, beds and bedding are acceptable, whether

the kitchen is hygienic, whether food is available and in date, whether the bathroom reaches an acceptable standard of hygiene, whether the home is adequately heated.

Other risks to children in the home may come from objects that are accessible to them and pose a risk, such as drugs or drug taking equipment being left in reach (i.e. methadone in the fridge represents a significant risk).

The Toxic Quad

Research shows that the environment in which a child lives is crucial to his or her health, safety and wellbeing.

The term 'Toxic Quad' has been used to describe the issues of domestic violence, mental ill health, substance misuse and/or disability which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

Substance Misuse

Certain parental behaviours will be associated with elevating the risk of child neglect. Substance misuse is one of them. Children can be seriously neglected if substance use is chaotic, with the needs of the parents' addiction overriding their ability or willingness to meet the basic needs of their children.

Parental addiction to substances including alcohol can alter capacity to prioritise the child's needs over their own and in some cases alters parenting behaviour so that the child experiences inconsistent care, hostility or has their needs ignored.

Whenever substance misuse is identified as a concern, a thorough assessment of the impact upon parenting and potential implications for the child must be completed. There should be a joined up approach between those working with adults involved in substance misuse and those working to safeguard children to establish the level and type of substance misuse and to verify self-reporting and implications for parenting capacity.

Domestic Abuse

Experiencing an intimidating, threatening or violent environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical harm.

Professionals need to be aware that a main carer's ability to parent a child adequately can be adversely affected if the carer is the victim of domestic abuse. There is a need to carefully explore and assess the circumstances of recurrent domestic violence and to consider the likely consequences for the child in terms of their development and wellbeing. Chronic, unresolved disputes between adults, whether these involve violence or not, may indicate that some of the child's needs are being persistently unmet and hence neglect may be an issue.

Mental Health Issues

The experience of mental ill health by a parent or carer should not in itself lead to an assumption of impaired ability to provide 'good enough' parenting.

It is recognised however that mental health can significantly impact upon parenting capacity depending on the type of condition and individual circumstances. As such, parental mental ill health should be considered as a possible contributory factor to neglect when identified for example:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistency in parenting.
- Delusional beliefs about a child, or being shared with that child, to the extent that the child's development and/or health is compromised.
- Extreme anxiety states in an adult leading them to limit or curtail their child's developmentally appropriate activities.

Specialist advice as to the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner.

Low Maternal Self-esteem

This has been identified within research as a risk factor associated with child neglect. Low maternal self-esteem impacts upon the 'normal' parent/child interactions, which if affected significantly, can lead towards emotional and/or physical neglect.

Parental Learning Disabilities

Identified or suspected learning disabilities of parents or carers do not necessarily indicate that parenting capacity is affected to a degree that a child is neglected. Any disability however must be considered within any assessment as the potential impact upon the ability of the parents or carers to meet their child's needs may be significant. Even with a good caring instinct, parents and carers with a learning disability may have difficulty with acquiring skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as commitment and capacity to undertake the parenting task are key areas to assess.

If identified, practitioners must not seek to minimise the effects or likely effects upon the child through justifying neglectful actions as unintentional. The risk to the child is the same. Specialist advice about the nature of the severity of the learning difficulty is required as well as the impact on

Age of Parent or Carer

The risk of child neglect can be associated with the age of the mother at the time of the child's birth. Generally, this risk is increased for younger, teenage mothers. Furthermore,

the levels of risk to the child will be exacerbated should the level of maturity of the parent or carer be low. The degree of maturity exhibited by a parent or carer will reflect in apathy and impulsivity and will affect their ability to respond to their child's needs accordingly.

Professionals should be aware of the support network for the child via other relatives or friends and actively assess their involvement with the child. If the network is assessed as limited, there will be the potential for an increased risk of neglect.

Negative Childhood Experiences of Parents or Carers

A parent's capacity to meet the needs of their children and hence increase the risk of neglecting their child can be seriously affected by themselves having experienced neglect as a child.

"The children at greatest risk are those where the adult's own childhood was abusive and neglectful, resulting either in an inability to recognise the needs of their own children or the development of a need to impose their will at the expense of their own children."
(*'Paul Death through Neglect'* Bridge Childcare Consultancy Service 1995)

Dysfunctional Parent Child Relationship

A child has a basic need for stability, with simple and consistent boundaries in which they can develop. This stability also needs to be present in the child's relationship with their main carer(s). Absence of such stability can lead to difficulties in attachment.

