DSCB
Dorset Safeguarding Children Board

CHAPTER 3

3.16 Pan-Dorset Multi-Agency Child Neglect Guidance

Guidance on the recognition, assessment and management of neglect

Procedures Effective from: **2011**

Last Review Date:

If you have any comments or queries about the pan-Dorset procedures please contact your agency representative on the Pan-Dorset Policy and Procedures Group or notify the relevant LSCB using the following email addresses:

info@dorsetlscb.co.uk
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1. Introduction

1.1 In August 2010, the Dorset Safeguarding Children Board (DSCB) concluded a Serious Case Review (Family S3) which involved the neglect of two children aged 8 and 16 years old, who lived with their mother and grandmother in a rural village in Dorset. The home conditions, which had been poor historically, were found to be appalling.

1.2 In spite of the involvement of many professionals from different agencies, the children had lived in conditions of increasing neglect over a ten year period. As professionals withdrew their services any improvements made by the family faltered.

With the youngest child entering school, professionals ceased to visit the home to review their progress. Subsequently the children's environment continued to deteriorate, and when police forced entry into the house, it was found to be in a completely dilapidated state with the children living in circumstances hazardous to their health.

The police arrested the mother and grandmother who were subsequently convicted of cruelty against the children. The children themselves were taken into care.

1.3 Prior to this and following the school entry of the younger child, professionals had continued to have concerns about the well being of the children, but there was a failure to understand the effect of neglect on the children's health, physical social and psychological development.

Professionals intervened to compensate for the family's inability to provide consistent, adequate care for the children, without addressing the real causes of the neglect.

Neglect causes significant harm to children and its adverse consequences may last a lifetime.

1.4 This piece of guidance has been developed to prevent professional 'drift' and 'start again syndrome' both of which were factors in the lives of the children involved in the Family S3 Serious Case Review.

1.5 Its purpose is to provide clear guidance to all professionals working with families where neglect is an aspect of the children's care, ensuring:

- professionals ***and*** the families with whom they work have clear goals to work towards to improve circumstances for the child/ren
- professionals **and** families have a clear, ***shared*** understanding of what needs to improve and why, and how they'll know this is happening
- and both have a ***shared*** understanding of the necessary actions which will be taken if circumstances do not improve/are not maintained.

1.6 Equality and Diversity

The DSCB expects all staff to be proactive and ensure they respond appropriately with regard to the safeguarding of children and young people. Staff should recognise and support equality and diversity issues and consider the additional vulnerabilities faced by children and young people and the adults caring for them, including:

- those from Black, Asian and minority ethnic backgrounds;
- children who are disabled;
- refugees or asylum seekers;
- those who are transgender;
- children who have a particular sexual orientation;
- children from all faiths and beliefs;
- those who have diverse communication needs;
- those living in rural settings;
- those who have caring responsibilities.

The DSCB does not tolerate any lower standard of care or welfare on the part of any child or young person as a result of them belonging to these groups, but recognises the need to adapt service delivery to ensure it is appropriate to need, e.g. providing translation services, alternative methods of communication or to consider accessibility issues or social exclusion.

2. What is Neglect?

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development." *Working Together To Safeguard Children (March 2010)*

2.2 **Neglect may involve a parent or carer failing to provide:**

- Adequate food, clothing and stimulation.
- A home environment that reaches a basic level of hygiene and comfort.
- Protection from physical and emotional harm or danger.
- Supervision (including passing caring responsibilities to inappropriate/inadequate care-givers).
- Access to appropriate medical care or treatment.

2.3 **It may include:**

- Neglect during pregnancy as a result of maternal substance abuse.
- Neglect of, or unresponsiveness to, a child's basic emotional needs
- Parents/carers who are highly critical and low in warmth towards the child, and includes 'scape-goating', where a particular child in the family is seen as the 'trouble maker' or blamed for all things which 'go wrong'
- Poor physical care of the child which may include one or more of the following:
  - Delays in seeking medical care for the child when unwell or injured
  - A lack of prioritisation of health appointments by the parents with regular or repeated failures to attend
  - Low or falling weight
  - Static growth
  - Increasing weight/obesity
  - Inadequate or dirty clothing
  - Generally unkempt appearance
  - Thin sparse hair
  - 'Cold injuries' with swollen, inflamed hands, feet and face
  - Developmental delay
  - Poor dental care
- An inability to maintain the most basic levels of care, despite intervention from professionals or following the withdrawal of professional involvement.
- A failure to protect a child from neglect, maltreatment or abuse.
- A combination of failures – even if each in itself is not substantial, the combination is significant.
- Not only one-off significant negative/damaging events but also cumulative, longstanding and perhaps lower level events.

2.4 Neglect has many causes and is considered a passive form of abuse which is largely due to omissions rather than parental actions or commissions (Child Neglect 2005)[1]. It is important to remember that the recognition of unmet needs may not in itself indicate

[1] Watson J (May 2005): *Child Neglect: Literature Review.* Centre for parenting and research.

neglectful parenting; however it may point towards the need for intervention and a 'joined up' interagency approach.

3. Working with Child Neglect

A DANGER FOR PROFESSIONALS

3.1 Neglect can cause serious harm and is linked to the deaths of children. If children are to be protected it is essential for professionals to effectively identify, assess and plan the interventions to meet the needs of children and their families when neglect is an aspect of their care.

3.2 However, professional uncertainty regarding thresholds criteria and what constitutes significant harm and neglect can lead to confused opinions. Unrealistic professional optimism may also result when small changes to a child's circumstances are made which are given too much 'weight' when the overall risks remain unchanged. Disguised parental 'compliance' may reassure professionals that the parents share the same concerns and are working towards improving matters, whereas in reality little is changing to improve the life of the child.

3.3 **All children can be subjected to neglectful situations but research shows that some groups are more likely to experience harm from neglect than others.**

This group (Child Neglect 2005)[2] includes:

- Children born prematurely;
- Children who are disabled;
- Adolescents;
- Asylum seeking children;
- Children from black, ethnic minorities;
- Children who are missing from home.

[2] Watson J (May 2005): *Child Neglect: Literature Review.* Centre for parenting and research.

