March 2017

Torbay Multi Agency Neglect Strategy v1.0

Children should be seen, heard and helped

Torbay Safeguarding Children Board

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2 Introduction

Understanding of child neglect and its consequences on the future wellbeing and development of children has increased over the last two decades. The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor physical and mental health, educational and social outcomes and is potentially fatal. Lives are affected and their ability to attend and attain at school is reduced. Their emotional health and wellbeing is often compromised and this impacts on their success in adulthood and their ability to parent in the future (Taylor, 2005), thereby repeating the cycle of neglect and consequential abuse.

Neglect has been identified as a priority for the Torbay Safeguarding Children Board (TSCB) because of the serious impact it has on the long term chances for Children. Neglect in the first three years of life can seriously impact on brain development and have significant consequences through adolescence and into adulthood.

National research (Stevenson, 2007) (Howarth, 2007) and statistics (NSPCC 2011-16) indicate that while the numbers of children made subject to a Child Protection Plan for physical and sexual abuse have fallen, the numbers for neglect have risen steadily throughout the last decade (with the numbers for emotional abuse also increasing). Nationally, between 80-100 children each year are estimated to die because of abuse and neglect with a high degree of overlap between neglect and other forms of abuse (Brandon et al M. , 2008).

Research shows that in the majority of serious case reviews, neglect is found to be a background factor; however it is uncommon for it to be identified as a primary cause of death (Brandon et al, 2012). NSPCC statistics from 2016 show that neglect is the most common reason for being subject to a child protection plan England (45% of plans) or being placed on a child protection register in Wales (40%).

Cases such as the death of Daniel Pelka in 2012 and the imprisonment of two parents in Gloucestershire in 2014 for the prolonged and extreme neglect of their children, highlight not only the far reaching consequences of neglect but also the complexities of working with a form of abuse that is often chronic and involves entrenched difficulties within families (Moran, 2009).

The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the neglect and on what support mechanisms, resilience strategies and protective factors were available to the child.

The purpose of this document is to establish strategic aims, objectives and priorities for the Torbay Safeguarding Children Board's approach in tackling neglect. It was developed by the Local Safeguarding Children Board and as such, applies to all agencies across all sectors working with children and families within Torbay.

3 Context

3.1 National Context

- Radford et al. (Radford et al, 2011) found that nine per cent of 18 to 24 year olds across the UK reported severe neglect while under the age of 18.
- Neglect is a factor in 60% of serious case reviews and Domestic abuse, mental ill health and/or substance misuse were common in households where children were neglected (Brandon et al M. , 2013):
- Neglect is the most common reason for taking child protection action: NSPCC (2015).
- Neglect and emotional abuse are the two highest categories of harm in England (Bentley et al, 2016):

3.2 Local Context

- 21.6% of Torbay children are living in poverty.
- Torbay is ranked as the highest nationally for households being at risk of falling into poverty, at 37% (22,600) (Experian).
- Compared to England, Torbay is ranked amongst the 20% most deprived district local authorities (46th out of 326 in 2015)
- 28 Lower Super Output Areas in Torbay (out of 89) are within the top 20% most deprived in England
- Around 1 in 3 (32% - 42,000) of Torbay residents live in areas amongst the 20% most deprived in England.
- Domestic Abuse rates in Torbay are 431 per 10K which is the highest across the Devon and Cornwall Police Force area.
- The number of recorded crimes on under 18 year olds is high. The rate of sexual offences across age ranges in Torbay is double the national average and is the highest in the Peninsula.
- Just over 100 children per 10K of the population are looked after which is disproportionate for the size of Torbay.
- The number of pupils with SEN statements is the highest in the country at just over 4% with the national average being 2.8%
- Domestic abuse is a significant feature in Torbay and this alone accounts for around 40% of cases held across all levels of thresholds of the child's journey.
- In October 2016 year to date, Torbay had 156 Children subject to child protection plans which is significantly higher than the national average.

At the end of December 2016, 36% of Torbay children were subject to a child protection plan recorded under the main category of Neglect. Although lower than Emotional abuse at 53.2% this is significantly higher than for Physical abuse at 3.5% and Sexual abuse at 7.1%.

