**Neglect – Guide to for Decision Making**

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| **Child’s Name** | **DOB & Age** | **Address** | **NHS no** | **Ethnicity** | **School/Nursery** | **Child’s first language** | **Disability/Special Need** |
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| **Professionals Name** | **Role/Title** | **Organisation** | **Email Address** | **Contact Number** |
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**Date guide completed**

**Definition of Neglect**

Neglect is defined in Working Together to Safeguard Children (2018) 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:

a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)

b. protect a child from physical and emotional harm or danger

c. ensure adequate supervision (including the use of inadequate caregivers)

d. ensure access to appropriate medical care or treatment

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

**Identified types of neglect include: - Medical Nutritional Emotional Educational Physical Lack of Supervision and guidance**

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| **Area & Examples**  (Consider evidence-based practice and guidance in relation to your concerns) | **Evidence & Analysis** |
| **Medical** | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * Safe sleep arrangement and co-sleeping for babies * Seeking advice and intervention * Mental Health * Child/YP is not brought to health appointments * The child/YP does not have a healthy weight (e.g., excessively overweight or underweight) * The child/YP does not have good dental hygiene and is not registered with a dentist * The child/YP has not had all appropriate immunisations * The child/YP has a chronic health condition which is not well managed e.g., Asthma, diabetes * The child/YP has recurrent minor infections * The child/YP frequently attends the Urgent Care Centre or A&E in   Hospital | **EXAMPLE - PLEASE DELETE**  *Annie’s eczema was infected and had spread to most (80%) of her body. Annie said she felt sad and tired as she was itchy and sore and couldn’t get to sleep because she was so uncomfortable. Annie said she gets embarrassed by the sores on her skin.*  *If Annie’s eczema is not treated properly at home by her parents, she will continue to have skin infections that will cause her to be ill, in pain and discomfort. Her sleep will continue to be disturbed and she may struggle to concentrate and take part in lessons and achieve in school.*  *If Annie’s skin remains sore and inflamed, she may become more self-conscious and embarrassed by this. She may become more isolated, not wanting to go to school and mix with her friends because of how she looks. This in turn would make her feel sad and lonely.*  *Grandma visited recently and was really helpful with personal care – she also has eczema and supported Annie to understand what was going on when she (grandma) put the cream on.* |
| **Nutritional**  (Consider evidence-based practice and guidance in relation to your concerns) | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * The child/YP does not have an adequate and balanced diet. * The child/YP has an unusually large appetite * There is evidence that the child/YP is stealing or hoarding food | **EXAMPLE - PLEASE DELETE**  *Staff on the ward have noticed that Ben will eat his meals and ask for more afterwards. Staff also found food in his bag that he had taken from the kitchen. Ben told staff he was going to give some of the food to his brother and save the rest.*  *Staff worry that Ben might be hoarding food while in hospital as he isn’t fed regular meals at home. If Ben isn’t getting regular nutritious meals, he will be tired and hungry, he may become ill or deficient because he isn’t getting the right nutrients he needs. If Ben isn’t getting nutritious food, he may struggle to concentrate and do well in school due to being hungry. Children need food to keep their bodies well, fit, and active.*  *Ben tells us he loves it when his Aunt Mandy visits as she makes sure Ben and his brother have food in the cupboard.* |
| **Emotional**  (Consider evidence-based practice and guidance in relation to your concerns) | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * High criticism - Low warmth * Parents/Carers attitude to warmth and care. * Adult behaviour * Parental/Family conflict * Young Carers * Positive values * Child/YP concerns re poor mental health and self esteem. | **EXAMPLE - PLEASE DELETE**  *While Will was in the A&E department with his mum, he became very upset and frightened when the doctor said he may need to have more tests. The doctor reported that mum didn’t offer Will any comfort or show him any affection when he became upset. As the Doctor left the room, he heard mum tell Will to “shut up, whinging”.*  *If Will isn’t shown the love, support and affection that all children need, especially when they are frightened or in pain, they may grow up feeling unloved and uncared for. If this continues long term, they may struggle with their own mental health and self-worth because of this.*  *.*  *Will’s older brother came into the A&E department after football, and immediately gave Will a great big hug – Will was very responsive to this and clung to his brother.* |
| **Educational**  (Consider evidence-based practice and guidance in relation to your concerns) | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * Appropriate to age of development * Unborn. Toddler, primary/high school * Poor School/nursery attendance * Friendship and peers * Behavioural issues at school | **EXAMPLE - PLEASE DELETE**  *Molly told staff she hadn’t been in school for weeks as she hates going, she has no friends, and it makes her anxiety worse when she does go in. Molly said her mum says it doesn’t matter and lets her stay off. Sometimes her mum doesn’t realise she has stayed off as she stays in bed until late most days.*  *Molly wants to be a vet when she grows up and wants to help animals.*  *We worry that if Molly doesn’t get the right help and support to attend school, she will miss out on the school and the learning experience, making friends, socialising, and most important achieving in her exams. If this continues long term, she may continue to feel lonely and isolated and struggle to get the career she wants as she hasn’t got the right qualifications.* |
| **Physical**  (Consider evidence-based practice and guidance in relation to your concerns) | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * Child/YP’s hygiene and cleanliness * Quality of housing * Home is in a poor state of repair * Sleeping space * The child/YP does not have a bed or a bed with bedding * Concerns regarding the child/YPs clothing * Animals/pets at home * YP sexually active | **EXAMPLE - PLEASE DELETE**  *When Emily was brought to clinic with her parents she was noted to smell strongly of urine. Her clothes were extremely dirty and covered in old food stains. Emily’s hair looked like it had not been brushed for some time and was matted at the back of her head. Her finger and toenails were ingrained with dirt.*  *The staff nurse noticed that Emily, although 3 years of age was wearing a nappy that was heavily soiled.*  *Mum stated that she was having difficulty toilet training Emily and so kept her in nappies as it was easier. Mum had no clean nappies to change Emily.*  *If Emily is left in dirty wet nappies, she may develop nappy rash that will cause pain and discomfort and may become infected. If Emily isn’t toilet trained, she may grow up having problems with continence and toileting that would cause her to become distressed, embarrassed, anxious, and self-conscious as she gets older.*  *If Emily isn’t kept clean and tidy and given clean clothes to wear, she may become sick/unwell due to her skin becoming infected and poor hygiene.*  *Emily may become sad and embarrassed and feel different to her friends due to her smelling and being unclean.*  *Emily may grow up thinking that it’s okay not to keep clean and tidy as she has always been like this.*  *Mum said her best friend Sharon is a good source of support and would help out if needed.* |
| **Lack of Supervision and guidance**  (Consider evidence-based practice and guidance in relation to your concerns) | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * Concerns regarding guidance and Boundaries * Safety awareness and features in the home. * Supervision of the child * Handling of baby and response to baby * Concerns regarding care by other adults * Concerns regarding online safety * Experimenting with alcohol and drugs. * Child/YP offending/anti-social behaviour | **EXAMPLE - PLEASE DELETE**  *Joe told the nurse that he often looks after himself and his younger brother Tom when his mum and dad go the pub. Joe told the nurse that he and Tom like it when their mum and dad stay out late as they can stay up late, eat crisps, drink cans of monster and watch scary movies or play on GTA. Joe says he like going online and playing.*  *We worry that Joe and Tom who are only 13 and 8 years of age are left alone to care for themselves.*  *We worry that if the boys are not being cared for by a safe and responsible adult, they are at risk of getting accidentally hurt or injured. If no one is monitoring what they are watching or playing online, they could be exposed to adult content that may scare, frighten to confuse them and be at risk of exploitation online.* |
| **Parental Behaviour/vulnerabilities**  (Consider evidence-based practice and guidance in relation to your concerns) | **1.What is it you have seen and/or heard that worries you.**  **Describe the worrying behaviour.**  **2. What are you worried will happen if the behaviour you describe continues, short & long term. (IMPACT)**  **3. What’s working well. (STRENGTHS)** |
| * Poor mental health * Substance misuse * Parent has caring needs * Inappropriate family support * Aggressive or threatening behaviour towards professionals * Parent(s) have suffered trauma * Learning difficulties * Parent/carer relationships are abusive or violent   (Domestic abuse)   * Evidence of Self-Neglect in parent/carer of the child |  |