Hostile physical contact, hostile eye contact, hostile verbal contact, ignoring, avoiding and rejection of the child are all indicators suggesting a dysfunctional parent/carer-child relationship.

Identification of poor or inappropriate interaction between the parent or carer and the child should heighten concerns for professionals when considering neglect.

Lack of Affection

Refusal or failure by a parent or carer to show appropriate affection towards their child can be profound. The absence of a loving and nurturing environment or the making of regular threats, taunts and verbal attacks can all significantly undermine a child's confidence and self-esteem. The resulting effects and the long term consequences for the child can be significant in terms of both their physical and emotional development.

Lack of Attention and Stimulation

Children require positive attention from their parents or carers – this assists in their maturation and provides them with a sense of value and identity within their families. Children also require adequate stimulation and should be encouraged to learn, experience and explore within safe perimeters.

Intentional or unintentional neglect of attention and stimulation can affect the child through their attachments with their parents or carers and their opportunities to develop

emotionally, socially, intellectually and behaviourally and encounter positive life experiences.

Placing Dangerous or Damaging Expectations upon Children

Parents or carers who place significantly unreal and potentially damaging or dangerous expectations upon their children are neglecting their child's needs as well as possibly placing the child at risk of physical harm.

Children who are not allowed or restricted in understanding age appropriate activities on a regular basis, or who take on the adults' responsibility in the household through providing care for themselves, younger siblings or the parents/carers themselves, may very well suffer from impaired normal development. There could be the associated risk of children being exposed to danger through being left in a position to provide such care by themselves.

'Home Alone'/ Inappropriate Supervision

It is important for practitioners to consider the consequences or likely consequences for the child in being left alone or inappropriately supervised and to consider whether the child's needs for safety, protection and nurture are being compromised.

Generally, the level of risk will increase the younger the child or supervisor. The NSPCC and The Children's Legal Centre recommend that the minimum age of a babysitter should be 16 years of age. This age limit is linked to possible action which could be taken by the police if anything were to go wrong and an injury to the child resulted. However, this recommended age limit can only act as a guide as an irresponsible 16 year old lacking in maturity would be considered as unsuitable.

Factors to consider include:

- The child's / supervisor's age & level of maturity.
- The length of time the parent / carer was absent and their explanation.
- Who has/had access to the house when home alone / inappropriately supervised.
- Whether this has happened before

Professionals will also need to be alert to children presenting frequently at A& E Departments or 'Walk-in Clinics' for injuries that have resulted from accidents caused through poor / inappropriate supervision.

Failure to ensure access to appropriate medical care and treatment

Failure by parents to ensure access to appropriate medical care and treatment generally takes one of three forms:

- Failure to act on obvious signs of serious illness or injury
- Failure to follow medical treatment and guidance
- Failure to consistently attend follow up appointments

In common with other forms of neglect failure to seek medical care and treatment usually becomes neglectful when it is persistent. However the impact of failure to respond to a significant incident or illness can be so severe for the child as to constitute neglect on a single occasion. An example of this would be the parent who fails to bring a child to hospital clearly in pain from a fracture or burn.

As with other presentations of neglect the failure to address a child's medical needs is multifactorial both in nature and causative factors. It is vital therefore that where there is concern from a professional that a child may be suffering significant harm as a result of not having their medical needs met a holistic assessment is obtained as detailed in section 6. Any written agreements (section 6.3) should be drawn up in conjunction with the child's medical team to ensure a clear understanding of the child's medical needs is shared between, health, social care professionals and the family.

Preventative health care and developmental screening

There is no requirement in English law for parents to present children for preventative health care, developmental screening or immunisations. However, presenting a child for these services can give an indication of capacity or willingness of parent to meet these particular areas of need. Failure to do so should not be considered as neglectful in isolation, however; this failure should form part of the holistic assessment of the child where other presentations of abuse or neglect are found.

6. ASSESSMENT FACTORS RELATED TO THE CHILD

Age of the Child

It is vital that the child's age is specifically considered when assessing indicators of risk. Babies and toddlers depend almost exclusively on their parents or carers for the provision of their basic physical and emotional needs. Generally, the younger the child, the greater the vulnerability and the more serious the potential risk will be in terms of either their immediate health or the longer term emotional or physical consequences. Babies who are not fed cannot compensate by eating at school. Similarly, babies or toddlers who are not cleaned do not have the capacity to do this themselves. The importance of safe and effective action cannot be emphasised enough when considering risks to babies and toddlers. When assessing neglect the child's age and specific needs should be the main focus.