4 Purpose of this Strategy

The overarching aim of the Multi - Agency Neglect Strategy is to promote the welfare of children and young people and to improve outcomes. The purpose of this document is to outline the vision and guiding principles for Torbay's approach in tackling neglect, with its narrative aiming to galvanise the focus of partners on realising the strategic vision of the TSCB across Torbay.

It has been developed with multi-agency partners working within Torbay and should be considered alongside other key strategies, policies and procedures such as Signs of Safety guidance, the Early Help Pathway, Professional Differences Policy, Think Family Protocol, Thresholds document (formerly Child's Journey), Practice Guidance for Children/Young People Missing from Home/Care, Torbay Domestic Abuse Strategy (currently under review), and CSE Toolkit (currently under review).

This document identifies both the current statutory definition of neglect and other factors to consider in assisting and further supporting practitioners in early identification and intervention. This strategy is intended as a practical guide to identify a number of guiding principles under which all work around neglect should be undertaken.

5 Our Vision for Torbay

Professionals from a range of agencies have a shared understanding about the complexity of neglect. Underpinned by robust management oversight and effective supervision, professionals work to identify and prevent neglect early and respond in a timely way to tackle neglect and help and protect children and young people.

Neglect by its nature is complex and difficult to identify and address. Because of this, it is absolutely vital that practitioners from all agencies have the knowledge and confidence to recognise neglect and respond accordingly.

6 Strategic Priorities

In its 2014 report into a number of thematic inspections (OFSTED, 2014) OFSTED identified that "the pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is well documented". Findings from both inspections and research highlight the following areas as being key components to a successful, multi-agency response to neglect:

- Early recognition
- Robust management oversight and supervision
- Specialist Multi-Agency training
- Acknowledgement and understanding of the complexity around neglect and its link with other forms of abuse
- Effective and timely professional responses both for help and protection

The following strategic priorities, informed by the above factors and local learning, provide the focus for further developing the local arrangements and responses to neglect:

Strategic Priority 1.

Knowing our problem, knowing our response

- Partners have an understanding of the prevalence and nature of neglect affecting children and young people in their area;
- All staff who come into contact with children will have a common understanding of neglect to support effective assessment and communication;
- All professionals will have an understanding of each agencies' thresholds for action to support effective and meaningful challenge (and escalation as appropriate) concerning cases of neglect.

Strategic Priority 2.

Effective prevention, recognition, assessment and support

- Neglect is identified and named as a concern by staff at the earliest opportunity. Staff are aware of who to contact, and what will be done in response. This is supported through regular awareness raising and regular multi-agency training for partners supported by the TSCB;
- All staff 'Think Family' and are alert to the risk of children being neglected in families where there are additional factors such as domestic abuse, substance misuse, mental health and learning difficulties. Children with additional needs such as special education needs and disabilities are potentially more acutely vulnerable ;
- Staff do not automatically associate neglect with poverty, there is a greater awareness of wider risks associated with neglect;
- Early Help is understood by all partners and services appropriately assess and provide timely interventions to prevent deterioration in families affected by neglect. Early Help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future;
- All staff are intently curious about family circumstances, including the use of home visits to check on children and young people at home;
- All services consider/research historical information to inform the present situation.
- All professionals receive effective supervision to help them test, challenge and reflect on their analysis of risk to children and young people, particularly in the context of neglect and the cumulative indicators of harm.
- Staff challenge each other and escalate as appropriate where there are professional differences

Strategic Priority 3.

Strong Leadership and Partnership

- Leaders will ensure their staff have a shared understanding of neglect and know what to do if they are worried about a child and how to escalate concerns where appropriate;
- Early identification of neglect and intervention at an appropriate level will remain a priority and responsibility across all organisations, both statutory and non-statutory;
- Leaders will support effective joint working between adult and child services and across the relevant strategic Boards, supporting a clear local partnership response to neglect;
- Leaders will ensure their staff are adequately trained (both single and multi agency training) to recognise and tackle neglect effectively;
- Leaders will ensure there is a robust, shared and jointly owned evaluation framework in place to measure success and impact of these strategic priorities.

