



Cheshire East

# TOGETHER for Children and Young People

*Together we will make Cheshire East a great place to be young*



## Practice Guidance for working with children and families who experience neglect



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## 1. Introduction

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### Signs of Safety

In Cheshire East, we use Signs of Safety as our way of working with families. This model of practice is based on therapeutic thinking that encourages working with children, young people and families to build on their strengths, empowering them to better manage the risks and challenges they may face now and in the future. The Signs of Safety approach underpins this policy and how we work in Cheshire East.

This guidance is for professionals working with children and families at ALL levels of need where neglect may be a factor. This guidance is aimed to support good practice, early identification and assessment of neglect.

This guide is not intended to be an assessment tool, but more a helpful prompt for practitioners in considering the various elements of neglect. Here is the link to our Cheshire East Safeguarding Children's Partnership website

<https://www.cescp.org.uk/homepage.aspx>

## 2. Assessing and responding to Neglect

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### Assessing

All practitioners who come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and analyse information as part of an assessment of the child's needs.



Assessment is part of a practitioner's day to day work, they assess a child (or a situation) every time they see them and make judgements as to how that child is presenting and if there are any concerns. The assessment of neglect is no different, however due to the complexity of neglect and the fact that it is often a cumulative effect assessment of, and responses to neglect need to be carefully considered and well structured.

It should also be remembered that neglected children virtually never start with an allegation from a child; invariably they are from an observation by a professional, or perhaps a member of the community. Act quickly to provide early support and intervention to reduce the potential for the neglect to become entrenched.

Practitioners should discuss concerns with their safeguarding leads if they are unsure about what they are identifying

An Early Help Assessment should be considered at this stage.

Should the outcome of any assessment identify that a child or young person is at risk of **significant harm** then the Integrated front door at Children's Services should be contacted in line with the practitioner's agency procedures.

## Responding

Response to the recognition of neglect is no different to how any type of abuse should be responded to. We know that a strength based approach whereby we work **with** families and support them to meet their own needs has positive outcomes for families, and that this approach can address child neglect as the majority of parents can be supported to change their behaviour and improve the lives of their children. It is also critical that the extended family network and community around the child are considered at the earliest opportunity in any resilience and safety building plan with carers.

However, when working with neglect, it is important to consider the particular needs and characteristics of children, young people and their parents and carers which may make a child or young person more at risk of experiencing neglect for example:



- The child and family history - we know this can be generational e.g. the parents were neglected so they have not developed good parenting skills/habits for their children. Let's raise parents' aspirations... *'because we had a social worker when we were young, that does not mean that we should expect to have one with our own family'*
- There are parental risk factors – domestic violence or abuse, substance misuse, mental health needs, or learning disability;
- There are issues of capacity and understanding for the parents or carers or an adolescent who is transitioning to adulthood (this may be across a wide range including capacity under the Mental Capacity Act);
- The child or young person is missing from education or not achieving in education;
- The child or young person has Complex Needs including Special Educational Needs
- Adolescent decision making is in conflict with that which may be consistent with their welfare;
- The young person has social, emotional or mental health needs

In addition, some situations may make the identification of neglect harder including (but not exclusively) where:

- There are particular cultural needs;
- The parents are affluent and can use this as a barrier to assessment / intervention
- English is not the first language of the child, young person or their parents or carers;
- The child is educated through Elective Home Education;
- The child or young person is missing out on education or not achieving in education;
- The child or young person has special education needs and disabilities.

When working with families, especially those where English is not their first language and / or that they have come to live in the UK from another country, practitioners should ensure that people understand the importance of keeping health appointments including for dental check-ups and treatment. In some countries, it may be the norm that health and dental appointments need to be paid for by the family and we need to make clear that this is not the case.





In addition, when expecting parents to bring their children to appointments we need to consider literacy and language issues, for example, can the parent carers read appointment letters etc.

Moreover, if there is travel involved to the appointment, we need to adopt a 'poverty lens' and consider the financial impact on the family – i.e. can they afford the fare to travel; if they work, can they afford or are they allowed to take time off work and are there other children who need to be cared for whilst a parent takes a child for an appointment.

### **a) Engagement with Family**

It is essential to understand the context in which a family lives, such as economic income, location and medical / mental health needs. Restorative conversations with parents, carers, children and other family members will provide an understanding of the lived experience for the individuals within families, and the family as a whole. It will allow the identification of who comprises the "family unit" and interaction with and between individuals, services and agencies as part of daily life.