4. Characteristics of Neglect

4.1 Basic Needs Of The Child Are Not Adequately Met

Parents or carers who have the economic means to meet the needs their children yet fail to do may be able to hide their physical and supervisory neglect, whilst being emotionally and psychologically neglectful. Poor and minority families are more likely become a focus for attention. [3]

4.2 Age Of The Child

Remember the general rule: the younger the child the higher the risk. Neglected babies and toddlers are at most risk in terms of their immediate health and the prospects for their longer-term welfare.

However, serious neglect of older children and adolescents is often overlooked, on the assumption that they have the ability to care for themselves. Make sure your risk assessment focuses on the age of the child. Ask the question "what is it like for this child to live in this family/environment?"

The DCSF produced a multi-agency guide for professionals working together on behalf of teenagers 'Neglect Matters'[4].

4.3 Poverty

Guard against the risk of 'excusing' or explaining neglectful care because a family is in poverty. Neglect is not necessarily a consequence of poverty although poverty may make it more difficult to provide good care to a child, with problems accessing services or the financial ability to buy clothes etc.

Neglect is about a child's needs being unmet to such a degree that ill-treatment or impairment of health and development, physical, emotional and social occurs. Neglectful care of children may also be found in families considered 'well off'.

4.4 Substance Misuse

It is known that children whose parents have problematic substance misuse are harmed or are likely to be harmed and that their health, emotional, physical, educational and social welfare compromised.

Any concerns of substance misuse need to be assessed thoroughly. For example, check for dangers in the house e.g. Where are drugs stored? When are the drugs taken? Who cares for the child at this time?
and
Assess the risk of immediate harm e.g. is the child exposed to drug paraphernalia or drugs/alcohol, is there a lack of adequate supervision and basic care food/hygiene/clothing.

Remember, the use of illegal drugs is time consuming for the adult; money has to be found to pay for the drugs, the drug supply has to be located and at times the adult will be under the influence or withdrawing. Similarly, the purchase of alcohol may involve a significant proportion of the family budget and the child's needs may lack priority.

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[3] Watson J (May 2005): *Child Neglect: Literature Review.* Centre for parenting and research.
[4] www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00247-2010

Further information about parents with problematic substance misuse and the Hidden Harm agenda may be located on the DSCB website:
https://www.dorsetlscb.co.uk/site/advice-for-people-working-with-children/hidden-harm/

The pan-Dorset Joint Substance Misuse Childcare Protocol may be found at the following link: https://www.dorsetlscb.co.uk/site/wp-content/uploads/2009/12/Chapter-3.8-Joint-Mental-Health-Substance-Misuse-Childcare-Protocol-updated-Dec-10.pdf

4.5 Dysfunctional Parent Child Relationship

Observations of a poor parent-child relationship may indicate some level of neglect; stability and boundaries may have deteriorated through a lack of attachment or a breakdown in the relationship. In some cases a child may become the scapegoat in the family and suffer neglect in this situation.

4.6 Lack Of Affection, Attention & Stimulation

Evidence of this factor may suggest the psychological neglect of a child. Guard against cultural stereotypes as some parenting styles may openly show displays of affection.

4.7 Mental Health and Learning Difficulties

Such difficulties can significantly impact upon parenting capacity. Seek specialist advice whenever this is identified as an issue to ensure the parents/carers are able to understand the information and advice they are being given.

4.8 Low Maternal Self-Esteem

This can affect the 'normal' parental/child interactions and should be considered as an elevating risk factor when neglect is an issue of concern.

4.9 Domestic Violence

Direct or indirect harm can arise through children being exposed to domestic abuse/ domestic violence (physical or emotional) in the home. Consider the long term implications for children growing up in such environments.

4.10 Age of Parent or Carer

Immaturity/lack of experience/apathy/own experiences of childhood/impulsive behaviour-all can increase the risk of neglect.

4.11 Negative Childhood Experiences and History of Parenting

Previous abuse or neglect by a parent will increase the level of risk to the child.
Children who suffer abuse or neglect may become more detached and lack empathy-this could affect parenting capacity.

4.12 Damaging Expectations Upon Children

Giving children inappropriate responsibilities to care for themselves and / or others or restricting activities which will impair health and development.
Leaving children in charge of other children in the family at an age inappropriate for the responsibility is emotionally harmful as well as possibly exposing children to physical risk. This includes the child as carer as well as the children being cared for.
It may have immediate and long term adverse consequences for their safety and wellbeing.

4.13 Home Alone/Inappropriate Supervision

The potential risks include those above, when expectations of the child are greater than would be expected for their age and maturity. Generally, the younger the child the greater the risk.

4.14 Preoccupation Due To Other Relationships

Sometimes children can be neglected because the adult focus is upon the need to sustain/maintain/obtain their own personal relationships, at the expense of the child

5. Identifying Neglect

5.1 *Always* Focus On The Needs of the Child

Start by using *Framework for the Assessment of Children in Need and their Families (2000, Chapter 2), CAF or Initial Assessment* in order to consider the full range of needs of a child and then ask oneself whether or not their parents or carers are *consistently* meeting these needs. If not, then neglect is an issue. In all circumstances, be aware of the risk of thinking 'this is normal for this family/this area/this person' and accepting the situation as you find it. Think 'what is this child/young person's daily life like here?'

5.2 If children have disabilities and are receiving care from therapists, be sure to include them in any assessment. Their expertise regarding the necessary care to ensure the best possible outcome for the child, physically and developmentally will be essential

5.3 Don't Focus On The Parents Or Carers Exclusively

Parents who neglect their child are often emotionally and materially deprived and they may attempt to use professionals to meet their own needs. In such circumstances it can be easy to lose focus on the child. *Remember the needs of the child are paramount and over ride duties of confidentiality owed to the parent.*

5.4 But Look At The Family Too

The full extent of neglect will only be identified after a thorough assessment of the family. It is important that professionals are sensitive to different family patterns and lifestyles and to child rearing patterns that vary across different ethnic, cultural and faith groups. Professionals, however, should guard against myths and stereotypes. Distinguish between those families who have their own needs and those who are neglectful. Understand the 'norm' of different cultures to gain insight into whether this family have diverted from this 'norm'.

Consider the capacity of parents in assessments, including the impact of their mental and emotional health and any learning disability.