7 Principles

To achieve our Vision for Torbay, the Strategy is underpinned by key principles which provide a strategic framework:

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

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

8 What is Neglect?

Neglect is generally considered to be the omission of specific behaviours by caregivers, though it can also include acts of commission. There are variations in how neglect is defined across the UK, however. In England, neglect is 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". (Working together to Safeguard Children, 2015)
It is important also to understand that severity and persistence are not necessarily the same and that, as with other forms of harm, single instances of neglect can be lethal.

Neglect is characterised by the absence of a relationship of care between the parent or carer and the child and the failure of the parent or carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

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

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

It is common for evidence of neglect to present through signs and symptoms which may be noticed by different agencies in relation to different children in the family at different points in time. Agencies need to feel confident in the recognising and the naming of neglect. It is important that all agencies, Health, schools /Education, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

Internationally, child neglect is defined by the World Health Organization in the following way:
"*Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and wellbeing of the child – where the parent is in a position to do so – in one or more of the following areas:*

- *Health*
- *Education*
- *Emotional development*
- *Nutrition*
- *shelter and safe living conditions."*

8.1 Defining Adolescent Neglect

The current definition of neglect refers to children and young people up to the age of 18, but the 'neglect of adolescent neglect' contributed to the following as part of a neglect guide aimed at those working with teenagers (Hicks, 2010). These are points for consideration, but highlight some of the issues around defining and working with adolescent neglect.

Themes from Research Review	Issues for Practitioners
Neglect is usually seen as an act of omission	For adolescents in particular, some acts of commission should be seen as neglect, or contribute to young people being neglected e.g. being abandoned by parents, being forced to leave home, being exposed to others who may exploit the young person
Neglect from different viewpoints	There may be different viewpoints, for example between the views of social workers, other professionals, parents and young people themselves. Awareness of these different viewpoints and what may contribute to them (e.g. culture, own experiences of being parented, beliefs, values and so on) is a starting point for establishing a working consensus
Young people may under-estimate neglect	This may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to their families
Neglect is often seen as a persistent state	It is necessary to look at patterns of neglect over time and recognise the impact of both acute and chronic neglect
There is a difficulty in making a distinction between emotional abuse and neglect	These are associated, inevitably, especially when neglect is seen as an omission of care. What matters is not the label but the consequences for the young person's health and development
Neglectful behaviour and experience of neglect	Defining neglect should include both maltreating behaviour as well as how the young person experiences neglect i.e. the consequences for them

8.2 Links to Child Sexual Exploitation, Inter-familial Child Sexual Abuse and Sexually harmful Behaviour

Three evidence scopes commissioned by the NSPCC and Action for Children with Research in Practice explored the relationship between childhood neglect and harmful behaviour in later years. Whilst the research stresses there are no causal links, the evidence does suggest there are a number of ways in which the impacts of neglect may interact with other factors and adversities to increase children and young people's vulnerability to harm. (Flood, 2016)

8.3 Working Sensitively with Diversity

All children, and the families in which they live, are unique. Their racial and cultural background, religion, gender, sexual orientation and any physical and/or learning disability all need to be considered within an assessment. It is important that practitioners are aware of their own personal value base and the impact that this may have in working with families.

Literature expresses caution about non-intervention based upon fear of being judgemental. Child abuse including neglect can never be explained or justified on the basis of differing cultural norms or beliefs.

Offering cultural explanations for abusive and neglectful parenting is referred to as 'cultural misattribution' by Lord Laming in his inquiry into the death of Victoria Climbie (2003).

For some children discrimination is a part of their daily lives. Agency responses to children should not reflect or reinforce the experience of discrimination-they should counteract it. For example, it is particularly important that practitioners use interpreters when necessary and that children are listened to and able to express their views in their first language.

8.4 What does the Law say?

The current criminal law on child neglect is outlined in Section 1[2] (a) of the Children and Young Persons Act 1933. The Serious Crime Act 2015 (Section 66) introduced some important amendments to the Children and Young Person Act 1933. This Act seeks to clarify certain aspects of law around emotional abuse and does not replace the 1933 Act.

