

Neglect

Information Sheet



Welcome to our information sheet for professionals of safeguarding children in Northumberland covering the issue of neglect.

Neglect is the most common reason for taking child protection action.

Professional desensitisation

“Neglect is normal...isn't it?”

Desensitisation is when anxiety is reduced by gradually getting used to the object or situation which causes fear. In what way do we get conditioned when we frequently experience work situations where we are exposed to abuse of children? Does it make us more responsive? How do we keep ourselves grounded?

The power of praise

Recognising effort and achievement in parents is self-reinforcing. However effective recognition is an art, not a science. People can spot an insincere gesture so follow these tips to give the recognition that is deserved:

- ♥ be specific – tell them how they did a good job.
- ♥ be genuine
- ♥ save constructive feedback for later
- ♥ go hunting – try and catch people doing good things.

The importance of engagement

A referral to a service is accepted as necessary to ensure the child is kept safe and is able to thrive. By refusing to work with the agency in completing the assessment, the parents or carers would be potentially causing neglect to the child; ‘avoidable impairment’ of health, education or other need.

Impact

If the recommendations are not carried out, will the child suffer significant harm, and what will be the effect - even for a well-functioning family?

Disguised Compliance

Involves a parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.

Management

♦ Single agency approach ♦ Progression to multi agency concern ♦ Early Help ♦ Children's Social Care



Having those difficult conversations

There always comes a time when we have to have a difficult conversation with someone professionally or personally. The following tips are created from nine common mistakes:

Combat mentality:

Interact collaboratively to gain understanding of the other person's position.

Bringing respect to the conversation:

Agree some conversational ‘ground rules’ and consider your choice of venue, time of day to suit the each other.

Rehearsing:

Some people like to rehearse a script, but this can be counterproductive. It's better to listen effectively and react accordingly.

Keeping sight of the goal:

Keep the conversation focussed and directed back to this point.

Know your weak spot:

So you can stay focused if it comes up in the conversation.

Making assumptions:

We can't ever assume the other person will react as expected.

Oversimplifying the problem:

We often use the word 'just' or try and minimise the issues in difficult conversations. Acknowledge how hard this is for the person and you.

Thwarting ploys:

They may deviate from the subject, or adopt behaviours that make conversation more difficult, such as silence or lying,. You can disarm the ploy by acknowledging it, for example saying: "I am finding your silence really difficult to interpret".

Lashing out or shutting down?:

When we feel threatened we often either attack or withdraw. Rather than reacting adversely, develop a strategy for coping with this.

<https://hbr.org/2010/10/difficult-conversations-9-common-mistakes>.

Types of neglect

Howarth (2007) identified the following types of neglect and this breakdown is helpful for practitioners to begin considering where the child's needs may be being neglected:

Medical - minimising or denying illness or health needs of children; failure to seek medical attention or administer treatments.

Nutritional - not providing adequate calories for normal growth (possibly leading to failure to thrive); not providing sufficient food of reasonable quality; recently there have been discussions about obesity being considered a form of neglect.

Emotional – being unresponsive to a child's basic emotional needs; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity.

Educational – failure to provide a stimulating environment; failure to show interest in education or support learning; failure to respond to any special needs related to learning; failure to comply with statutory requirements regarding attendance.

Physical – failure to provide appropriate clothing, food, cleanliness, living conditions.

Lack of supervision and guidance – failure to provide for a child's safety, including leaving a child alone; leaving a child with inappropriate carers; failure to provide appropriate boundaries.

A thorough and methodical way of addressing failure to meet need will assist in identifying and planning interventions in neglect.

Adult issues in neglect

Emotional neglect:

These parents find it difficult to cope with their children's demands and therefore dismiss their demands. Although these children may be provided for materially they can't emotionally connect or bond with them, and they find themselves being awkward and anxious.

Disorganised neglect:

Parents are driven by what they are feeling rather than the needs of the child. Their feelings of being undervalued or emotionally deprived in childhood lead to a need to be centre of affection. They are able to cope with babies while they are needed but then as the child grows up their responses can be unpredictable and insensitive, and can have ambivalent patterns of attachment. Parents can be demanding and dependant with respect to professionals but amenable to services.

Depressed neglect:

Parents have often been severely abused/neglected, and their own parents depressed or sexually or physically abusive. There may be no smacks, no shouting, no deliberate harm but no hugs, no warmth, and no emotional involvement. They may have given up both thinking and feeling as they have a learned helplessness in response to demands of family life. As a result they may seem unmotivated, listless and unresponsive to children's needs and demands. There is a lack of pleasure or anger in dealings with children and professionals, and have no structure, poor supervision and care.

Where to make a referral:

Children Social Care,

First Contact

01670 536400

Out of Hours (Emergency Duty Team) 0345 6005252