



# Norfolk Safeguarding Children Partnership

## **A Solution-Focused Approach to Neglect**

**Learning from Safeguarding Practice Reviews**

**Spring 2023**



# Learning Outcomes

- Have a greater understanding of how familial trauma impacts on mental health: how professionals recognise and respond to patterns of behaviour
- Have knowledge of practical methods for engaging with fathers and the wider family network as a response to neglect
- Have established a shared understanding of how neglect impacts on the child as an individual and supporting the professional network to stay child focused
- Have awareness of, and have an opportunity to feedback on, resources and tools developed by the Neglect Strategy Implementation Group



# Why now?

Publication of two Safeguarding Practice Reviews:

- Case AL – published 8 December 2022: YP suicide
- Case AK – published 31 January 2023: baby death, suspected overlay

They look very different but have some striking commonalities including:

- Neglect: not named or not identified – allowing drift
- Parental substance misuse and mental health
- Role of the father(s)

Neglect Strategy has been rewritten to align with this learning and take account of findings from recent Ofsted inspection of Children's Services

# Managing Expectations

- Details of cases will not be covered – you can download the reports from the website
- Cases are ‘windows on the system’ – illustrated in the presentations today



- Be mindful: emotional impact on professionals directly involved and need to be compassionate and curious
- Stay positive: solution focused approaches are in development and need to work together to make sustainable changes!

# Progress Highlights

- Community Engagement and neglect comms: two animation co-produced with the help of children and young people focusing on feeling safe and loved
- Understanding Contributory Factors: Development and evaluation of adapted Norfolk Graded Care Profile (NGCP) – implementation plan in place and signed off by three statutory partners
- Flourishing Families Tool: online self assessment tool developed using questions from the NGCP – family friendly focus which is being road tested with service users and professionals before rollout
- Emotional Impact of Neglect: practitioners have access to opportunities to attend Reflective Practice Sessions and/or request Joint Agency Group Supervision to reflect on challenges in managing neglect cases
- Reinvigorated Neglect Champions Forum



# Progress Highlights, cont.

- Developed pathways between hardship and support. Families identified through an application to Norfolk Assistance Scheme (hardship funding) are provided with an Early Help consultation.
- Revised our multi-agency neglect training learning outcomes – now focused on developing skills to work alongside families to empower them to address neglect, enabling sustainable change, using resources to identify neglect.
- Multi - agency Contributory Factors Practice Group re-focused bringing together senior managers and front-line staff across the partnership offering opportunity to share experiences of families, share good practice and identify training needs.
- Longitudinal review into neglect
- Established comprehensive data profile



# Neglect... the word...

- Currently revising Guidance on Understanding Continuum of Needs (previously Threshold Guide)
- Importance of language: e.g. challenge with the concept of 'immediate' harm and cumulative neglect
- Need to be descriptive – focus on impact of relationships and quality of care giving on child
- Think relational!
  - Relational poverty
  - Relational trauma
  - Relational resilience

**Neglect** means; negligence, omission, disregard, failure, carelessness, squalidity, squalidness, squalor

## Opposite of **Neglect**

- care about
- attach importance to
- pay attention to
- care
- mind
- make much of

## Example Sentences

- We **neglected** the children's lessons very much.
- I **neglected** the presentation I had to prepare in

# Relax into the Learning

Great line up of presenters showcasing different tools and approaches:

- **Shirley Green:** understanding neurological impact of trauma
- **Mark Osborn:** fathers and families
- **Matthew Reading:** Norfolk Graded Care Profile
- **Michelle Dunsire & Sharon Moore:** Neglect Champions

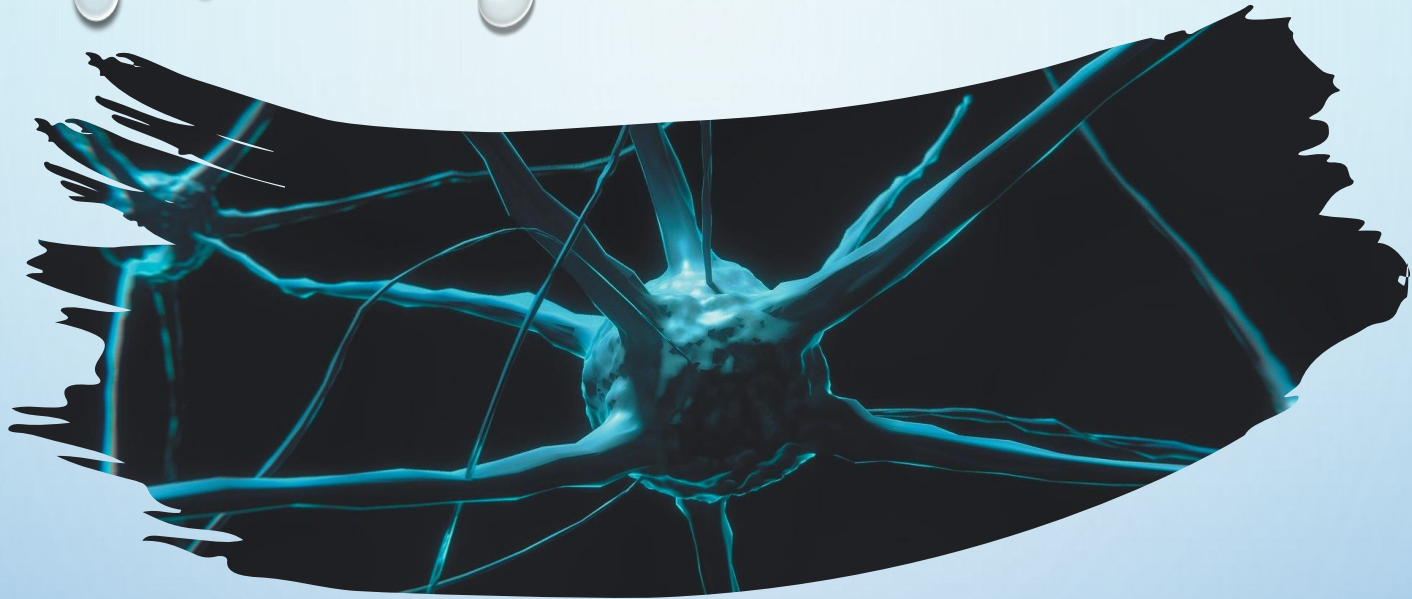
Plenty of time for group discussions and Q&A!

