

01

Background

The neglect of children and young people is one of the most difficult areas within the child care and protection field to identify, assess and intervene in. Increased research over the past decade has shown that neglect has emerged as the most prevalent type of harm children experience and results in more profound cognitive, social and psychological deficits than many other forms of abuse.

Further information and links to briefings available on: [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014](#) (Published May 2016)

Why it matters

Neglect is the most common reason for a child to be the subject of a Child Protection Plan in the UK. 43% of all children subject to a Child Protection (CP) Plan in England in 2015 were under the category of neglect which corresponds with the figure in Salford (April 2016). Neglect is the most frequent reason for a child protection referral to social services and features in 60 per cent of serious case reviews into the death or serious injury of a child

Neglect has lifelong consequences for children and can often be fatal. Neglect can affect longer term welfare, with negative consequences for physical and mental health over the lifetime.

Neglect can contribute to for example difficulties in forming and maintaining relationships, lower educational achievements, and increased risk of substance misuse.

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Questions

- What might you observe in a child who was being neglected?
- What might a child who was being neglected tell you or do?
- What might you observe in parents/carers who were neglecting their children? What might they say or do?
- How do we capture the child's voice and daily lived experience?
- When is good enough truly good enough as opposed to being just better?
- What works well in tackling neglect in your team/service? What can be improved?
- What mechanisms are available for you to share information of good practice or areas of improvement internally within your team and to other agencies?

What to do?

- Take neglect seriously!
- Realise that adults (parents and professionals) speak of neglect differently from children.
- Listen to children and ensure that the 'child's voice and daily lived experience' are the primary focus of practice and supervision across the thresholds of need.
- Look out for low level concerns which
- maybe warning signs for later neglect
- Intervene at the earliest opportunity to assist families before the crisis stage has been reached.
- Keep your knowledge up to date with accessing the latest research and learning

06

Child Neglect

Key Guidance

As a coordinated multi-agency response to address neglect, the SSCB has developed the [Salford Neglect Strategy](#) for children, young people and families which has been developed in conjunction with the [Salford Early Help Strategy](#).

A key component of the strategy is the use of the [Graded Care Profile](#) which is a part of the [Multi-Agency Risk Assessment Model](#) tools

Greater Manchester Safeguarding Procedures Manual: [Neglect](#)

Information & Risk Indicators

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:

- Protect a child from physical and emotional harm or danger
- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- 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. However, specific needs which are often considered under the banner of failing to meet 'basic needs' include:

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

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Free Training

SSCB Courses on [Neglect](#) and seminars on the [Graded Care Profile](#)