5.5 Sharing Information – Working Together

Work with your colleagues in other agencies. Always remember that the family GP may hold a quantity of past and recent history which will help in assessing the needs of the child and the adults in the family as well as extended family. GPs would be expected to share this information with you where appropriate in order to safeguard the child. Gathering and sharing past & present information to obtain as many details as you can, will ensure assessments are accurate and complete. Without doing this, your assessment are likely lack depth and be ineffective.

5.6 Ask for Expert Help

All local District and Borough Councils have Environmental Health departments who have the expertise to assess and advise on the impact of environmental neglect. Professionals should make referrals to Environmental Health if there is any doubt about the level of environmental neglect, or advice is needed on the appropriate steps that should be taken. See section 11 on the role of Environmental Health Departments.

The Fire Service will also carry out safety checks if you are concerned that fire is a significant risk element – they will often provide and fit smoke alarms free of cost (see Appendix 3 for referral form)

If there are concerns regarding a child's health, growth or developmental progress, consider discussing with the relevant health visitor or school nurse. Refer to a paediatrician for assessment as appropriate.

5.7 Look Out For Small Details

Analysis requires the collation and evaluation of sometimes small and seemingly insignificant events that only when viewed together provide evidence that neglect is an issue of concern.

5.8 Avoid The “Rule Of Optimism”

For a variety of reasons, professionals can often think the best of families with whom they work, especially when the parents/carers seem well meaning and to be trying hard to improve their situation and the care of their children. This can lead to a lack of objectivity and loss of the focus on the child, minimising concerns, failing to see patterns of ‘relapse’ or abuse and generally not believing or wanting to believe that risk factors are high. The risk is that insufficient change is made, risks are not evaluated in a holistic context and children’s distress remains unchanged.

The motivation of the parent/ carer, being ‘well meaning’ with an apparent willingness to ‘try’ to change things, and their own need for support aren’t justifiable reasons for allowing the child to continue in a neglectful environment or receive neglectful care.

5.9 Clarify What Is Fact and What Is Opinion

Professionals must be explicit when describing concerns of neglect. It is essential to record what they are told and by whom, what they see /hear and their own professional opinion. Separating fact from opinion is vital and backing up opinion using evidence from research and/or professional knowledge of the home conditions, presentation of the child/ren or observed interactions between parent/carer and the child is required. Accurate record keeping and communication of plans, interventions and outcomes is essential.

5.10 Look Out For 'Low Warmth/High Criticism' Environments

These are amongst the most damaging to children. Within cases of neglect this concept can be particularly useful to practitioners when considering both the child’s needs and the parental / carer response to these.

5.11 Values & Difference

Watch out for your own assumptions and don’t let them cloud your objectivity. Assess the facts of the case – any opinions you have must be backed up with evidence and not informed by personal value judgements. However, be mindful to avoid allowing poorer standards of care because you feel you may be judging by your ‘personal standards’. Seek supervision regularly from your Safeguarding Children lead and/or manager and be open to exploring objectively these standards.

5.12 Ethnicity and Culture

Children from different ethnic and cultural backgrounds will experience different parenting styles. Whilst some of these styles may differ from the White UK perspective of child-care, this does not make them significantly harmful to children. Any judgement of neglect must be based on evidence and not on stereotypes about a family’s culture, faith or ethnicity, which neither explain nor excuse acts presenting a risk of significant harm.

Also remember that within the white British society there is not necessarily a universal ‘norm’; there will be differences based on ‘cultural’ values. Professionals must explore the power and control issues within a household and the ability of parents to change the way they care for their children. This includes the influence of other family members such as partners, grandparents or other significant people in the lives of the families and communities.

Regardless of background, culture, religion, ethnicity or family belief systems, all children have a right to be protected from abuse or neglect. It is never acceptable for any child to be subjected to unreasonable standards of care or for them to suffer abuse or neglect.

6. Referring Neglect

6.1 Many cases of low level neglect will be managed by services other than social care. Support in learning new skills, advice about risks and harm and reminders help families create change in some situations of neglect where universal or targeted services are involved.
There is no absolute way to judge the threshold for child protection intervention. In cases of neglect, the point at which this threshold is crossed depends upon a number of factors and relies on professional judgement and the completion of an accurate and effective assessment. Neglect that constitutes significant harm will usually be characterised by a combination of events. **A 'snapshot' view of the child will never be sufficient.**

6.2 It will always be necessary to establish the difficulties underlying the neglect of children and young people. Thorough assessment through CAF or another recognised tool *the cause of neglect is* required *rather than professionals simply acting to relieve its symptoms*, which is often the much repeated outcome. The best predictor of future behaviour is past behaviour. A CAF assessment should be proportionate but it will be important to consider the following:

- Any past professional involvement with the family
- What has worked, has it been maintained? Why was it effective or why have things deteriorated?
- Chronologies and genograms from the various agencies involved with the family may provide significant information
- Both past and present circumstances need to be considered as neglect often spans generations
- How well has the family maintained progress in the past when professionals have withdrawn
- Identifying caring responsibilities

You are advised to use tools such as:

The Graded Care Profile (Appendix 2) which can be downloaded from:
https://www.dorsetlscb.co.uk/site/advice-for-people-working-with-children/forms/

The Home Conditions Assessment and Parenting Daily Hassles Scale (DoH, Framework for the Assessment of Children and their Families)

7. Managing Neglect Cases

- ✓ Ensure that the drift of cases is avoided. Do both parents/the parent/carer understand the professional concerns and agree with the plan? Is the parent able to make the necessary changes i.e. do they have influence/authority/resources within the home to do so? What is the plan? Are all the professionals involved aware of the plan and of their role? Is it realistic?

- ✓ Avoid 'start again syndrome' where each new episode of neglect is dealt with as a new incident rather than building up a picture of ongoing neglect over time. Producing and maintaining a chronology of actions and outcomes will indicate the level of compliance over time. Regularly discuss cases in supervision and prioritise these effectively. Consider what has worked before and when a different approach might be needed.

- ✓ Maintain your multi-agency links, communication and consistency of approach.

- ✓ Liaise widely: share/gather information from those involved in the child and family, such as children's therapists, health visitors and school nurse as well as youth workers, children's social care, police and education.

- ✓ Be clear about the threshold at which more stringent action may be required to safeguard and promote the welfare of the child.