Plus a coffee break to keep everyone caffeinated

And yes, Powerpoints will be made available!







# TRAUMA IDENTIFICATION AND RESPONSE

FROM TRANSGENERATIONAL TO VICARIOUS TRAUMA

Shirley Green BSc, MSc, GMBPsS

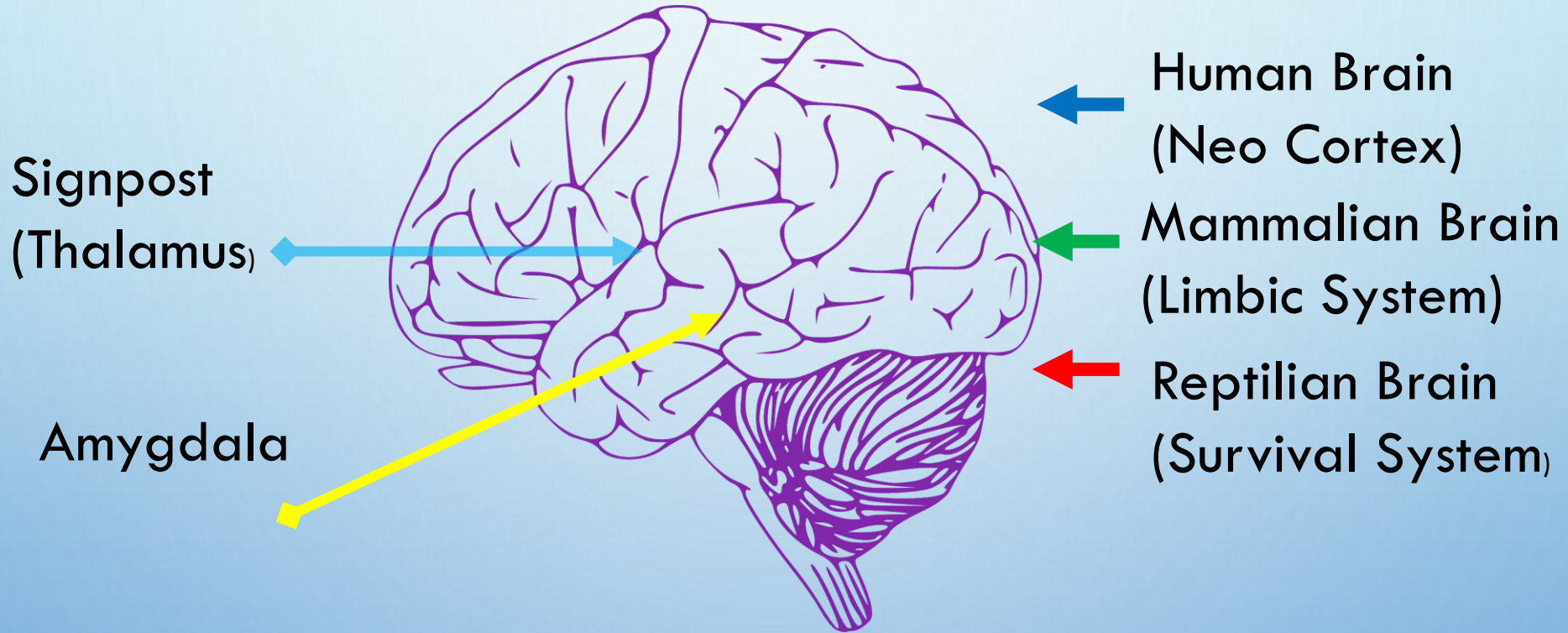
# HEALTH WARNING

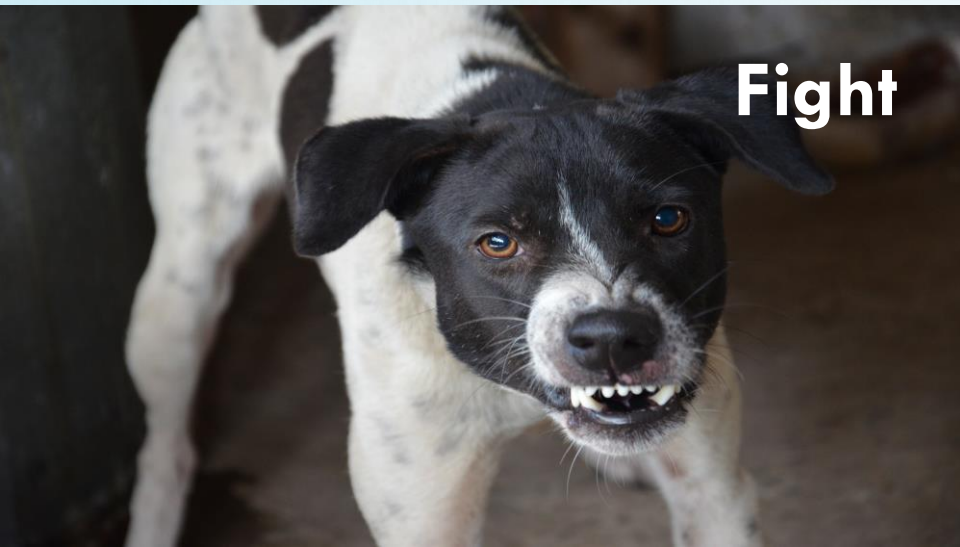
- WE ARE GOING TO BE LOOKING AT THE DEVELOPMENT AND IMPACT OF TRAUMA TODAY.
- AS WE ARE ALL HUMAN, WE WILL ALL HAVE HAD EXPERIENCES WHICH FRIGHTED OR THREATENED US AND SO MAY FIND THIS SECTION DIFFICULT.
- IF YOU FEEL YOURSELF BECOMING EMOTIONAL DURING THIS SESSION PLEASE FEEL FREE TO LEAVE AND FIND SOMEONE YOU CAN TALK TO.

## **INTERNAL NARRATIVES (NEURAL PATHWAYS)**

- **USING OUR EXPERIENCES TO FORM BELIEFS ABOUT OURSELVES, OTHERS AND THE WORLD**
- **DETERMINING OUR SENSE OF SAFETY BUT ALSO WHAT WE PERCEIVE AS A THREAT.**
- **NEW NEURAL PATHWAYS CAN BE DEVELOPED OVER TIME AND WITH CONSCIOUS EFFORT**

# AMYGDALA HIJACK





**Fight**



**Flight**



**Freeze**



**Flop**



**FRIEND**

# Observation and Recognition of Parental Behaviour

Chaotic home

Alcohol misuse

Control  
behaviour and  
thinking

Refusing  
support for  
children

Self  
harm/suicide