Children and Young Persons Act 1933

Section 1 of the Children and Young Persons Act 1933 ("the 1933 Act") provides for an offence of child cruelty. This offence is committed where a person age 16 or over, who has responsibility for a child under that age, wilfully (i.e. intentionally or recklessly) assaults, ill-treats, neglects, abandons, or exposes that child in a manner likely to cause "unnecessary suffering or injury to health"; or causes or procures someone else to treat a child in that manner.

Serious Crime Act 2015, Section 66 amendments

Section 66 clarifies, updates and modernises some of the language of, section 1 of the 1933 Act. The effect of the changes made by section 66 are to:

A) Make it absolutely clear – by substituting for the current list of examples of relevant harm (which includes the outdated term "mental derangement") the words "whether the suffering or injury is of a physical or psychological nature" – that cruelty which causes psychological or physical suffering or injury is covered under section 1 of the 1933 Act;

B) Make it absolutely clear that the behaviour necessary to establish the ill-treatment limb of the offence can be non-physical (for example a sustained course of non-physical conduct, including, for instance, isolation, humiliation or bullying, if it is likely to cause unnecessary suffering or injury to health);

C) Replace the outdated reference to "misdemeanour" with "offence"; and

D) Amend section 1(2)(b) so that: i. A person is also deemed to have neglected a child in the relevant manner where the person concerned is under the influence of "prohibited drugs"; ii. It is clear that the provision applies where the person comes under the influence of the substance in question at any time before the suffocation occurs; and iii. It applies irrespective of where the adult and child were sleeping (for example if they were asleep on a sofa).

9 Risk Factors

It is important for practitioners to be able to distinguish between a risk of neglect occurring, and indicators of *actual* neglect (Brandon et al M. , 2014).

A number of factors increase the likelihood of neglect in some families. However there are issues of interpretation to be aware of in relation to both risks and indicators.

Research (Sidebotham et al, 2001) regularly reveals that factors associated with an increased risk of neglect may also act as risks for a range of adverse outcomes and not just for neglect or maltreatment; this means that these risk factors are not predictors of neglect. In addition, prospective longitudinal studies reveal that the majority of families where risk factors are found will not go on to neglect or abuse children (Sidebotham et al, 2001).

A number of factors increase the likelihood of neglect in some families and vulnerable families may have a combination of the following risk factors:

9.1 Child Risk Factors

- Disability
- Behaviour
- al problems
- Chronic ill health

9.2 Parental Risk Factors

- Poor Mental Health (especially maternal mental health difficulties)
- Alcohol and Substance Misuse
- Domestic Violence and Abuse
- Learning Difficulties
- Lack of experience of positive parenting in childhood
- Multiple co-habitation and change of partner
- Social and emotional immaturity
- Maternal low self-esteem and self-confidence
- Experience of physical, sexual and emotional abuse in parents own childhood
- Health problems in pregnancy, pre-term and low birth weight baby
- isolation and lack of support
- Being a young/adolescent parent

9.3 Wider Risk Factors

- Poverty
- Unemployment
- Poor social support

  Whilst poverty is a recognized feature when neglect is present, it is always important to remember that neglect is not exclusive to children and young people living in poor households.

10 Assessment

An assessment must address the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context.

The 2015 Working Together guidance for England lists some of the following as features of a high quality assessment:

- they are child-centred and informed by the views of the child

- decisions are made in the best interests of the child
- they are rooted in child development and informed by evidence
- they build on strengths as well as identifying difficulties
- they ensure equality of opportunity and a respect for diversity including family structures, culture, religion and ethnic origin

Torbay adopts the Signs of Safety approach. The Signs of Safety Methodology is:

Concerned with exploring the potential harm to children, whilst at the same time inquiring into the strengths and safety in the family.

- Relies on high quality professional knowledge and opinion, whilst equally eliciting and valuing the family's knowledge of their own situation.
- Designed to always undertake the risk assessment process with the involvement of anyone who has a stake in the child's welfare, whether a professional, a family member, or a significant person in the family's life.