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| **Evaluation of findings** | |
| **Level of concerns** | **Actions to consider** |
| **Low level concerns** | Case discussion at supervision  Case discussion within safeguarding meeting e.g., vulnerable family meetings  Does the majority of identified need sit within Level 2 (Adult-focused caregiving)?  If yes – consider alongside the rest of the assessment – Is likely that a request for Early Help should be made to the Early Help Service and a Team Around the Family set up.  You will need the family’s consent to set up a Team Around the Family. |
| **Raising concerns** | Case discussion at supervision  Case discussion within safeguarding meeting e.g., vulnerable family meetings  Does the majority of identified need sit within Level 3 (Child’s needs are secondary to adult’s)  If yes – discuss with your **Designated Safeguarding Lead/Safeguarding Team/Named GP and consider a referral** - Child in Need Assessment may be appropriate.  Consider alongside the rest of the assessment – minimum response should be an Early Help support and Team Around the Family  Discuss with your safeguarding lead and consider making a referral into children’s services.  You will need the consent of the person with parental responsibility for the child before you make the referral. If the child is of an age to make their own decisions, their consent should also be sought. |
| **High level of concern** | Case discussion at supervision  Case discussion within safeguarding meeting e.g., vulnerable family meetings  Are there any identified elements of Neglect at Level 4 (High Risk of Harm)?  If yes – **discuss immediately with your Designated Safeguarding Lead/Safeguarding Team/Named GP and refer into Children’s Safeguarding Team.**  If your safeguarding lead is not available, do not wait, make the referral to Children’s Social Care |
| **If you are unsure about the level of risk and whether to refer, see also the Levels of Need (Thresholds) guidance located at:**  [understanding\_level\_of\_need.pdf (proceduresonline.com)](https://cumbrialscb.proceduresonline.com/files/understanding_level_of_need.pdf?zoom_highlight=levels+of+need#search=%22levels%20of%20need%22) | |

**Professionals Next Steps/Actions**

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| **Action log** | **Date Action Completed** |
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