TRANSGENERATIONAL  
TRAUMA AND  
NEGLECT

VICARIOUS  
TRAUMA –  
DIMINISHING  
REWARD  
AND SELF  
PRIDE

Defining Vicarious Trauma

Impact on behaviour,  
satisfaction and capability

Solutions and support



# BEST PRACTICE

- GENOGRAMS
- CHRONOLOGIES
- JOINT AGENCY GROUP SUPERVISION (JAGS)
- OBSERVE AND UNDERSTAND THREAT RESPONSES
- BE GUIDED BY BEHAVIOUR AND LEVEL OF TRUE ENGAGEMENT

# GROUP ACTIVITY

- WHAT EARLY WARNING SIGNS HAVE YOU OBSERVED IN OTHER PEOPLE WHICH INDICATE SOMEONE IS FEELING INCREASINGLY THREATENED?
- HOW CAN YOU REDUCE THE THREAT TO HELP THEM REMAIN ENGAGED?

**THANK YOU FOR  
LISTENING**



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# Working with fathers

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“The father is as important as the mother”

# CSPR AK

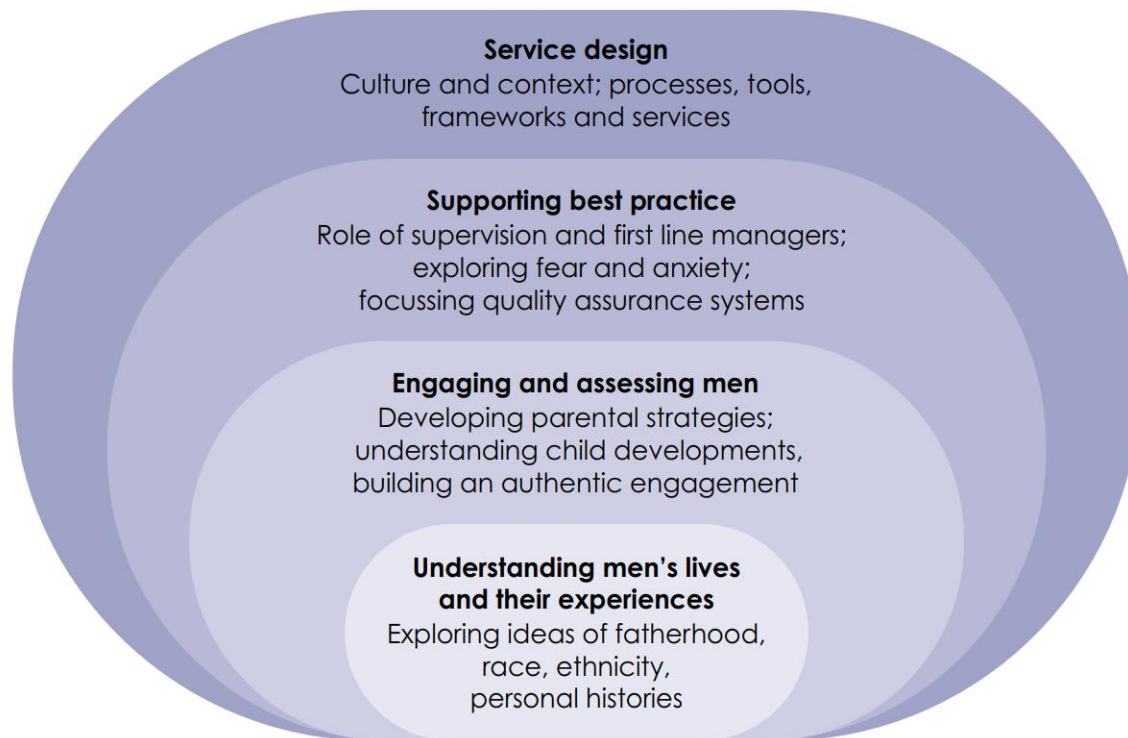
**A cultural shift is needed:**  
*Cultural change is never easy to achieve. It means taking an organisation-wide approach to including fathers and working with other agencies and joining up principles; it means starting with a belief that fathers matter too, and engaging them in the early years sector, schools, social services and health services.*