- ✓ When developing plans and written agreements, be explicit about what action is required of the parents. The parent's capacity to change <u>and maintain</u> that change is a critical factor. This is especially so in cases of serious neglect.

- ✓ Develop 'contingency plans' that should be implemented as soon as it is clear that parental capacity is not improving.

- ✓ Avoid the 'rule of over optimism' when small changes and improvements mask the greater number of risks unchanged.

- ✓ Be aware of 'false engagement' and 'feigned compliance'. True engagement by parents shows by changes in their behaviour, measurable improvements in the situation for the child and visible improvements in the child's health, educational achievement and general well being.
  Remember, always think about what this means for the child.

What difference is this making for the child's life and home?

8. Health

8.1 Health professionals, particularly services such as Health Visiting and School Nursing often work with children and families within their own home environment. They are in a position to identify when neglect is a feature of the care of the child and to work with parents to improve the child's circumstances.

8.2 When there are concerns of immediate risk to the child, a referral should be made to Children's Services Social Care and/or Police, and a discussion with the organisation's Safeguarding Children Team should take place.

8.3 However, when concerns have been identified with the parents as being at a low level of risk, improvements may be made in a timely manner and sustained. The professional must make a judgement on whether discussion with the Safeguarding Children Team and /or Children's Services is required at this point. The means of reviewing progress will vary depending on the discussion with the family but it is expected that the child's circumstances will be reviewed by home visiting at regularly agreed intervals. Unannounced visiting will ensure that conditions are being maintained outside of planned visits. This is to ensure the parents are not merely providing an effective public appearance, for whatever reason. Should the agreed improvements fail to occur as expected or are not maintained, further review and assessment will become necessary.

8.4 The physical care of the child may need to be improved, with the provision of clean clothes, bathing/washing/oral hygiene and/or regular attendance at health or dental appointments.

The failure to have provided this care may include the lack of equipment, and in the worst scenario, the lack of water/electricity; transport difficulties or a lack of understanding of the need for the appointments may exist. Professionals will need to explore the reasons for the poor physical care of the child with the parents/ carers to provide an effective response.

8.5 The Graded Care Profile provides a tool for the professional to use to reflect on their involvement with the family, and also as a means of clarifying and agreeing the areas needing improvement with the parents, so both parties share an understanding of what needs to change and why. It provides clear evidence for the parents to see what they doing well and what needs to improve.

8.6 To ensure there is a consistent method of recording the home circumstances within the child's health record, practitioners may also consider the use of the 'Framework for recording the condition of the home' found at Appendix 1. The purpose of this framework is to consider and monitor environmental conditions and provide a method of recording the conditions of the home objectively. It is to be used to avoid 'blanket terms' such as 'grubby', 'good enough', and improving' which are all open to interpretation depending on the practitioner.

8.7 The framework is not a prescriptive list but may be used as are reference tool; other areas identified by professional may be added. This can be printed, dated and added to the child's health record to identify work to be completed, and to update progress made. As part of the child's health record it will remain for reference for those who work with the family in the future. **This framework is a recording tool only and must not be used to replace the Graded Care Profile**

8.8 Work with the family will be subject to regular, agreed home visits to review progress; the timing of such visits will reflect the need of the family and the concerns of the professional. If members of the 'Skill Mix Team' are working with the family their work must be supervised; the timing of this supervision will depend on the concerns but should be no less than monthly and carried out by the health visitor/school nurse team lead.

8.9 When Health professionals identify that a family are not maintaining improvements in the home, and the child continues to live in an environment where their health, social and educational needs are not being met, it is important that supervision with their Safeguarding Children Team is taken and their work is subject to regular subsequent supervision to monitor progress being made. Consideration should also be given to contact being made with Children's Social Care either for advice or to make a referral.

8.10 Regular supervision will ensure the professional is not becoming desensitised to the conditions in the home, provide an opportunity to reflect on plans to work with the family and to ensure that the work being completed by the parents is improving the child's life. This will minimise the risk of drift and of professionals responding to relieve symptoms of neglect rather than addressing their cause.

8.11 The Health professional should consider whether a specialist opinion about the home circumstances is needed, such as from Environmental Health or Fire Services. If referrals are made to these services, a discussion with Children's Services Social Care would be also be expected to take place. A referral to Children's Services Social Care may be required following this discussion.

8.12 Consideration must also be given as to whether photographic evidence (see section 13) is needed to ensure there is clear information in the record to establish the level of neglect and to provide evidence of improvements. This will be of value both by those currently involved but will also to provide factual evidence of the home circumstances for those who may have involvement with the family in the future.

8.13 If Health professionals identify home circumstances which are such that this level of detail is required, this should be discussed with Children's Services Social Care and their involvement requested. If the professional is referring to Children's Services Social Care, the request for photographic evidence must be included in the referral form.

8.14 The practitioner must obtain Supervision at this point from their Safeguarding Children Team.

8.15 **Contact Details for Health Organisations Safeguarding Children Leads:**

Dorset Healthcare University Foundation Trust:
Bournemouth and Poole area: 01202 853370
Dorset area: 01305 361447

Mental Health Safeguarding Children Lead: 07876 131625
Dorset County Hospital Foundation Trust: 01305 254708
Poole Hospital: 01202 448275
Royal Bournemouth Hospital: 01202 704305

Designated Nurse Consultant for Safeguarding Children: 01305 361051
Designated Doctor for Safeguarding Children via switchboard: 01305 251150

9. Social Care

9.1 **What happens when a referral is received from a professional who is concerned about environmental neglect?**

- It is of paramount importance that all previous records relating to the family are fully considered.
- All social work assessments should contain details of the home conditions seen.
- If photos have not already been taken by environmental health or police, consideration should be given to such a request being made (as appropriate – see Section 13).
- The assessing social worker should consider using the framework (Appendix 1) for recording home conditions at the beginning of the intervention, with regular reviews against this benchmark, as work with the family progresses. This framework can be used in conjunction with the Graded Care Profile, but should not replace it.

9.2 **What happens if fresh concerns are raised on cases already open?**

- In this instance, the social worker should discuss what further action may be required with their line manager
- During this discussion, specific regard should be paid to section 7 of this guidance "managing neglect cases" and consideration given to the elements within this section.
- Good practice would indicate that consideration be given to the line manager visiting jointly with the social worker in order to give an additional perspective
- The social worker should consider whether each new referral/concern received heightens the risk already identified.