Every effort should be made to obtain the child's views or an understanding of their situation and to ensure that this is done in the child's first language or other relevant format if the child has a disability.

The neglect of adolescents is an area that has received less attention, both in practice and research terms, but it is essential that the health and development needs of adolescents are considered by those working with children and families. Adolescence may well be a time when young people experience abandonment by their parents or carers or where they are forced to leave home (acts of commission). Neglect can continue to affect children's cognitive development throughout their school careers, not just in the early years.

Physically neglected adolescents are more likely to have poor academic development, to be involved in alcohol/substance misuse and to drop out of school, which in turn affect future life chances as an adult in terms of employment. They may have also experienced long term physical and emotional deprivation (persistent neglect) such that their resilience and ability to fend for themselves is impaired (although it may be over-estimated by young people themselves as well as their parents and workers).

It also leaves young people potentially exposed to harm such as sexual abuse, sexual exploitation and the risks to their health and development as a result of homelessness.

Adolescence

Neglect can continue to affect children’s cognitive development throughout their school careers, not just in the early years. Physically neglected adolescents are more likely to have poor academic development, to be involved in alcohol/substance misuse and to drop out of school, which in turn affect future life chances as an adult in terms of employment.

Emotionally neglected children may remain isolated throughout their school life and on occasion become the target of bullying. *‘It is not surprising therefore that these children are significantly more likely to attempt suicide compared with other maltreated children’* (Howarth 2007, p 59)

In addition there is an increasing association between neglect and the development of antisocial behaviour, due to lack of parental support and supervision. Such children are also more likely to receive more exclusions from school which in turn increases the opportunity for antisocial behaviour, possibly leading to contact with criminal justice agencies.

[Hartlepool Serious Case Reviews – Olivia and Yasmine](#)

Physical Indicators

The following are indicators, or possible indicators, of neglect of physical basic care of a child or of emotional neglect:

Inadequate warmth/ shelter	Inadequate food/ rest/ inappropriate diet	Inadequate hygiene/ physical care
Cold injury	Abnormally large appetite	Alopecia (hair loss)
Hypothermia	Diarrhoea caused by poor or inadequate diet	Clothing- inappropriate for the time of year/ inadequate/ dirty
Pneumonia	General physical immobility or lethargy	Dirty/ smelly

Red swollen, cold hands and feet	Height and weight below the 3 rd centile- or levelling off/ declining	Dry, thin hair
Recurring chest infections	Lack of response to stimuli or contact	Nappy rash
	Malnutrition	Repeated episodes of skin infections

Emotional, Social, Intellectual and Behavioural Indicators

Professionals should be alert to the following developmental and behavioural indicators of neglect.

Any observations concerning a child's development or behaviour must be accurately recorded and justified in terms of evidence e.g. what indicates that the child has low self-esteem, what behaviours suggest the child is anxious / withdrawn?

- Low self-esteem and poor confidence
- Anxiety
- Child is withdrawn
- Child is distressed in the parent's presence
- Frozen watchfulness
- Rocking
- Child moves away from parent/carer when under stress
- Little or no distress when child is separated from their main carer
- Child is clearly avoiding contact with parent or carer
- Child's emotional responses are inappropriate to the situation
- Unpredictable and unprovoked attacks by the child on the parent/carer
- Eating disorders, including stealing & hoarding of food
- Language delay
- Cognitive & socioemotional delays – school related difficulties

Failure to Thrive

The term 'failure to thrive' describes children who fail to gain weight adequately and who do not achieve a normal or expected rate of growth for their age.

In addition, failure to thrive is used to describe infants and young children whose body length and head circumference have fallen significantly below expected norms and who are failing to achieve full developmental potential.

Although the term is most often used with babies and young children, failure to thrive can persist throughout childhood and into adolescence. If it is unrecognised and untreated it can have adverse consequences for a child's health and development,

including poor growth and developmental delay. In babies or toddlers, it is particularly serious.

Failure to thrive can result from illness or genetic or metabolic disorders and are termed 'organic failure to thrive'. The associated factors are complex and varied. Where there is no underlying medical reason explaining a child's lack of growth and development, this is termed 'non organic failure to thrive'.