At the core of the methodology in situations where children are at risk of harm, is a risk assessment and case planning tool that maps the harm, danger, complicating factors, strengths, existing and required safety, and a judgement.

For Professionals to be able to identify and tackle situations where Neglect is an issue it is useful to reflect on Howe's (Howe, 2005) four forms of neglect. Each form is associated with different effects on both parents and children, and implications for the type of intervention offered. Hampshire LSCB developed a matrix to assist in the recognition of neglect in children (Appendix A).

1) Emotional Neglect
   Emotional neglect ranges from ignoring the child to complete rejection. Children suffer persistent emotional ill treatment, they feel worthless and inadequate. Their parent keeps them silent, scapegoats them and show them no affection or emotion.

2) Disorganised Neglect
   Disorganised neglect ranges from inconsistent parenting to chaotic parenting. Practitioners will see their classic 'problem families'. The parents feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.

3) Depressed or Passive Neglect
   Depressed or passive neglect ranges from a parent being withdrawn or detached to suffering from severe mental illness. There will always be a greater focus on themselves than the children and they will be uninterested in and unresponsive to professionals. The parent does not understand the child's needs and believes nothing will change. They will fail to meet their child's emotional or physical needs and will appear passive and helpless.

4) Severe Deprivation Neglect
   Severe deprivation neglect ranges from a child being left to cry to a child being left to die. Both the

home and the child will be dirty and smelly. Children will be deprived of love, stimulation and emotional warmth. The parent will completely ignore them. Often children become feral and roam the streets.

Hampshire council found that it is useful to be able to recognise different causes of neglect and that there may be many different reasons for neglect occurring. They found it was a good basis for assessment.

"In developing this strategy the LSCBs consulted with practitioners about using these four forms of neglect. 87% of practitioners who responded agreed that these four types of neglect are a good basis for use in assessments. The general consensus was that it is useful to be able to recognise different causes of neglect and that there may be many different reasons for neglect occurring.

Similarly, the majority (87%) agreed that the different types of neglect form a sound basis for use in interventions and case management. They are seen as helpful to promote ideas around hypothesis and possible interventions. The approach allows evidence based practice and provide reminders about the signs of neglect and improve understanding about why children's basic developmental needs aren't being met." (Davies, 2016)

The Graded Care profile Tool is a nationally recognised tool designed to help practitioners understand the quality of care delivered to a particular child. The structured format aims to improve consistency in the way practitioners describe and record concerns about neglect. It gives an objective measure of care of a child by a carer. It gives a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer.

Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actual care is observed to be affected by them. Thus, if a child is provided with good food, good clothes and a safe house the GCP will score better irrespective of the financial situation

Rather than re-developing the children and family assessment or creating a stand- alone screening tool for neglect, practitioners responded that a toolkit or checklist for working with neglect cases would be the most effective way of implementing a new approach across all agencies. This would be particularly helpful for universal services to allow earlier intervention and prevent escalation to children's social care.

The development of the neglect indicators and guide to recognising neglect in children (see Appendix 1) are likely to increase the numbers of children formally identified across the TSCB threshold chart even further. Given the likely prevalence of as yet unidentified children who might be recognised as suffering from one of the four types of neglect, effective interventions will be developed and deployed that include addressing the underlying causes of neglect through prevention and early help.

11 Governance

Governance and challenge will be provided by the Torbay Safeguarding Children Board and associated subgroups.

All Board Members are responsible for embedding the strategy and delivery as required. The Board will hold members to account.

This Multi-Agency Strategy is owned by Torbay Safeguarding Children Board, members of the Board have a responsibility to ensure that the Strategy is current and reflective.