9.3 **Children's Social Care Contact details:**

Bridport Local Office
The Grove, Rax Lane, Bridport, DT6 3JL
Tel: 01308 422234

Christchurch Local Office
Loring Road, Christchurch, BH23 2GZ
Tel: 01202 474106

Dorchester Local Office
(Children who are Disabled West)
Acland Road, Dorchester, DT1 1SH
Tel: 01305 251414

Dorchester Local Office (main teams)
Woodside, Monkton Park
Dorchester, DT2 9PS
Tel: 01305 221450

Dorchester (16+ Leaving Care Team West)
The Old House, Monkton Park,
Dorchester, DT2 9PS
Tel: 01305 228200

Ferndown Local Office
Penny's Walk, Ferndown, BH22 9JY
Tel: 01202 877445

North Dorset Local Office
Bath Road, Sturminster Newton,
DT10 1DR
Tel: 01258 472652

Purbeck Local Office
(incl. Children who are Disabled East)
19 Bonnets Lane, Wareham, BH20 4HB
Tel: 01929 553456

Weymouth and Portland Local Office
Jubilee Retail Park, Jubilee Close
Weymouth, DT4 7BG
Tel: 01305 760139

Pippins (16+ Leaving Care Team East)
Hanham Road
Wimborne BH21 1AS
Tel: 01202 889969

Bournemouth Children's Social Care
Town Hall
St Stephen's Road
Bournemouth
BH2 6DY

Poole Children's Social Care
14a Commercial Road, Poole, BH14 0JW
Email: childrenandfamilies@poole.gov.uk
Telephone: 01202 735046
Text Relay: 18001 01202 735046

10. Criminal Neglect

10.1 Section 1 of the Children and Young Persons Act 1993 outlines the offence of 'cruelty to persons under sixteen', which incorporates neglect. According to section 1, if anyone who is 16 years or over wilfully assaults, ill treats, neglects, abandons of exposes a child in a manner likely to cause unnecessary suffering or injury to health they will be guilty of an offence. Injury to health includes any injury to or loss of sight, hearing, limb or organ of the body and any mental derangement.

10.2 The definition of neglect is outlined in section 2(a) of the Act. The offence is committed if a parent, guardian or other person legally liable to maintain a child has failed to provide adequate food, clothing, medical aid or lodging or has failed to take such steps as to procure these items. The neglect must be deemed to be a manner likely to cause injury to the child's mental or physical health.

10.3 For an offence under section 1 to be committed, there must be evidence that it was 'wilful'. There is no statutory definition, but the term has been interpreted by the courts. In *R v G* (2004) 1 AC 1034 it was said that wilful misconduct means deliberately doing something that is wrong, knowing it to be wrong or with the reckless indifference as to whether it is wrong or not. Although there is no definable threshold for when a minor neglectful act becomes a criminal offence, each single incident must be examined in the context of other acts or omissions and the possibility of a criminal offence should be considered. There will be occasions when the issue is one of poor parenting and/or the carer's lack of knowledge, rather than a deliberate and wilful act.

10.4 Where Police involvement is needed to investigate concerns about neglect of children, the Child Protection Investigation Unit of the Police should be contacted.

10.5 Dorset Police Contact Details

01305 222222 or 01202 222222
In a non-emergency dial 101
In an emergency dial 999

11. Environmental Health

11.1 Environmental Health have powers to deal with a range of issues including substandard housing, public health problems and nuisance issues such as filthy and verminous premises, excessive noise, and dangerous electrics in a rented property etc. Staff will assess each case on its merits with due regard to the legislation. In general, formal action can be taken where necessary to investigate and resolve a problem. Where evidence supports the need for such action, legislation usually allows staff to apply for a warrant to gain access to a property if necessary.

11.2 Environmental Health professionals visit a wide range of premises in the course of their work. Basic child protection training should be given to all staff making visits to help them identify when a referral should be made to Children's Services Social Care. Each case will have to be assessed on its merits but referrals could be in response to living conditions, housing conditions or to other situations that may arise. For example, seizing noise equipment from a property with children present where a parent is unlikely to be cooperative.

11.3 In all cases checks should be undertaken to find out if a child/young person is living at the property. This should include checking council records and speaking to neighbours etc. Where evidence suggests a child/young person is living at the property all attempts should be made to gain entry to the property. Liaison with Children's Services Social Care at this stage would also be helpful to find out if they are aware of this property/child. It is also likely to be helpful to liaise with the police to try and gain access to the property if necessary. Where access to a property has been denied and evidence suggests there might be a problem, formal procedures should be used to try and get a warrant to enter the premises.

11.4 Individual District/Borough Council's will have specific procedures for making a referral to Children's Services Social Care. However, in order to contact Children's Services Social Care directly; please contact the relevant local office at the numbers detailed in section 9 of this guidance.

11.5 Referrals should be made to Environmental Health at the relevant District or Borough Council. Speak directly to a Senior Officer working in Environmental Health to agree a plan of action.

West Dorset Environmental Health
Email: env.health@westdorset-dc.gov.uk
Tel: 01305 251010
Fax: 01305 252485

Purbeck Environmental Health
Email: envservices@purbeck-dc.gov.uk
Tel: 01929 556561
Fax: 01929 557351

East Dorset Environmental Health
Email: publichealth@eastdorset.gov.uk
Tel: 01202 886201
Fax: 01202 639029

Weymouth & Portland Environmental Health
Email: envhealth@weymouth.gov.uk
Tel: 01305 838432
Fax: 01305 766684

North Dorset Environmental Health
Email: envlicens@north-dorset.gov.uk
Tel: 01258 484381
Fax: 01258 484298

Christchurch Environmental Health
Email: environmental.services@christchurch.gov.uk
Tel: 01202 495045
Fax: 01202 495108

Poole Environmental & Consumer Protection
Email: environment@poole.gov.uk
Tel: 01202 261700
Text Relay: 18001 01202 261700

Bournemouth Environmental Health & Protection
Email: enquiries@bournemouth.gov.uk
Tel: 01202 451451
Fax: 01202 454690

12. Compensatory care in schools or other care settings

12.1 Compensatory care is providing a child or young person, on a regular basis, help or assistance with basic needs with the aim of redressing deficits in parental care. This might involve, for example, providing each day a substitute set of clothing because those from home are dirty, or providing facilities for a child to shower where their personal hygiene or presentation is such that it is affecting his/her interaction with peers.