Non organic failure to thrive has been linked to poverty, limited parenting skills and abuse and neglect. It is important for professionals to recognise that failure to thrive may result from both physical and emotional factors.

Whenever failure to thrive is identified as an issue of concern, a paediatric assessment will be required to fully determine the extent of the poor growth and development and to determine if there is evidence of organic or nonorganic factors causing the failure itself.

Professionals should also remember however that failure to thrive could result from a combination of organic (medical problems) and nonorganic reasons (neglectful parenting & abuse). Whenever a child is identified as suffering from nonorganic failure to thrive consideration must be given to the possibility that this directly results from neglectful parenting.

Neglect and Brain Research

Research has highlighted the impact of neglect on the baby's developing brain, including insecure attachment and sensory deprivation. This is key to helping our understanding about how early neglect can have life-long consequences and the importance of early intervention. There is a need for optimism and indeed the brain does continue to have 'plasticity' but early intervention is crucial

In attempting to assess the impact of neglect on children's developing brains, research has concluded that neglect in early life can have severe and irreversible consequences ([Hildyard & Wolfe 2002](#)). There has also been an increasing amount of research into the importance of social interaction upon the promotion of brain growth. Schore (2001, 2002) suggests that the early relationship between an infant and their primary carer is fundamental. He explains that an infant who receives the attention of a carer who is sensitive to their needs and responsive to their distress will be helped to cope with different levels of the proteins within the brain which promote growth. Similarly, a carer who is able to help a child cope with distress is helping the development of the brain structures that regulate emotions.

Neglect is bad for the child's relationships and emotional development

We can see that the early infant-parent relationship or 'attachment' is key to determining brain development. A secure attachment pattern, based on circumstances whereby a child feels confident in their carer's availability and who can predict their care-giving response will feel safe enough to explore the world and, gradually, to become more autonomous. This child will also be supported to manage difficult feelings and emotions and this will help them to develop their resilience and coping

mechanisms. Fundamentally, this sets the foundation for the child to successfully develop and manage other relationships throughout life.

In contrast, a neglected child cannot rely on their carer's availability and is likely to experience inconsistent, unpredictable or hostile care. Based on these insecure patterns of attachment, the child will develop strategies for survival that will depend upon the way their carer relates to them. These strategies are learned and replayed within other relationships:

- **Insecure, anxious or ambivalent attachment**

A child with this type of attachment pattern may feel insecure about their care giver and display behaviours such as clinginess, attention seeking, approval seeking, lacking in confidence and anxious behaviour. Such children become too anxious when the carer is not around.

- **Insecure avoidant attachment**

A child with this type of attachment may display attachment-seeking behaviour towards others and are avoidant of their own carer. It does not matter to them whether the carer is around or not. Some will go on to become more self-reliant where as other may become very vulnerable to exploitation by others.

Research indicates that children who have experienced neglect are likely to have greater difficulties in assuming parenting roles successfully in later life.

7. PRACTICE MATTERS AND LEARNING FROM SERIOUS CASE REVIEWS

Practitioners should be aware of a number of key practice issues that can impact on the quality of assessment. A large percentage of children who were subjects of Serious Case Reviews were known to agencies in relation to long-term neglect.

Necessity of In Depth Exploration

Neglect will usually be characterised by a compilation of events, such as persistent failure by the parents or carers to meet the child's needs, which can be evidenced as gradually corroding and impairing the child's health and development or being likely to. This means that assessment on the basis of a 'snapshot' view of the child will be insufficient. An indepth exploration of both past and present circumstances will always be required when neglect is raised as a concern.

The Rule of Optimism

For a variety of reasons, professionals can often think the best of families with whom they work, this may also include foster carers and adopted carers, friends and family carers. This can lead to a lack of objectivity, a lack of focus on the child, minimising concerns, failing to see patterns of neglect and/or abuse and generally not believing or wanting to believe that risk factors are high. If during this process, optimism replaces objectivity, the risk to the child will be significantly heightened as the protective professional network relaxes.

Significant Males

Professionals should consider the 'hidden males', i.e. fathers or father-figures who either absented themselves or were not known, but who had a significant influence in the family and on the welfare of the child. Male figures are not always known or did not engage with by workers and therefore the risk they posed in the home was either not understood or misunderstood, thus jeopardising the safeguarding activities.