All engagement should be child focused, ensuring that children and young people are able to speak out and that whoever they tell takes them seriously and acts on what they've been told.

Neglect needs to be understood from a child centered perspective, focusing on the child's unmet needs, and on the consequences for the child of parental behaviours e.g. is the child bullied or ostracised at school because of poor hygiene. In situations whereby external factors such as domestic violence or substance misuse are creating or impacting upon a neglectful situation, although responses should be considered within a Signs of Safety approach, the needs and voice of the child should not be lost. It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.



## **b) Identification of what concerns look like**

Strengths based engagement will allow a practitioner to identify what concerns look like; what are they worried about; how does this present; what are the impacts (including on wider family life) and what needs to change. These should be clearly explained to the parent / carers so that they can understand what your concerns are and agree with you as to what needs to change in order to remove the concerns.

Identification of concerns isn't necessarily about what has been done to the child, but on the consistent and sustained standard of care provided to him or her. However, to understand the impact of that standard of care it is essential that the child is spoken to, and his/her experience explored. For children who cannot verbally communicate their experiences, feelings and wishes should still be gathered using alternative methods, for all children, this should include direct observation within their family and reflective supportive conversations with parents/ carers as how stress affects their parenting.

Using an outcomes focused approach an agreed plan should be drawn up with the parents / carers about what needs to be achieved in order to overcome the concerns. Plan should be SMART and also identify any potential barriers, and how these may be overcome. The plan should have a strong focus on what can be done by the agency who has identified the issues and should include measures to show that the child/young person's life has improved as a result of the plan and intervention.

Throughout, consideration should also be given to involving other agencies and developing a multi-agency approach and strengthening the work of the identifying agency.

## **c) Recording**

Accurate, detailed and up to date recording either through the use of agency recording sheets or single (or multi-agency) chronologies is particularly important in identifying issues of neglect. The nature of its presentation (mounting concerns and minor incidents) means that recording by all professionals and sharing of information between professionals is crucial to the protection of the child. Trivial events may assume a much greater importance when observed repeatedly through



supervision and professional challenge, and an ability to analyse the picture that is building up or put together with the observations of others.

#### **d) Monitoring and reviewing Progress**

Throughout any work with a family whereby neglect has been identified as an issue, reviewing the Plan is essential to recognise progress and identify further actions or work required. Those intervening early (such as the voluntary sector) may have their own tools to assess progress, these should take place regularly to ensure oversight of progress and continuing assessment of concerns. Signs of Safety can be a helpful framework for families.

Where a statutory plan is in place with Children's Social Care as the Lead, this should take precedence with reviews taking place within these formal structure. Reviews can and should also occur in between formal reviews in order to maintain a current overview of progress. For situations whereby there is no statutory plan in place reviews should take place regularly to ensure oversight of progress and continuing assessment of concerns.

#### **e) Discuss with Line Manager / supervision**

The opportunity for reflection and discussion in relation to concerns regarding neglect, or ongoing work with neglect, allows for continual identification and assessment of concerns, monitoring of progress and agreement of progression. Practitioners should regularly seek the support of line managers and supervision to explore concerns about, and ongoing work with neglect. Where a multi-agency group is 'stuck', using group supervision can assist them to pause and reflect collectively on why they are struggling to achieve good outcomes for the child.

#### **f) Early Help Intervention and Prevention**

Practitioners in Cheshire East should have a good understanding of the following approaches and use these guiding principles when working with neglect:

- Early Help Assessment
- Signs of Well-being / Signs of Safety
- Family Networking
- Neglect Screening Tool



- Graded Care Profiles
- Multi-Agency Screening Tool kit

All practitioners working with children and families across Cheshire East have a responsibility to recognise, assess and offer appropriate intervention if they believe a child is being or likely to be neglected.

Escalation should be pursued once all avenues of support and intervention have been attempted and offered by the identifying agency and the outcomes for the children are not improving. This applies to children from Universal plus right through to Children's Social Care. Locality Support Officers are able to assist practitioners in accessing local resource to support existing plan's for children as well as supporting Practitioners with some of the practical challenges of working with families.