12.2 It does not include isolated or irregular support such as giving occasional lunch money or washing a child who has had an 'accident'.

12.3 Providing compensatory care might address the immediate and presenting issue but could cover up or inhibit the recognition of neglect in all aspects of a child's life.

12.4 If any agency finds it is regularly attending to one or more aspects of a child's basic needs then this should prompt a thorough consideration of his/her circumstances within the context of this document and before consideration of referral to social care.

13. Using photographs as evidence

- ✓ The use of photography can support assessment processes. Photographs can provide a clear record of the home conditions that are causing concern. Written description of household conditions can give an outline, but more detail is captured in photographs and will allow for further scrutiny and evaluation.

- ✓ Photographs can support work with families by helping them to see the conditions from another person's perspective, to motivate them and they act as a useful 'before and after' tool for families to see the progress they have made. Photographs can provide opportunities to set clear objectives with families.

- ✓ The objectivity of photographs assists different practitioners to compare conditions without different personal standards which can be found in recording. Their use in supervision can assist the supervisor to understand the conditions that are causing concern. They can also assist in reflection about the situation as the conditions of the house can lead to practitioners feeling overwhelmed, so analysing the risks present in these conditions can be helpful after the visit. There may also be opportunity to identify strengths, such as the presence of cleaning materials or areas which are maintained tidily.

- ✓ When there are repeat referrals as conditions improve and deteriorate, photographs can help different workers to gauge whether the conditions are better or worse than at previous referral points.

- ✓ Photographs can also assist when seeking input from colleagues in other agencies, such as environmental health/housing. They provide evidence of conditions that may not have been identified by professionals visiting the accommodation or in requests for service.

- ✓ Photographs can assist where parents deny the conditions that have caused concern and refute records made by professionals involved.

13.1 If you require photographs to be taken of a property as pictoral evidence of the poor conditions in which a child is living, a referral should be made to environmental health or the police. Supervision should be taken at this point from your Safeguarding Lead who will consider consulting Children's Social Care for advice or to make a referral.

13.2 It is unlikely that any agencies apart from Police and Environmental health will be able to use photographs in any legal proceedings.

13.3 It is expected that environmental health and police will provide copies of photographs to social care and health for their records.

If your agency has a clear expectation that you should take photographs, you should be provided with the appropriate equipment and there should be a detailed protocol in place covering the taking, storage and use of photographs.

Photographs should never be taken on mobile phones or other personal equipment.

14. Recording the condition of a property

14.1 A framework is available at Appendix 1 which may be used to accurately record the condition of the home in your relevant agency notes. The framework will enable a consistent multi agency approach to recording conditions in the home and avoid the use of subjective blanket terms such as ‘grubby’, ‘good enough’ and ‘satisfactory’.

14.2 Practitioners must continue to use their professional judgement to decide if the child’s home conditions are such that a referral to Children’s Social Care is needed.

14.3 This tool is not intended to be definitive but simply a table laying out the levels of living conditions from 1 to 4 broken down by areas of a property. It is not anticipated that all the factors will be present at any one time. You should be able to repeatedly use this framework to review and record what you see when visiting the child’s home, and make a quick comparative assessment. It will be a matter of professional judgement as how this framework is used and the comments box may be used to justify the level given.

14.4 This framework may be photocopied and the practitioner may ‘tick off’ areas relevant to the family they are visiting. It may then be signed and dated and added to the records for future references and comparison.
Alternatively, practitioners may simply use it as a reference guide in order to help them more accurately record conditions in their notes. It may be taken to supervision for professionals to reflect on the work in progress with the family.

14.5 If you have concerns about the home conditions or progress being made you may decide to make a referral to Children’s Social Care.

14.6 If the conditions of the home are poor but do not meet the threshold for a referral to Children’s Social Care your recording will be vital when assessing whether the conditions are deteriorating over a period of time. The circumstances may then meet the criteria for referral to Children’s Social care.

14.7 This framework is particularly relevant for those working with families and monitoring properties where it may not currently meet the threshold for a referral but are subject to regular reviews. The framework will help to clarify when parents are not engaging meaningfully to improve/maintain circumstances for the child/ren.

This framework is a recording tool only and must not be used to replace the Graded Care Profile

This framework is a recording only tool and must not be used to replace the Graded Care Profile.

You are still required to use your professional judgement as to whether the conditions in which a child is living warrant a referral to Children’s Social Care.

Framework for recording the condition of a home

APPENDIX 1

Date:		Name of worker:		Signed:	