Professionals should seek to engage fathers or father figures in the assessment in order to understand the role they have in the child's life. Care of children is likely to be more effective where there is positive support from fathers and most children want and benefit from this contact. Where fathers may pose a risk to the child, it is imperative that they are engaged with the assessment process so that risks are identified, understood and managed.

Sources of Information

Professionals should consider other sources of information that could have contributed to a better understanding of the child and their family. This can include further information about or from fathers and extended family, historical knowledge, information from other agencies, the cultural background and research findings. Completing a Genogram (family tree) may also support professionals.

The Need to Share Information

Different organisations will hold different information that when brought together will enable professionals to consider concerns of neglect more fully in terms of significant harm. It is imperative that all agencies and professionals ensure a solid commitment to the process of information sharing, recognising that this will be paramount to the effectiveness of protecting children and assessing and providing for need. See [Darlington Safeguarding Partnership Information Sharing Protocol](#).

Start again syndrome

The 'start-again' syndrome or 'assessment paralysis', whereby assessment was viewed as the child protection intervention rather than as a process which helped to identify the most appropriate intervention has often been a feature of learning from serious case reviews.

Talking with parents about neglect

It is often difficult to raise issues with parents about neglect because it requires those working with children and families to question their own value base and to communicate with parents on matters which are personal and difficult to raise, for example, smells, dirt or hazards in the house. As part of the assessment process, those working with children and families need to ensure that their specific concerns are clearly and explicitly understood by parents, who can then be informed about what needs to change in the care of their children, why and in what timescales. It is important to be honest, clear and sensitive, not to use jargon and check that parents

have understood what has been said to them. The whole family is key to the process of assessment, they need to know what the assessment is going to involve, why it is happening, what their role is within it and possibilities in terms of outcomes.

Avoid drift and lack of focus

It is important to plan the assessment and have clear time-scales for finalising written assessments. Remember that before, during and after undertaking formal assessments, the safeguarding interventions and service delivery still needs to be inputted as required to protect the child. These services and interventions can inform the assessment process.

Guard against becoming 'immune' to neglect

Those who work regularly with families where there is neglectful parenting can become de-sensitised and can tend to minimise or 'normalise' situations which in other contexts would be viewed as unacceptable. Sound supervision, which involves reflective discussion and evaluation, is vital to prevent workers becoming desensitised. It is also valuable for workers from different agencies to meet, e.g. in professionals meetings or Case Learning Meetings to discuss issues, share concerns and keep neglect issues in focus.

Recording

Recording – or rather the absence of clear records which are referred to and used to plan and make decisions – has regularly been a feature of learning from serious case reviews. This includes chronologies which help in the management of neglect which involves harm experienced by the child over a prolonged time. It is imperative that chronic harm is not viewed as a series of single incidents or episodes but that a longer-term developmental perspective is taken.

Chronologies

Chronologies are imperative for a true picture of family history. A chronology seeks to provide a clear account of all significant events in a child's life to date. This brief and summarised account of events provides accumulative evidence of patterns of concerns as well as emerging need and risks and can be used to inform decisions on support and safeguarding services required to promote a child's welfare.

Chronologies are particularly important when working with neglect where there may be fewer critical incidents but where children live in families where they are exposed to long term harm. Chronologies can help identify these patterns of harm.

Chronologies do not replace routine case recording, but offer a summary view of events and interventions in a child's life in date order and over time. These could be, for example, changes in the family composition, address, educational establishment, in the child or young person's legal status, any injuries, offences, periods of hospitalisation, changes to health, interventions by services. The changes that are noted could be positive or negative events in the child's life.

The chronology should be used by those working with children and families as an analytical tool to identify emerging patterns and help them to understand the impact, both immediate and cumulative, of events and changes on the child or young person's developmental progress.

Supervision

Supervision and the lack of opportunities for workers to participate in reflective supervision and critical thinking in child protection cases is often featured in learning from serious case reviews. Such supervision can provide opportunities to question underlying assumptions – or fixed ideas – about the circumstances in the family; support multi-agency working, guide the work with families presenting with complex difficulties, ensured holistic assessments and that the child's views are both gained and influence decision making about children and their families.

Supervision should also address any process whereby there is selection of information, which points to reducing interventions or closing cases where there is serious neglect. This is likely to be unrealistic and can result in a 'revolving door' syndrome because the chronicity of neglect means that services will become involved in families again in the future.