A practitioner that the family already knows well is often the best placed person to conduct the initial discussions with the family and complete a holistic assessment to decide what, if any, further intervention is required and who is best placed to offer this. Signs and symptoms of neglect need to be recognised and addressed at the earliest opportunity in a child's life in order that they don't escalate further.

Once the assessment and screening tool has been completed, if it is felt that wider support is required for the family you could consider requesting support from the Council Early Help team. Practitioners should seek advice and guidance from their agency safeguarding lead in the first instance but are also able to speak directly to your Locality Support Officer.

Here is the link for information and advice on Early Help access -

<https://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/how-do-i-get-early-help-for-my-child/how-do-i-get-early-help-for-my-child.aspx>

### **g) Referral to Cheshire East Consultation Service (ChECS)**

Should it be identified through ongoing review of the Early Help Plan that changes are not occurring, and that neglect is continuing, practitioners should make contact with ChECS (Cheshire East Consultation Service). This contact should be supported with the assessments that have already taken place within Early Help as well as relevant screening tools to inform the level of need and the most appropriate intervention/support. It would also be helpful to share what plans the agency had





already put in place and any learning about why this had not led to change for the child or young person.

Here is a link to our Threshold of Need document

<https://www.cescp.org.uk/pdf/timely-support-for-families-in-ce-guidance-on-thresholds-of-need-october-2018.pdf>

### 3. Resources and tools to aid practitioners with their reflective thinking:

Here is the Cheshire East Safeguarding Children's Parentship Tool Kit to support you in getting the right help for children at the right time:

[multi-agency assessment toolkit](#)

This contains:

- Neglect Screening Tool
- Screening tool for substance misuse
- Screening tool for Domestic Abuse
- Screening tool for Child Exploitation
- Genogram
- Direct work tools – 3 houses
- SOS analysis
- GCP 2

### 4. Things to think about when using the tools:

1. **Venue and space** – you do not need a lot of space however the children or family that you are working with need to feel comfortable and have a sense of privacy
2. **Time** – you need to allow enough time to complete the exercise and to deal with any issues that may emerge. A child may complete the exercise very quickly and may not seem to want to discuss anything in detail. Let their parent/carer or teacher know that they have completed the exercise in case issues arise at a later point
3. **Resources** - make sure that you have a pack of resources available including paper, pens, copies of worksheets, arts and craft materials and small toys etc.



4. **Comfort** - think about drink, food, toilets and anything else a person might need to keep them feeling relaxed and safe. Interruptions such as telephones or people coming in and out, or loud noises that make it hard to concentrate should be avoided.

5. **Clear brief** - ensure that all people participating in the activity understand the process, what they will be expected to think and communicate about, and for what purpose the information will be used.

6. **Confidentiality** - It is important that the participant is aware of any issues of confidentiality. Things to consider include; what happens to any information that is shared in the course of the exercise? Is it discussed outside the room? If so by whom and for what reason? It is important that the participant is made aware of this.

7. **Ownership** – It is important to talk about what will happen with the sheets/paper at the end of the activity. Are you going to make copies or use the information for assessment purposes? The person you are working with needs to know this so that they can make a choice about what to share.

### Some tips....

*"There is a plan in place but I remain concerned for the child's safety".*

Try the following:

Discuss your concerns with your Line Manager, Supervisor or Safeguarding Lead within your organisation

- Consider Group Supervision
- If the child is currently on an Early Help Plan, convene a Review to support sharing your concerns amongst the multi-agency group
- Produce a multi-agency chronology to inform and support decision making
- If you feel that the threshold of risk is increasing for this child(ren), make contact with your Locality Support Officer or ChECS for a further discussion
- If the child is on a Child in Need of Child Protection Plan, ensure that all Assessments, GCP and Parenting Assessments are completed to inform next steps
- Reflect on concerns in relation to the child and parent and the effectiveness of the current plan. Is it the right plan? Are they the right outcomes? Are we clear with parents what we expect of them? Have we checked that parents understand what we are saying?
- Be mindful to use the same criteria with disabled children



*"I want to gain the child/young person's views but am not sure what questions to ask them".*

Try asking the child/young person the following:

- Tell me what a normal school day is like for you, from when you first get up in a morning, to when you go back to bed at night?
- How do you know when it is time to get up on a morning? (this will establish whether they have an alarm clock or someone calls them up, or they are left to their own devices)
- Who is in the house with you, when you get up on a morning?
- Where are they? (this will hopefully establish whether or not responsible/supervising adults are up out of bed to help the child get ready).
- What is the very first thing you do when you get out of bed? Then what do you do? And then? Amplifying questions
- Do you have any breakfast before you go to school? What do you have? Who makes this?
- How do you get to school? Does anyone go with you? Do you have to take anyone else in your family to school (i.e. younger siblings)?
- What happens at home time? Who is in the house when you get home from school? What are they normally doing?
- What happens at tea-time? Where do you eat? What do you eat? What is your favourite tea-time meal?
- Tell me what you do from tea-time to bedtime?
- How do you know when it is time to go to bed? Tell me what happens at bedtime?
- So, when it's not a school day, tell me what happens then from you getting up on a morning, to going to bed at night?
- Younger children can be asked to make drawings of some of the above (e.g. draw their favourite meal) or use play people to demonstrate where people are & who does what.



*"It's hard to effect change and work with issues of neglect within this family because sometimes parenting is 'good enough' and other times it isn't".*

Try the following:

- Build a multi- agency history for the child
- Use this to review the multi-agency plan
- Establish whether there is any pattern to the decline or triggers that and be identified
- Consider the likely long-term outcome for the children without change and the seriousness of this

*"I can't seem to get the family to understand what I am concerned about".*

Try the following:

- Use the Neglect Screening Tool to support
- Be clear – use language that can be understood not just verbally but in plans and assessments too
- Share the history you have compiled with the family
- Think of creative ways to discuss the issues you are concerned about
- Produce individual cards with a concern written on each one. Ask the family to prioritise them. Leave them with the family to think about
- Ask the family why they think you are visiting and use their response as a springboard to talk about issues
- If you have been involved with the family for a long time and you feel that when you talk about issues you are no longer making an impact try and visit with a colleague to produce a new way of talking about the same things
- Be mindful of level of cognitive ability of the family and adjust your language





*"The plan doesn't seem to be working, the family isn't cooperating - I feel 'stuck'".*

Try the following:

- Review the plan - what you have done so far to engage the family – what has been most successful? What has been least successful and why?
- Discuss the case with your line manager
- If there are practical issues blocking progress attempt to resolve these. It may be that the home is so chaotic when you visit that you are unable to complete any assessment within that environment. If this is the case plan carefully how you can assess the family in these circumstances or try to use another venue
- Resolve some of the practical issues that may be distracting the family (be careful they are not being used as excuses to distract you)
- Think about what the family most likes to talk about – the children, themselves, housing issues. Structure your visit and allow them 10 minutes at the beginning of the session to let off steam and then spend the remaining time looking at issues that you want to cover
- Plan your visits. Think carefully about what time you will visit, what you want to achieve from the visit and how you will do it. Use planned and unplanned visits
- Think carefully how you are going to monitor and measure the issues of neglect; it is not acceptable to see this as ongoing activity that you cast your eyes over when visiting the family home. Use resources and tools to review change, feedback to the family what you perceive to be the situation
- Consider using creative ways to engage the family e.g. video, needs games. (see the assessment tools within the appendices)
- Use observation as a method of gaining information and then feedback the issues to the family and engage in discussion about this.
- Consider discussing your case within your team in a Group Supervision, possibly at a team meeting. Your colleagues may think of new ways of engaging the family or offering support.
- Consider having a colleague co-work with you. This will provide you with support and may also help to provide a “fresh” outlook on the case. Undertake joint visits.
- Utilise supervision to explore and avoid chronic issues seeming and being accepted as “the norm” within family homes.



Guidance on using Signs of Safety: <http://www.cescp.org.uk/professionals/guidance-on-using-signs-of-safety.aspx>

A guide to mapping:

<http://www.cescp.org.uk/pdf/signs-of-safety/assessment-mapping-guide-signs-of-safety-april-2019.pdf>

A guide to writing danger statements and safety goals:

<http://www.cescp.org.uk/pdf/professional/danger-statements-and-safety-goals.pdf>

Two guides on questions to elicit information for assessment:

<http://www.cescp.org.uk/pdf/guides/questioning-examples.pdf>

<http://www.cescp.org.uk/pdf/guides/ears-questions-assessment-mapping.pdf>