	Level 1	Level 2	Level 3	Level 4
Living area/room	• Walls well decorated in good condition. • Carpeted or otherwise covered floor (such as vinyl or wood). Suitable for age of children in the home. • Warm with adequate heating source, clean. • Evidence of toys appropriate for age of children. • Child safety features apparent. • Adequate lighting and ventilation. • Blinds/curtains for the windows. • If animals in the house, no apparent smell of animals, no dog/cat hair, no sign of animal food or litter trays. • Adequate space for child play depending on the age. • Dining table and chairs for eating.	• Old decoration but in reasonable condition. • Adequate floor covering for age of children. • Warm with adequate heating source. • Cluttered with varying pieces of furniture, or furniture may be scarce. • Table available for family eating and play. • Alternately a small sized table is available for child/ren. • Clean washing or ironing on the chairs and/or tables. • Child safety features apparent. Lack of order and some visible dust. • If animals present, some animal hairs but no animal food or litter trays apparent. • Some animal smell apparent e.g. 'wet dog' • Cleaning equipment available.	• Inadequate floor covering e.g. broken/ non existent carpeting. • Some peeling paper/ paint on walls. • Old furniture which may be sparse. • No available table for the child/ren. • Few apparent safety features. • Heating is variable/house feels cold at times. • Few toys or toys unsuitable for age of the child/ren. • Evidence of animal hairs on furniture & floor. • Animal food and /or litter tray I the room. • Some dirty clothes on the floor or surfaces. • Disordered. • Smells stale or smells of animals. • Evidence of stale food. • Many animals in the house with equipment such as cages, food stuff, bedding etc.	As Level 3 and/or • Damaged cupboards and/or furniture. • Animal excrement on floors. • Stale or mouldy food evident on floors and/or surfaces. • Broken chairs, broken/ missing doors, furniture too limited for all family to sit in the room. • No table or other surface for eating. • No/few/inappropriate toys for age of child toys, limited space for play as needed for age of the child. • Curtains rarely opened, stale smell of animals and humans, possibly including smell of urine from bedrooms or bathroom. • Animals and their needs dominate the household.
Kitchen	• Well decorated and well ordered. • Adequate cupboards in good condition. • Clean sink, floors and surfaces. • Fridge is clean. • All food is in date, stored appropriately and suitable for the age of the children. • Waste bins are clean and not over filled. • Formula milk is stored appropriately. • Animal feed bowls and litter trays are clean and do not smell. • Bottle sterilising equipment is clean and visible where needed	• Decoration is old but of adequate condition. • Surfaces and sink are cluttered but plates, and pans are clean or about to be washed. • Surfaces have some fresh stains or food remains but are generally clean. • The sink and floor have some stains. • The fridge is clean and food is suitable for the age of the children and stored appropriately. • Cupboards are old with some broken hinges but serviceable. • Formula milk is stored appropriately. • Rubbish bins are full and smell stale. • Animal feed bowls and litter trays are stale and there is some smell to them. • Sterilising equipment is clean and visible where needed. • There is a working washing machine and signs of washing taking place e.g. clothes arranged for washing.	• Decoration is old and in need of repair, with peeling paper or flaking paint. • Cupboards are in poor repair with damage to doors or missing doors. • There is little evidence of food preparation; used formula milk bottles are to be seen unwashed and unemptied. • Animal feed bowls & litter trays are stale/smell. • Rubbish bins and animal litter trays are over flowing, with an obvious stale smell. • Surfaces are cluttered and have old as well as fresh stains and spillage on them. • The sink is dirty and cluttered. • There is little evidence of food and limited availability of food suitable for the child/ren. • The fridge is dirty. • Where needed, sterilising equipment is dirty or non existent or the parent is seen using it inappropriately e.g. without washing hands after changing the baby's nappy. • Floors are soiled with mud or other substances (name them if possible)	• The kitchen is in very poor repair with inadequate cooking facilities • The fridge has visible dirt/mould or doesn't work. • Windows/doors may be broken • There is no sign of food for the children. • The cupboards are broken. • There is a pungent smell of old rubbish and/or animal food and excreta and the floor is dirty stained with mud and other matter. • There is animal excrement in the litter trays/on the floor. • Decaying/stale/mouldy food is visible on the surfaces • Surfaces are stained. • Surfaces are covered by other matter such as papers and/r equipment e.g. working tools or machinery. • The washing machine is broken. • There are piles of dirty clothes on the floor/ on the surfaces.

	Level 1	Level 2	Level 3	Level 4
Bedrooms	• Well decorated and warm with suitable heating source. • Well ordered and well ventilated. • Beds appropriate for age of children with clean mattresses and bedding. • Child safety features apparent. • Curtains or blinds at the windows. • Clothing stored in wardrobes, cupboards and/or drawers. • Toys for children are appropriate for their age.	• Old decoration but adequate. • Curtains/blinds at the window, • Heating source is appropriate. • Bedrooms are warm and well ventilated. • Beds may be old but are appropriate for the child's age, with clean mattresses and adequate bedding. • Children have night wear. • Safety features are apparent; toys are suitable for the age of the child. • The room may have clothes/ toys on the floor/surfaces but these are clean.	• Walls may have peeling paper/ paint with some evidence of damp or mould. • The rooms have heating at some times during the day/night and the heating source is appropriate. • The room is poorly ventilated. It may not be possible to open them. Alternatively, the room may be too cold. Windows may be in poor repair/broken. • Curtains/blinds may be in poor condition, non existent or rarely opened to ventilate the room. The room smells stale. • Beds may be broken. • Mattresses and bedding are on the beds but these are dirty, smell stale of sweat and/or urine. There may be evidence of animals, such as animal hair on the floor or beds, or animal cages may be present in the room. • The bedroom door may be broken. • There is inadequate storage space.	• There is a chaotic and disorganised environment with dirty clothes on the floors. • There are no beds; there may be mattresses on the floor. • Bedding is limited; there may be coats or other materials to act as bedding, which is dirty and smelling of sweat and urine. • There is no storage or this may be overflowing with disordered clothing, toys, or other objects. • There is evidence of animals using the room, animal hair, animal faeces/urine. • The room is poorly ventilated with inadequate window covering. • The room may be too hot or too cold, with inadequate heating source.
Bathroom	• Clean surfaces and floors; in good decorative order. • Hot and cold water available. • Cleaning and other products stored safely with child locks on cupboards. • Towels are clean and in good condition. • Evidence of toothbrushes/toothpaste for all family members.	• Old decoration but serviceable. • Hot and cold water available. • Cleaning and other products stored safely with child locks on cupboards. • Old but clean toilet. • Floor and surfaces, bath and sink show some stains and need to be cleaned. • Towels are worn but clean. • Evidence of toothbrushes and toothpaste for all family.	• Walls have peeling paint or paper. • Mould evident on walls. • Serviceable but soiled toilet, or serviceable toilet but broken toilet seat. • Dirty bath and sink.(describe 'dirt' if possible) • Limited hot water, cold water available. • Limited child safety features. • Towels are dirty/damp and few. • Old toothbrushes and limited/no availability of toothpaste for the children or others. • Evidence that animals use the bathroom for sleeping or other purpose, e.g. litter trays, excrement on floor. • Stale smell of refuse or animal excrement. • Damage to cupboards or other equipment. E.g. doors hanging off or non existent.	As Level 3 and/or • No evidence of child safety features. • No evidence of toothbrushes or toothpaste for the children. • No towels or dirty/damp towels. • Floor soiled with stains or identifiable human excreta. • Animal excrement present on floor or in bath/sink. • Broken toilet. Bath/ sink. • No water supply. • Strong smell of animal / human excrement. • Broken cupboards or other equipment. • Bathroom unusable by humans.