The view of the CSPR Panel is that this statement should read fathers are equally important and that including fathers should be *a mantra of safeguarding practice* - this is the cultural shift Norfolk is aiming for.



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# The Myth of Invisible Men



# Work with fathers in Norfolk:

responding to [The Myth of Invisible Men](#)

- Three advisory groups
- Father inclusive advocates
- Voice of fathers
  - Future radio
  - Podcasts
  - Fathers survey report
- Father specific webpages
- Family hubs and workstreams
- Community of Practice: Working with Fathers
- Good practice guides
- Training



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# Voice of Norfolk fathers

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- *they recognise my equal role as a father and that has meant a lot to me.*
- *“The transition to fatherhood is tough and I think showing a genuine interest in me as a father would be a start. My daughter’s birth was traumatic- I didn’t develop PTSD but I had flashbacks for weeks afterwards. I had to do a lot of research to find out what support was even available. Me and my partner had numerous contacts with professionals up until the birth and afterwards and for a long time, not a single professional person had asked me about fatherhood and made me aware of possible support available.”*
- *“There was just one occasion where someone asked me about being a father, but it was as they were leaving to go to another appointment. I felt very invisible”.*
- *“A good experience is one where a father is treated as an equal parent without the need to draw attention to it or make a special effort or service perk.”*



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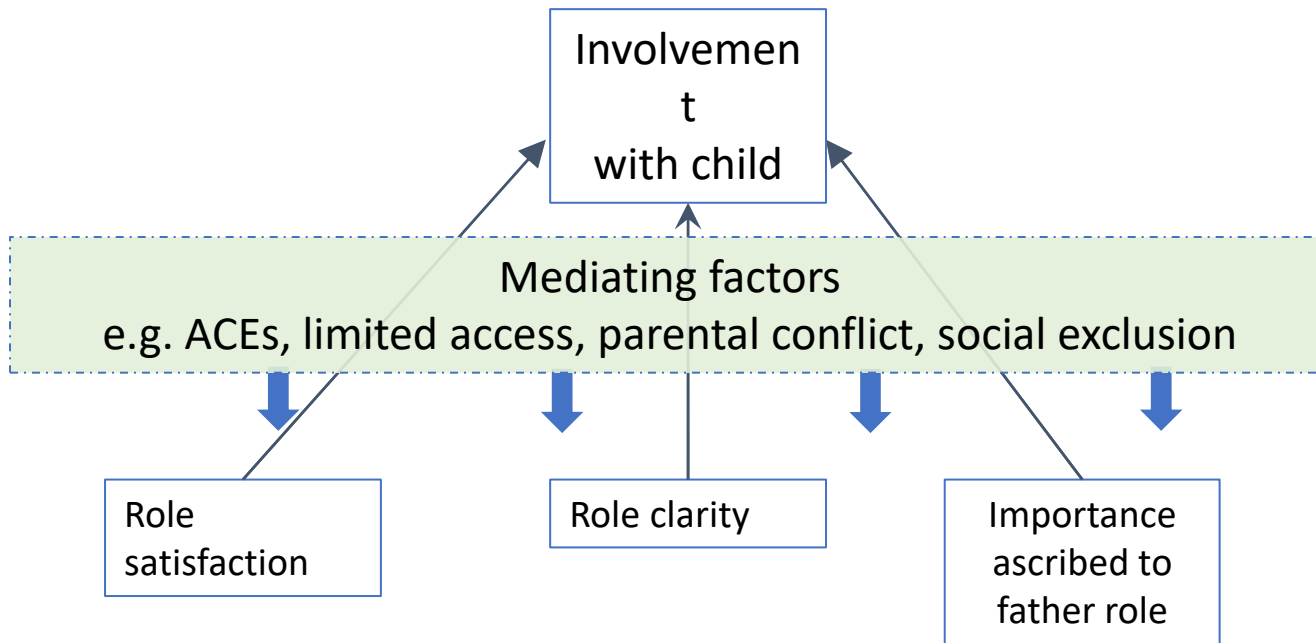
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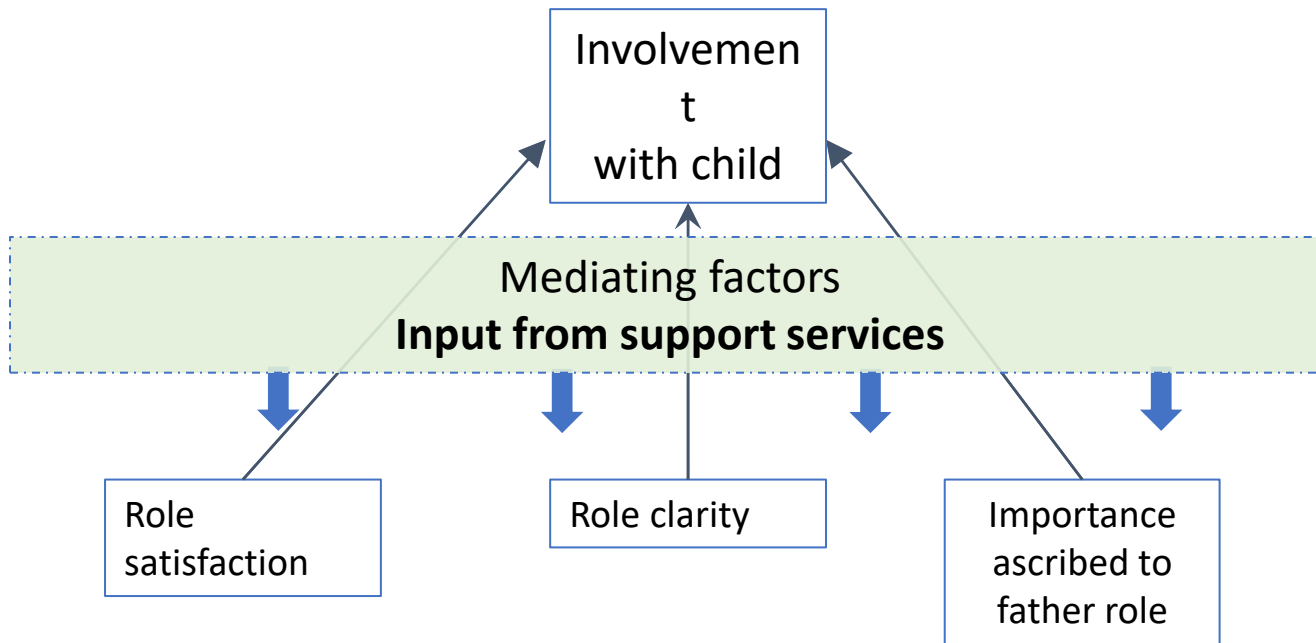
# CSPR AK