Regular reviews undertaken in this way in supervision can help to identify ways forward in the management of cases, e.g. calling a professional's meeting, arranging co-working in a complex case or joint visits being established. Supervision should also consider the worker's learning and development needs.

Values and Difference

Neglect, more than other forms of abuse, is open to significant degrees of interpretation. This interpretation will undoubtedly vary amongst professional who will differ in opinion about whether certain circumstances are neglectful or not. One danger is a practitioner may be so concerned of being accused of trying to impose their own values on others, or measuring others against their own standards, that they fail to act when they should. Practitioners should always guard against this. Giving a description of what causes concern and separating fact from fiction is necessary and will help to alleviate any issues to do with different interpretations or values.

Lack of challenge

Insufficient challenge by those working with children and families to parents and carers whose comments or explanations for injuries being accepted at face value, even where those explanations seemed unrealistic is often evidenced in serious case reviews. Often, there was a focus on the adult parent or carer in relation to their complex needs, allied with a desire to support them and be optimistic about their parenting of their child. Many reviews have described the 'rule of optimism' which is a tendency by those working with children and families towards rationalisation and under-responsiveness in certain situations. In these conditions, workers focus on adults strengths, rationalise evidence to the contrary and interpret data in the light of

this optimistic view. They confuse parental participation with meaningful engagement by parents. See [Darlington Safeguarding Partnership Professional Challenge Procedure](#)

Strategy Meeting/Planning Meeting

The nature of neglect highlights the importance of obtaining a holistic view of the child's health and development, the care provided for the child and the family circumstances. Neglect is often characterised by many 'minor' incidents repeating over time. It is essential that information from agency records and chronologies is brought together to try and ensure these incidents are known to all involved and to inform the planning process. It is always best policy for involved practitioners to meet to share information and to plan on a multiagency basis. This means that where child protection procedures are applied, there should always be a Strategy Meeting of all involved professionals. Refer to [Darlington Safeguarding Partnership Child protection Procedures](#).

8. UNDERTAKING ENQUIRIES/ASSESSMENT ABOUT NEGLECT

When undertaking enquiries about neglect it is important that all relevant factors associated with the family and home conditions and with the child should be covered. Children are a key source of information about their experiences. It is important that even initial discussions with children are conducted in a way that minimises any distress caused to them and maximises the likelihood that they will provide accurate and complete information. Wherever possible, children should be seen separately and factors such as their level of understanding and any special needs should be taken into account.

All children of the household should be seen and, if of age, spoken with. It should be remembered that with neglect it is less likely that questions can be asked about a specific incident (i.e. who did what, when, where and how?).

When speaking with a child, professionals should try and establish facts about their experiences in the family in the first instance. This may lead to specific events that can be explored further. It is important to listen carefully to what the child is saying.

The child should always be interviewed in their first language. Observations about the child's physical and emotional presentation should be noted.

Specialist advice should be sought if the child has communication difficulties or disabilities or other factors that may affect the interview with the child as use of signers or advocates may be required.

Parents and other family members should be encouraged to participate fully. Every effort should be made to engage family members in a way that promotes genuine involvement. Observations can offer insight into the relationships between parents and child, and child and other siblings.

The assessment process should continue to consider the child's basic needs and routinely check aspects of care e.g. food in the cupboards and fridge, sleeping arrangements, hazards in the home, toilet and bathing facilities. Those working with children and families will need to look into rooms and cupboards to observe these aspects rather than take what parents say at face value. Gaining agreement to do this is important and relates to discussions held with the parents at the engagement stage of the work.

Be confident about the assessment

A good assessment that those working with children and families can be confident in is one that includes:

- All relevant information (and comments on the unknowns or grey areas)
- An evidence base, including tools, guidance, research
- Analysis and evaluation of the information. Analysis is key to any assessment and involves interpreting and attaching meaning and significance to the information that has been gained and to observations that have been made. If the information that has been gathered is a description of 'what' has happened, the analysis should reflect on 'so what does that mean' for the individual child now and in the future.
- Reasoned conclusions and professional judgements
- Plans for the logical next steps and timeframes, i.e. the 'now what'. It is imperative that those next steps are implemented and their effectiveness monitored and measured.
- Update and revision (assessments have to be an ongoing process not a single event) in the light of new and emerging information

Paediatric Assessment

Paediatric assessments of all children in the household should be undertaken whenever deemed necessary. This will evidence if the concerns relating to physical and/or emotional neglect have had a direct impact upon the children's health and development.