12 Appendix A Key Indicators

Key Indicators - Emotional Neglect

	Universal/early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers	• Cannot cope with children's demands • Parents may feel awkward/tense when alone with their children • Inconsistent responses to child	• Failure to connect emotionally with child • Lots of rules • Lack of attachment to child • Unrealistic expectations in line with child's development	• Dismissive/punitive response to child's needs • Poor attachment to child	• Parental responses lack empathy • Not emotionally available to child • No attachment to child
Characteristics of children	• Over friendly with strangers • Over reliance on social media to interact • No risk CSE	• Frightened/ unhappy/anxious / low self-esteem • Know their role in family • Attention seeking • Mild risk CSE	• Withdrawn/isolated • Fear intimacy and dependency • Self-reliant • Difficulties in regulating emotions • Very poor self esteem • Moderate risk CSE	• Precocious • U nresponsive/ No crying • Oversexualised behaviour • Self-harm • Significant risk CSE
What professionals notice	• Ignore advice • Children spend a lot of time on-line • Lack of engagement with universal services • Materially advantaged • Child not included • Child always immaculately clean • Child and family isolated in community • Pattern of re- referrals to services • Poor dental hygiene	• Avoid contact • Missed appointments • Child learns to block expressions • Child 'shut down' • Risky behaviour on-line • Material advantages can mask the lack of emotional warmth and connection • Pattern of re-referrals to services	• Deride professionals • Children unavailable • Children appear overly resilient • Poor social relationships due to isolation • Scapegoated child • Regression in child's behaviour • Pattern of step up to social care • Severe dental disease	• May seek help with a child who needs to be 'cured' • Fabricated illness • Parents seeking a diagnosis/label for child • Pattern of step downs to early help

Key Indicators - Disorganised Neglect

	Universal/early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers	• Demanding and dependant • Cope with babies (babies need them) but then struggle • Flustered presentation • Late • Low mood • Unstructured • Problem driven • Revert back to own needs • Everything 'big drama'	• Feelings of being undervalued or emotionally deprived as a child-so need to be centre of attention/ affection • Lack of 'attunement' • Crisis response • Avoidance of contact • Poor attachment • Poor parenting • Not engaging with health	• Disguised compliance • Putting own needs before child • Drug/alcohol misuse • Depression • Not getting children to school • Escalation of mental health	• High criticism/low warmth • Continuous use of medical issues to cover up/disguise • Chaotic family • Escalation of depression
Characteristics of children	• Anxious and demanding • Infants-fractious/ clinging-difficult to soothe • Lateness at school/ nursery • Overactive at school • No school equipment • Not able to sit still • Snatching • Struggle with quiet time • Vulnerable to unhealthy relationships • No boundaries or routines • Not at risk CSE	• Young children- attention seeking, exaggerated affect, poor confidence and concentration, jealous, show off, go too far • Fear intimacy • Missing school/ nursery • Disruptive at school • Fretful • Crying • Angry • Afraid • Mild risk CSE	• Roaming late at night • Trouble during unsupervised times • Engaging in risky behaviours • Bullying • Aggressive • Jealous • Depressed • Poor school attendance • Speech and language delays • Moderate risk CSE	• Self-harm • Causing harm to others • Substance/alcohol use • Offending • Left at home alone • Anti-social behaviour • Able to do what they want • Feral • Ignored • Danger to self/ others • Head lice infestation • Significant risk CSE
What professionals notice	• Classic 'problem families' • Numerous pregnancies • Missed appointments • Messy house • Erratic changes in mood • Unable to acknowledge problems • Not reporting absences • Disruptive behaviour • Poor hygiene • Poor dental hygiene	• Annoy and frustrate but also endear and amuse • Chaos and disruption • Avoidance of home visits • Lots of contact • Regular lateness and absences • Family identify own need • No improvement • Persistent lateness • Children visibly tired	• Thick case files • Feelings drive behaviour/social interaction • Dependency on services to provide support • Lack understanding/ acceptance of issues • Exclusion from school • Severe dental disease	• Anti-social behaviour • Parents create new crises • Difficult to work with • Frequent exclusions • Non-engagement with education