“Fathers have spoken about being involved in their children’s lives for many years but of not knowing what services have been involved or the nature of the concerns held. They spoke about not knowing what was expected of them/what they needed to do in order to – in the words of a father – co-parent their child, and how they might be supported to do so.”



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# CSPR AL and AK

The Norfolk Safeguarding Children Partnership should produce and promote sector specific good practice guides on understanding the importance of fathers and father figures and good practice in working with them, highlighting the expectations of all partner organisations around professional curiosity, engaging, assessing, recording and information sharing when working with all families.



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# Discuss in your group

1. Your experiences of good practice when working with fathers
2. What do you want and need to see in Norfolk's Good Practice Guidance?



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# Norfolk Graded Care Profile and FLOURISH: How they help



## Outcomes for today:

1. What is the NGCP
2. How NGCP and FLOURISH can help practitioners address neglect
3. A space to discuss as a group



## What is the NGCP

1. Key evidence-based tool to address neglect
2. Been in Norfolk for many years but underused
3. New version/new implementation plan
4. Easier to use, more accessible, improved language
5. Stakeholders central in implementation



| Area                   | Sub Area                  | Score |   |   |   | Area Score | Comments |
|------------------------|---------------------------|-------|---|---|---|------------|----------|
|                        |                           | 1     | 2 | 3 | 4 |            |          |
| Physical Care          | FOOD                      | 1     | 2 | 3 | 4 |            |          |
|                        | QUALITY OF HOUSING        | 1     | 2 | 3 | 4 |            |          |
|                        | STABILITY OF HOUSING      | 1     | 2 | 3 | 4 |            |          |
|                        | CHILD'S CLOTHING          | 1     | 2 | 3 | 4 |            |          |
|                        | ANIMALS                   | 1     | 2 | 3 | 4 |            |          |
|                        | HYGIENE                   | 1     | 2 | 3 | 4 |            |          |
|                        | SAFE SLEEPING             | 1     | 2 | 3 | 4 |            |          |
| Health                 | SEEKING ADVICE            | 1     | 2 | 3 | 4 |            |          |
|                        | DISABILITY AND ILLNESS    | 1     | 2 | 3 | 4 |            |          |
| Safety and supervision | SAFETY AWARENESS          | 1     | 2 | 3 | 4 |            |          |
|                        | TRAFFIC AWARENESS         | 1     | 2 | 3 | 4 |            |          |
|                        | HANDLING OF BABY          | 1     | 2 | 3 | 4 |            |          |
|                        | RESPONDING TO ADOLESCENTS | 1     | 2 | 3 | 4 |            |          |
|                        | SUPERVISION OF CHILD      | 1     | 2 | 3 | 4 |            |          |
|                        | CARE BY OTHER ADULTS      | 1     | 2 | 3 | 4 |            |          |