	Level 1	Level 2	Level 3	Level 4
Garden	• The garden is well maintained with garden equipment/ products safely stored. • Ponds and water butts are covered, and child safety features are apparent. • If animals are present there is no sign of animal excreta.	• The garden is somewhat untidy; there may be motor bikes/ cars under maintenance but there is evidence of child safety features as in Grade 1. • There are places for children to play. • Animals are present and there is evidence of animal faeces but this is cleaned away promptly.	• The garden is overgrown. • Cars and/or other mechanical equipment are present in various states of repair. • There may be furniture in the garden such as sofas/armchairs. • Broken glass or other hazards are evident. • There is some play space for the children. • Several animals are evident as in Grade 2. • There are few child safety features.	• The hazards as described in level 3 or the family have not responded to advice to improve the situation. • Garden completely overgrown and difficult to access. • Old, broken animal cages/ evidence of animal faeces on grass or paths • Animals dominate the household. • Broken glass or other hazards accessible to children. • Access to the house is limited. • Doors to the house are difficult to open or broken. • There is no space for the children to play • There are no child safety features.

Additional comments:

Children's Services Directorate
Graded Care Profile Assessment

https://www.dorsetlscb.co.uk/site/advice-for-people-working-with-children/forms/

A practical tool to give an objective measure of the care children receive across all areas, using a graded scale. It is a descriptive scale which indicates quality of care 1-5. It defines care - showing strengths/ weaknesses. Changes can be monitored positive or negative. Can be used to improve understanding about levels of concern and as target focus for work. Can be used with families by individual or group of workers.

Grades

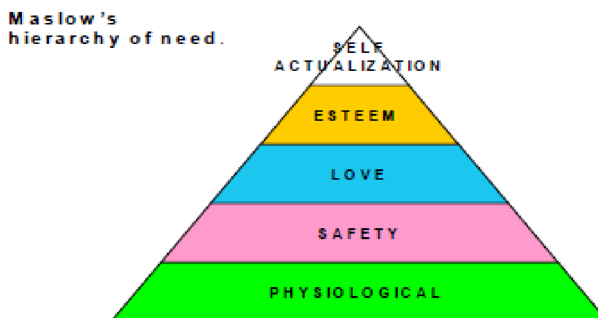
In this scale there are five grades based on levels of commitment to care. Parallel with the level of commitment is the degree to which a child's needs are met and which also can be observed. The basis of separation of different grades is outlined in table 1 below.

Table 1

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	All child's needs met	Essential needs fully met	Some essential needs unmet	Most essential needs unmet	Essential needs entirely unmet/hostile
2	Child first	Child first, most of the time	Child/carer at par	Child second	Child not considered
3	Best	Adequate	Borderline	Poor	Worst

1. = level of care; 2 = commitment to care; 3 = quality of care

These grades are then applied to each of the four areas of need based on Maslow's hierarchy of needs – physiological, safety, love and belongingness and esteem. This model was adopted not so much for its hierarchical nature but for its comprehensiveness. Each area is broken down into sub-areas and some sub-areas to items, for ease of observation. An explanatory table shows all the areas and sub-areas with the five grades alongside.



To obtain a score, follow the instructions in the manual (download from www.salford.gov.uk/graded-care-profile-coloured-3.pdf).The explanatory table therein gives brief examples of care in all sub-areas/items for all the five grades. From these, scores for the areas are decided.

Child or Young Person's Details

→CSSR No:			
→Family name:		→Given names:	
→DoB:		→Age:	
→Current Address:			
→Postcode:		→Telephone:	
→Gender:			
→Ethnicity:		→Religion:	
→Preferred language:		↕Fluency:	
↕Preferred Communication Method:			
→Child/young person's main carers:			
Name:			

Area	Sub-Area	Scores (please indicate score between 1-5)					Area Score	Comments
		1	2	3	4	5		
A Physical	1. Nutrition							
	2. Housing							
	3. Clothing							
	4. Hygiene							
	5. Health							
B Safety	1. In carer's presence							
	2. In carer's absence							
C Love	1. Carer							
	2. Mutual Engagement							
D Esteem	1. Stimulation							
	2. Approval							
	3. Disapproval							
	4. Acceptance							

Targeting Particular Item of Care:

Any item with a disproportionately high score can be identified by reference to the explanatory table by writing the area, sub area and item, i.e. physical/nutrition/quality in the table below.

	Targeted items (area/sub area/item)	Current Score	Period for Change	Target Score	Actual Score after first review
1					
2					
3					

I have seen the completed GCP scores for my child.

Parent/carer comments

Parent/carer's signature

Name:			
Signature:		Date:	

Scorer's signature

Name:			
Designation:			
Signature:		Date:	

Once completed and signed, this paper document should be scanned into Raise. Once scanned, the written details will be entered back onto this form in Raise, and the form close date entered.

Home Safety Referral Form

Occupier's details

Title		Forename		Surname	

Address

Flat/Part of building			
Building/ house name			
Street number			
Street name			
Area			
Town			
Postcode		Telephone	

Consent given by the occupier to pass details on to Dorset Fire and Rescue Service

Signature Date

Occupier's situation	**Yes**	**No**	**Any details**
Are any of the occupiers over 70			
Is the occupier a single parent/ guardian to under 16year olds living in the house?			
Do any of the occupiers have mobility issues?			
Do any of the occupiers have hearing difficulties?			
Do any of the occupiers have sight difficulties?			
Do any of the occupiers smoke in the house?			
Are there working smoke alarms in the house?			
Any other issues?			

Occupier refused offer of Home Safety Check– Booklet and postcard left	
Occupier refused offer of Home Safety Check and booklet	

Organisation making referral details

Organisation/Team:					
Referral made by (name)					
Telephone number					
Is a partner representative required during the visit?	Yes		No		
Details					

Please post this form back to DFRS If you feel the case is urgent please telephone:
01305 252734 Dorset Area anne.newell@dorsetfire.gov.uk **FAX: 01305 252799**
01202 660587 Poole and Bournemouth Christchurch dave.prior@dorsetfire.gov.uk **FAX: 01202 668346**

DFRS 467

Neglect Flowchart

APPENDIX 4