Ensuring Change within Meaningful Timescales

The impact of neglect varies depending on how long the child has been neglected, the child's age and the extent of the neglectful behaviours. Professionals must be clear that desired changes can be realistically achieved, within a timescale that is meaningful for the child's needs, and can be sustained.

Risk Analysis

The analysis of the nature and extent of neglect and the likelihood of it continuing is central to any assessment. When assessing risk, in addition to consideration of the factors listed above, there should also be consideration of the following:

- The history of the care given to the children or any previous children
- The history of level of response by the parents to intervention

- The capacity of the parents to attain good enough parenting and to maintain that change
- Events/incidents which have been the catalyst for the concerns
- The present circumstances that may facilitate further events/incidents of this kind
- The circumstances that would reduce the likelihood of these events being repeated
- An evaluation of the risks versus protective factors.

Assess sources of resilience as well as risk

Assessments should not overlook the importance of sources of resilience and opportunities for building upon areas of a child’s life that reduce the risk. Resilience has been described as *“qualities which cushion a vulnerable child from the worst effects of adversity, in whatever form it takes, and which may help a child or young person to cope, survive and even thrive”* (Gilligan, 1997). There are many aspects of resilience; the key area is secure attachment with one other person and other areas include a sense of self-esteem, a safe friendship group, problem solving skills, social skills, abilities, talents, or interests and hobbies. Assessing resilience in a child needs to be done with care as some children may present as being able to cope or minimise their sense of vulnerability.

Risk Factors versus Protective Factors

The factors stated below are not exhaustive and other risk or protective factors may be equally relevant. The areas of risk primarily relate to the adequacy of parental care.

Risk Factors	Protective Factors
Basic need of child are not adequately met	Support network/extended family meets child’s needs
	Parents or carer works in partnership to address shortfalls in parenting capacity
Age of the child	Child is of age where risks are reduced.
Substance misuse	Substance misuse is ‘controlled’.
	Presence of another ‘good enough’ carer
Dysfunctional parent child relationship and lack of affection	Good attachment
	Parent child relationship is strong
Lack of attention and stimulation	
Mental health difficulties	Presence of another ‘good enough’ carer
	Support to minimise
Learning difficulties	Capacity for change
	Presence of another ‘good enough’ carer
	Support to minimise
Low maternal self-esteem	Mother has positive view of self
	Capacity for change
Domestic Violence	Recognition and change in previous violent pattern
Age of parent or carer	Support for parent/carer
	Co-operation with provision of support/services

	Maturity
Negative childhood experiences	Positive childhood or understanding of own history of abuse
History of abusive parenting/negative childhood experiences	Understanding of own history of abuse
	Abuse addressed in treatment
Dangerous/damaging expectations of child	Appropriate awareness of child's needs
Child home alone/inappropriate supervision	Age appropriate activities/responsibilities for child
Failure to seek appropriate medical attention	Evidence of parent engaging positively to meet health needs of child

Working with Resistance

Resistance is used here as a catch-all phrase to indicate a range of parental behaviours which serve to keep those working with children and families at bay and from identifying, assessing and intervening in neglect. Working with resistant families is very challenging indeed, and good multi-agency working and effective supervision is essential to support those working with children and families to help maintain the focus on the needs of the child. The quality of supervision available is one of the most direct and significant determinants of those working with children and families ability to develop and maintain a critical mind set and work in a reflective way; this is pivotal when working with resistant families.

Resisting behaviours by family members can seriously hamper professional practice and leave already vulnerable children subject to significant harm. In terms of prevalence, a 2005-2007 analysis of Serious Case Reviews found that 75% of families were characterised as 'uncooperative' (*Brandon, 2008*).

The existence of resistance may be identified when parents:

- Only consider low priority areas for discussion
- Miss appointments
- Are overly co-operative with those working with them
- Are aggressive or threatening
- Minimise or deny events or responsibility or the effects on the child

Parents and carers resist in numerous ways and their reasons for doing so vary. At one end of the continuum, parents may genuinely not understand the problem or the way it has been defined and feel they are unfairly caught up in a process which is not their responsibility. At the other end, some parents understand they are harming their children and wish to continue to behave in this way without interference. In the middle are parents who fear authorities, have had previously poor experiences of authority, lack confidence and feel anxious about change. They may struggle to work with individual workers. Research indicates that families want to be treated with respect and in a non-judgemental way, be kept fully involved in processes and receive services which meet their needs in a timely way.