|                         |                            |   |   |   |   |  |  |
|-------------------------|----------------------------|---|---|---|---|--|--|
| Love and Care           | CARER'S ATTITUDE TO CHILD  | 1 | 2 | 3 | 4 |  |  |
|                         | BOUNDARIES                 | 1 | 2 | 3 | 4 |  |  |
|                         | ADULT ARGUMENTS & VIOLENCE | 1 | 2 | 3 | 4 |  |  |
|                         | YOUNG CARING               | 1 | 2 | 3 | 4 |  |  |
|                         | POSITIVE VALUES            | 1 | 2 | 3 | 4 |  |  |
|                         | ADULT BEHAVIOUR            | 1 | 2 | 3 | 4 |  |  |
|                         | SUBSTANCE MISUSE           | 1 | 2 | 3 | 4 |  |  |
|                         | UNBORN                     | 1 | 2 | 3 | 4 |  |  |
| Stimulation & Education | 0-2 YEARS                  | 1 | 2 | 3 | 4 |  |  |
|                         | 2-5 YEARS                  | 1 | 2 | 3 | 4 |  |  |
|                         | SCHOOL                     | 1 | 2 | 3 | 4 |  |  |
|                         | SPORT AND LEISURE          | 1 | 2 | 3 | 4 |  |  |
|                         | FRIENDSHIPS                | 1 | 2 | 3 | 4 |  |  |
|                         | ADDRESSES BULLYING         | 1 | 2 | 3 | 4 |  |  |
| Parental motivation     | 1                          | 2 | 3 | 4 |   |  |  |

## PHYSICAL CARE: FOOD

| 1) Child focused care giving.   | 2) Adult focused care giving.  | 3) Child's Needs are secondary to adults.  | 4) Child's needs are not considered.  |
|---|--|--|---|
| <p>Child is provided with appropriate quality of food and drink, which is appropriate to their age and stage of development.</p> <p>Meals are organised and there is a routine which includes the family sometimes eating together.</p> <p>Children's special dietary requirements are always met.</p> <p>Carer understands importance of foods</p> | <p>Child is provided with reasonable quality of food and drink and seems to receive an adequate quantity for their needs, but there is a lack of consistency in preparation and routine.</p> <p>Children special dietary requirements are inconsistently met.</p> <p>Carer understands the importance of appropriate food and routine but sometimes their personal circumstances impact on ability to provide.</p> | <p>Child receives low quality food and drink, which is often not appropriate to their age and stage of development and there is a lack of preparation or routine.</p> <p>Child appears hungry.</p> <p>Children's special dietary requirements are rarely met.</p> <p>The carer is indifferent to the importance of appropriate food for the child.</p> | <p>Child does not receive an adequate quantity of food and is observed to be hungry.</p> <p>The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.</p> <p>Children's special dietary requirements are never met and there is a lack of routine in preparation and times when food is available.</p> <p>Carer hostile to advice about appropriate food and drink and the need for a routine.</p> |

**Targeting Particular Item of Care:-**

Any sub area that has been identified as a concern should be considered as part of an action plan.

|          | <b>Targeted items<br/>(area/sub area/item)</b> | <b>Current<br/>Score</b> | <b>Period for<br/>change</b> | <b>Target<br/>Score</b> | <b>Actual Score after<br/>first review</b> |
|----------|--|--------------------------|------------------------------|-------------------------|--|
| <b>1</b> |  |                          |                              |                         |  |
| <b>2</b> |  |                          |                              |                         |  |
| <b>3</b> |  |                          |                              |                         |  |
| <b>4</b> |  |                          |                              |                         |  |

The completed GCP scores have been shown and discussed with the parent. Yes No  
Parent/carer comments:

# Neglect remains a key problem for us all

In England, neglect is most common category of abuse for child protection plans: 48% (25,330 children).  
20% of these children remain on plans for more than a year, more than any other category  
(source ONS 2022)

Norfolk 2021-22:  
Children in Need plans = 56%  
Child protection plans = 40%

Norfolk 2020-21:  
Children in Need plans = 54%  
Child protection plans = 38%

# Neglect: Always challenging, sometimes tragic

- 1 in 10 adults severely neglected in their childhoods
- Adults not always able to recognise it, i.e. physical neglect is more visible than emotional neglect
- Victims often unable to report it, children and young people unable to “tell” : Case AL thought that Mother’s behaviour was normal. “Mother was his world.”
- Mild/low level neglect over time can be very damaging, failure in one area can be fatal – Case AK



# How NGCP can help: headlines



- It is now more user friendly, more widely used, better supported
- Neglect is made more visible
- Strengths as well as weaknesses are identified;
- Conversation with the family is specific, avoids doubt/vagueness
- Child centred approach is encouraged;

As a result, the working relationship with the family can be much more constructive.



# Strengths as well as weaknesses are identified

- NGCP approach encourages one area of concern to be identified, and one area of strength.
- This allows the concern to be set in a positive context
- Provides a balanced approach





There is both breadth and depth to the conversation : Case AK

5 domains: Physical care, health, safety and supervision, love and care, education and stimulation

Physical Care > Safe sleeping > child's needs secondary to adults

Carer unaware of safe sleeping guidelines, even if they have been provided.

Carer does not recognise the importance of safe co-sleeping or the impact of carer alcohol drug use on safety.

Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this.

## A child centred approach is encouraged: Case AL

“Mother blocked professionals. She did not welcome anyone – including family members at times. Mother had to be at the centre of things, needed to “control the narrative.” She appeared to encourage AL to stay in his room and not to have a normal life.”