Key Indicators - Severe Deprivation Neglect

	Universal/early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers	• Contact with GP for depression • History of chronic mental health • Long term unemployed • Low cognitive functioning • Poor physical presentation • Socially isolated	• Contact with specialist agency for depression, mental health – in treatment • Postnatal depression • Poor attachment treatment with children	• Carers with serious issues of depression, learning disabilities, substance misuse • Homeless • Not in	• Institutional neglect • Suicidal thoughts
Characteristics of children	• Arrive late at school • Poor presentation • Hungry • Tired • Miss initial health checks • Lack confidence • Poor attachment with parents • Anxiety and low self esteem • Minor accidents at home • Poor dental hygiene • Poor school attendance • Not at risk CSE	• Inhibited, withdrawn, passive, rarely smile, autistic type behaviour and self-soothing • Relationships shallow, lack reciprocity • Disinhibited: attention-seeking, clingy, very friendly • Not accessing early years • High absence from school • Mild risk CSE	• Infants- poor pre attachment behaviours of smiling, crying, eye contact • Children-impulsive, hyperactive, attention deficit, cognitive impairment and developmental delay, eating problems, poor relationships • School exclusion • Moderate risk CSE	• Self-harm • Mental ill health • Sexualised behaviour • Failure to thrive • Recurrent illnesses • Going missing • Out of education • Significant risk CSE
What professionals notice	• Clutter • Disorganised home • Hoarding • Not enough furniture • Lots of animals • Not attending appointments • Poor dental hygiene	• Dirty home and children • Poor physical and mental health • Poor hygiene • Regularly attending A&E	• Material and emotional poverty • Head lice • Homes and children dirty • and smelly	• Urine soaked mattresses, dog faeces, filthy plates, rags at the window • Children left in cot or serial care giving • Child essentially alone-severe neglect, absence of selective attachment. • Unable to get into house • Severe dental disease

Key Indicators - Depressed/Passive Neglect

	Universal/early intervention	Early help	Targeted early help	Children's social care
Characteristics of carers	• Often severely abused/neglected by own parents • Given up thinking and feeling • Withdrawn • Lack of meaningful engagement • Forgetting appointments • Can't impose boundaries • Focused on own needs • Not seen in school • Blame others for children's behaviour	• May seem unmotivated/mild learning disability • Learned helplessness • No structure/poor supervision • Stubborn negativism-passive aggressive • Missing appointments • Disorganised • Seeking services to solve problems (but not changing) • Emerging criticisms • One or two elements of toxic trio emerging • Change schools	• No smacks/ no shouting/no deliberate harm BUT no hugs, warmth emotional involvement either. • Unresponsive to children's needs-limited interaction • Avoiding appointments • Struggling to engage • Blaming services for lack of progress • Refuse to engage with early help	• Obstructing appointments • Blaming others • Combination of toxic trio reaching crisis • No ability to change • No boundaries
Characteristics of children	• Lack of interaction with carers • Presents as hungry • Lack of progression • Tired, withdrawn, isolated • Poor diet • Lateness at school • Dirty clothes • Developmental milestones not met • Attendance at A&E • Not at risk of CSE	• Infant-not curious, unresponsive, moans and whimpers but does not cry or laugh • Tend not to say much • Unwashed, ill-fitting clothes • Missing school • Repeated attendance at A&E • Unmet health needs • Obese • Mild risk CSE	• At school - isolated, aimless, lacking in concentration, drive, confidence and self esteem • Anxious • Goes missing • Poor school attendance • Self-harm • Self-isolating • Unresponsive • Moderate risk CSE	• Developmental delay • Absent from school • Regularly goes missing • Not accessing health services • Inappropriate behaviour for age • Morbidly obese • Significant risk CSE
What professionals notice	• Shut down and block out all information. • Absence from school/nursery • Children appear hungry • Inconsistent engagement • Turn up late at school • Poor dental hygiene	• Parents do not believe they can change so do not even try • A sense of hopelessness and despair-which can be reflected in the workers too • Poor dental hygiene • Stealing food	• Material and emotional poverty • Homes and children dirty and smelly • Chaotic, dirty households • Children not saying anything or making excuses for their parents • Children attending appointments on their own • Repeated concerns reported by neighbours • Severe dental disease	• Urine soaked mattresses, dog faeces, filthy plates, rags at the window • Children parenting their parents • Offending behaviour • Difficult to work with • Not in for visits

13 References

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