When considering if resistance is a dynamic in the family, it is helpful to clarify the behaviours and reasons for these. This is because sometimes what appears to be resistance is in fact a family's frustration regarding the type and quality of service they are receiving which is not meeting their need, rather than an attempt to divert attention from the safeguarding concerns in their family.

Resistance can be grouped into four types:

- Ambivalent
- Denial/Avoidance
- Violent/Aggressive/Intimidating
- Unresponsive to intervention/disguised compliance

Ambivalence

Parents may have mixed, conflicting feelings towards the agency, the individual worker or the safeguarding issue. Most parents who are involved in safeguarding interventions will experience mixed feelings but some, in extreme situations, may remain stuck in their ambivalence. Behaviours related to ambivalence include avoidance of people, meetings or of certain topics; procrastination, lateness for appointments or superficially undertaking the tasks required. Ambivalence occurs when families are not sure of the need to change or are 'stuck' at a certain point.

Denial/Avoidance

This could manifest as a result of feelings of passive hopelessness and involve tearfulness and despair about change. It may also be about parents wishing to hide something relevant or being resentful of outside interference. Indicators include an unwillingness to acknowledge the neglect; purposely avoiding those working with children and families; avoiding appointments or cutting visits short due to other apparently important activity.

Violent/Aggressive/Intimidating

Parents who actively display violence or anger or make threats which could either be obvious or be covert or implied (e.g. discussion of harming someone else); use threatening behaviour e.g. deliberate use of silence, bombarding professionals with e-mails and phone calls or entering personal space; use intimidating or derogatory language, or swear, shout and throw.

Unresponsive to intervention/disguised compliance

Disguised compliance is identified by Fauth et al (2010) as "*families where interventions are not providing timely, improved outcomes for children*". Reder et al (1993) state that it is where a parent gives the appearance of co-operation to avoid raising suspicions, allay professional concerns and diffuse professional intervention. Indicators of disguised compliance include:

- No significant change at reviews despite significant input
- Parents agreeing about the change needed but making little effort

- Change occurring but only as a result of external agencies' efforts
- Change in one area of functioning not matching change in other areas
- Parents engaging with certain, preferred, aspects of a plan, and aligning themselves with certain workers
- A child's report of matters conflicting with that of the parents

This can be classified as 'passive-aggressive' resistance because co-operation is noticeable but is superficial and the compliance covers up hostility, antagonism and anger. Disguised compliance occurs when parents want to draw those working with the children and families attention away from allegations of harm and by giving the appearance of co-operating to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

It is a significant concern because the apparent compliance can affect the engagement of those working with children and families and can prevent or delay understanding of the severity of harm to the child. Examples of disguised compliance include a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as health workers for a limited period of time, or cleaning the house before a visit from a professional. Disguised compliance has been reported to be a dynamic in many Serious Case Reviews and the learning from these indicates that the following practice is helpful:

- Focus on the child: see and speak to the child, listen and take account of what they say
- Cross check what parents say, question accounts they give, get additional opinions and remain curious. Above all, don't take at face value explanations that parents give for significant events or incidents.
- Address the safeguarding aspects for children who are living in chronic neglect
- Don't be overly optimistic without good enough evidence. Be curious about what is happening to the child
- Consider in supervision and with the multi-agency network what strategies to employ when families are hostile and able to keep those working with them at arm's length
- Share information with other workers and other agencies, check your assumptions with your colleagues; explore with each other the parents' accounts of events.

9. REFERENCES, RESOURCES AND TOOLKITS TO SUPPORT PROFESSIONALS

[Working Together to Safeguard Children 2018](#)

[NSPCC](#)

[Darlington Safeguarding Partnership \(DSP\)](#)

[DSP Child Protection procedures](#)

[DSP Continuum of Need Indicators](#)

[Childline](#)

[Action for Children](#)

[CQC – Not seen not heard](#) - A review of the arrangements for child safeguarding and health care for looked after children in England – July 2016

[HEAT \(Home Environment Assessment Tool\)](#)

[NSPCC Signs of Safety Tools](#)

[Graded Care Profile Toolkit](#)
[National Probation Service \(NPS\) Child Neglect Toolkit](#)