- NGCP avoids reasons for neglect.
- Keeps the focus on the child, not “distracted” by parental context such as parents’ mental health issues or substance addiction.
- Focus on the experience of the child, emphasis on child’s needs, level of care the child is receiving and impact on the child

# Action planning

- Specific targets
- Achievable targets
- Realistic timescales





We want Norfolk to be a county where every child can **flourish**:

**f**amily and friends

Children and young people are safe, connected and supported through positive relationships and networks

**l**earning

Children and young people are achieving their full potential and developing skills which prepare them for life

**o**pportunity

Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents

**u**nderstood

Children and young people feel listened to, understood and part of decision-making processes

**r**esilience

Children and young people have the confidence and skills to make their own decisions and take on life's challenges

**i**ndividual

Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness

**S**afe and secure

Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure

**h**ealthy

Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

## Flourish Outcomes Framework – Impact and Outcomes statements

| <b>Family &amp; Friends</b>  | <b>Learning</b>  | <b>Opportunity</b>   | <b>Understood</b>   | <b>Resilience</b>   | <b>Individual</b>  | <b>Safe &amp; Secure</b>   | <b>Healthy</b>  |
|--|--|--|---|---|--|--|---|
| <p><b>Children and young people are safe, connected and supported through positive relationships and networks</b></p>  | <p><b>Children and young people are achieving their full potential and developing skills which prepare them for life</b></p>   | <p><b>Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents</b></p>  | <p><b>Children and young people feel listened to, understood and part of decision-making processes</b></p>  | <p><b>Children and young people have the confidence and skills to make their own decisions and take on life's challenges</b></p>  | <p><b>Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness</b></p>  | <p><b>Children and young people are supported to understand risk and make safe decisions by the actions adults and children and young people themselves take to keep them safe and secure</b></p>  | <p><b>Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives</b></p>   |
| <ul style="list-style-type: none"> <li>As many CYP as possible are able to live safely with family</li> <li>Where CYP are not able to live with their family, they have the support they need to build a stable foundation of positive relationships</li> <li>CYP have positive childhood experiences in their homes, schools and communities</li> <li>CYP have the support they need from their parents and carers</li> <li>CYP have positive role models and trusted adults in their lives</li> <li>CYP have the skills and opportunities to develop positive friendships and relationships which support them throughout their lives</li> </ul> | <ul style="list-style-type: none"> <li>CYP establish a great early years foundation for learning and see the benefit in becoming lifelong learners</li> <li>CYP enjoy learning and developing skills and feel positive about what they can achieve</li> <li>CYP have good engagement with learning in and out of school, including attendance and extra-curricular opportunities</li> <li>CYP make the best possible progress in learning and education</li> <li>CYP are supported by families, professionals and communities at all stages of their development</li> <li>YP are equipped with the skills and confidence to live as independently as possible</li> </ul> | <ul style="list-style-type: none"> <li>CYP have improved equity of opportunity through the removal of barriers including improved economic, geographical and digital inclusion</li> <li>CYP have a wide range of education, employment, training, social and community activities available to them</li> <li>All CYP, at every age and regardless of disability or additional needs, have access to opportunities that suit their needs and ambitions</li> <li>CYP have the emotional, personal and practical support they need to make the most of the opportunities available</li> </ul> | <ul style="list-style-type: none"> <li>CYP are active, respected and included members of their communities as individuals and collectively</li> <li>All CYP voices are influential in all decisions made about their lives</li> <li>CYP feel adults respect their views and opinions and promote CYP influence</li> <li>CYP know their rights, how to make their views known and are confident to speak up</li> <li>CYP are confident that all strategies and services for CYP have their needs and ambitions at their heart</li> <li>CYP are confident that their voice will make a difference and can see the impact they are making</li> </ul> | <ul style="list-style-type: none"> <li>CYP can understand and make good decisions and are empowered to do so</li> <li>CYP know what independence entails and are able to transition in the best way for them</li> <li>CYP are supported to try new things, have a variety of experiences and be curious and aspirational</li> <li>CYP understand life can be complicated and know asking for help is OK</li> <li>CYP can recognise when they need help and have choice and control over the support they receive</li> <li>CYP have a range of options for support and advice</li> </ul> | <ul style="list-style-type: none"> <li>CYP are understood and valued as individuals and in their social groups</li> <li>CYP understand and value each other</li> <li>CYP and others on their behalf are able to tackle prejudice and discrimination</li> <li>CYP have safe spaces to explore, develop and become confident in their identity as they grow</li> <li>CYP's self-expression is prioritised, promoted and respected</li> <li>CYP have a range of opportunities to influence the wider world</li> </ul> | <ul style="list-style-type: none"> <li>CYP are free from exploitation, abuse and neglect</li> <li>Fewer CYP enter/re-enter the criminal justice system</li> <li>CYP are safe and secure in all settings, including where they live</li> <li>CYP feel that families, professionals and communities understand and carry out their role in keeping them safe</li> <li>CYP trust the people and systems that are there to help keep them safe, know where to go for help and feel confident and able to do so</li> <li>CYP know what to do to keep each other safe</li> <li>CYP are supported to understand and take appropriate risks</li> </ul> | <ul style="list-style-type: none"> <li>CYP have the best achievable physical, mental and sexual health</li> <li>CYP know how to get healthy and keep healthy and are confident in their own self care</li> <li>CYP have choice in how they access health services, including the best possible virtual health experience</li> <li>CYP are supported at the earliest possible stage, reducing crises</li> <li>CYP know when and where to go for help with physical and mental health and have confidence and trust to do so</li> </ul> |

How can you use NGCP  
and FLOURISH to  
address neglect ?

3 priority actions from  
each group ?



# **Neglect Champions**

**Michelle Dunsire  
Sharon Moore**



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## Case AL

**Recommendation 4** – Recognising the longer term nature of neglect & parental non-cooperation The NSCP should review its guidance on Thresholds in order to support practitioners' understanding of neglect, the long term and cumulative impact of neglect and how to identify non-cooperation of care givers, as possible evidence of neglect. As well as highlighting examples of single significantly harmful events examples can be provided to help practitioners recognise that neglect includes:

- not being brought to appointments
- repeated refusal of services
- not complying with advice or not administering or monitoring a child's medication



## **Case AK**

### **Recommendation 1**

The revised Norfolk GCP must be used in cases of neglect with strong multi-agency leadership to ensure effective implementation. This should include agreeing clear roles and responsibilities for completing the Norfolk GCP in any safeguarding/care plan. Audit of neglect cases from across the child's journey to test effective implementation and assess how it impacts on planning and interventions within 12 months of publication.



# The Role of the Neglect Champions

- Advise and support other practitioners within their organisation
- Receive and disseminate information regarding neglect to staff
- Attend training and awareness sessions
- Model good practice
- Signpost practitioners to appropriate help
- Attend multi-agency neglect champion forums



# What support can Neglect Champions expect?

- Free attendance on multi-agency neglect course
- Training updates specifically for champions
- Neglect Champions Forums – opportunity to engage with other champions
- Neglect Champions newsletter
- Neglect Champions Teams channel



# Current Position

- 128 Neglect Champions across the multi-agency network
  - Children's Services
  - Education
  - Police
  - Health
  - District Councils
  - Fire Service
  - Voluntary Sector
  - Early Years
- <https://forms.office.com/r/XmfVFtbSUi>



# Tools and Resources



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If you have concerns around any of the areas below, speak to your supervisor

### Family & Environmental Factors



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### Neglect Identification Tool

This tool has been developed for use in universal services to aid recognition of factors which may indicate a child or young person (YP) is suffering from **NEGLECT**.

These statements are based on the 'Framework for the Assessment of Children in Need, Department of Health 2000'.

Once concerns about neglect are identified, practitioners need to make judgement about the level of intervention.

You should discuss this with your supervisor/manager and evaluate the seriousness of the concerns and decide what the appropriate response should be.



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## If you have concerns around any of the areas below, speak to your supervisor

### Child/young person's Developmental Needs

Parent's inappropriate response to needs/distress, child/yp does not look to parent for comfort, seeks comfort from strangers, soiling, wetting, destructive behaviour, running away, aggressive, indiscriminate friendliness, withdrawn, self-harming, significant change in behaviour

#### Emotional and Behavioural

Over or under-weight, growth and development outside expected range, unmanaged or untreated health conditions/dental care, missed health appointments, frequent accidents or injuries

#### Health

Limited access to toys/books/learning opportunities, no playing with parents and/or other children, erratic or non school/nursery attendance, late for school, arrives hungry/tired/irritable/inappropriately clothed, educational under-achievement, significant change in educational performance

#### Education

Poor sense of self-worth/self-esteem/self-awareness, poor social relationships, feelings of not belonging within peer group/family/wider community, lack of self-confidence, lack of own clothes & belongings

#### Identity

Not walking, or talking, unable to dress or feed him/herself, dis-interest in self-care

#### Self Care Skills

Unsuitable clothing for age/gender, unkempt, dirty, smelly

#### Social Presentation

Unusual relationship with parents and other family members, lack of affection from parents/siblings, not encouraged to form friendships, parental lack of pride in the child/yp's achievements

#### Family & Social Relationships

### Parenting Capacity

Lack of food, home dirty/cold, inadequate clothing, poor personal hygiene, child has caring responsibilities

#### Basic Care

No age appropriate toys/activities, left for long periods in pushchair/highchair/cot/ in front of TV

#### Stimulation

Inappropriate boundaries & discipline, inconsistent discipline, not knowing right from wrong, issues not addressed, withdrawal of food/drink used as punishment

#### Guidance & Boundaries

Inadequate supervision, unsuitable carers, hazardous environment, dangerous pets, contact with unsafe adults, drug or alcohol mis-use, allowed to engage in dangerous or delinquent behaviour

#### Ensuring Safety

Left with many different carers, people they don't know, lack of support through family/ life changes

#### Stability

Little or no comfort/affection/praise or encouragement, unrealistic expectations, parents are aggressive/violent towards each other and/or others

#### Emotional Warmth

Where a child/young person has a disability the additional factors below may be indicators of neglect:

- Not getting enough help with feeding
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting





# Padlet

## Neglect

### Research/Papers



Norfolk Safeguarding Children Partnership

Child Safeguarding Practice Review

PDF

AL

CSPR-AL FINAL-FOR-PUBLICATION

Research

### Videos



Episode 47: Child neglect: why neglect and how to support families  
YouTube

Child neglect: why neglect can happen and how to support families | NSPCC Learning Podcast

Jane Wiffin

### Links



Neglect Information for Professionals



### Policies



5.22 Neglect - Norfolk Safeguarding Children Partnership



Norfolk Safeguarding Children Partnership

# Neglect Comms

Supporting Children to Feel Safe

[Supporting Children to Feel Safe  
\(justonenorfolk.nhs.uk\)](http://justonenorfolk.nhs.uk)

Family Networking

[Family Networking \(justonenorfolk.nhs.uk\)](http://justonenorfolk.nhs.uk)



Norfolk Safeguarding  
Children Partnership

# Further Neglect Resources

[Neglect Information for Professionals  
\(norfolklscb.org\)](http://norfolklscb.org)



Norfolk Safeguarding  
Children Partnership

**How might Neglect Champions  
support practitioners working with  
long term neglect?**

