



Neglect Practice Guidance

Revised 2017

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Introduction

The majority of children and young people in County Durham will grow up and reach their potential in a supportive environment.

However, some children, young people and their families face difficulties and problems. Additional help and support needs to be available at the earliest opportunity to stop these challenges from escalating and negatively impacting on their future.

Evidence shows that the major issue facing children who need a Child Protection Plan is neglect. By the time the situation has deteriorated to the point that protection is required, children have often lived several years of their lives in these circumstances.

It is known that practitioners often find it difficult to identify and respond to indicators of neglect or appreciate their severity. This practice guidance aims to assist practitioners across services to identify early signs of neglect and develop more responsive and timely interventions to address concerns about neglect. The practice guidance seeks to ensure that practitioners focus their attention on:

- patterns of parental behaviour
- the impact this behaviour may be having on the child's physical, emotional, psychological and behavioural development and well-being
- the impact on the child's attachment behaviours
- the specificity of the child's day to day lived experience over time

The reason for this refocus on the impact on the child's well-being as a consequence of the parent(s) behaviour is that too often attention by professionals is focussed on the parent(s) unmet needs to the exclusion of understanding the potential or actual impact on the child.

Often intervention to address concerns about neglect is compromised by professional concerns about the meeting (or otherwise) of certain thresholds. In Durham we have sought to address this by implementing the 'Durham Staircase alongside the Single Assessment Procedures so that professionals can be guided to the most appropriate level of intervention.

Whilst thresholds are important – especially in respect of the application of the Child Protection Procedures or the decision to instigate care proceedings, the guiding principles for all professionals when considering intervention in cases of neglect is:

- What does this child need?
- What does this child need me to think about?
- What does this child need me to do?

Definition and Impact of Neglect

The greatest single cause of children needing protection and care in County Durham is neglect. Children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development.

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential.

Definition

Working Together 2015 defines neglect as follows:

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:

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger*
- *ensure adequate supervision (including the use of inadequate caregivers) or ensure access to appropriate medical care or treatment*
- *be responsive to the child's basic emotional needs*
- *provide consistent guidance and boundaries*
- *failing to provide stability of physical and emotional environment (e.g. frequent short-term house moves)*

Impact of Neglect

In County Durham 69% of children subject to a Child Protection plan in Dec 2015 as a result of neglect. Neglect is a long term, chronic form of harm to children, and services offering early help should be able to impact positively on outcomes for this group of children and young people – either in reducing levels of neglect or in reducing the delay that many children experience before decisions are made about 'good enough' parenting.

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

There is extensive evidence to show that this group of children often experience poorer outcomes against a range of measures including education; higher prevalence within criminal justice agencies, amongst others. The impact on children is both psychological and physical; neglected children are smaller, fail to thrive and are less emotionally resilient.

Parental issues of domestic abuse, mental health, drug and alcohol misuse continue to be key issues which cause neglect in County Durham and are known collectively as Hidden Harm factors. Unless parents' issues are identified and supported through the provision of early help, the outcomes for their children will remain poorer than their peers.

Circumstances causing neglect often take years to develop. If the early signs of neglect and hidden harm had been recognised, and help offered, many families could have avoided reaching the point where statutory intervention is required.

Signs of Neglect in Children

There are many signs that may indicate neglect as outlined below:

- Neglect may occur during or after pregnancy as a result of parental substance abuse (drugs or alcohol)
- A chaotic family environment which can include an absence of boundaries or routines
- A parent / carer who has mental health difficulties or learning disabilities such that impacts on their ability to meet the needs of any children
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using inadequate caregivers
- Not ensuring access to appropriate medical care or treatment
- Not ensuring that educational needs are met
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Under 5s

- Doesn't cry or respond to parent's presence or absence from an early age
- Reaches developmental milestones late, such as learning to speak, with no medical reason
- Significantly underweight but eats well when given food

5-11 year old

- Becomes secretive and reluctant to share information
- Reluctant to go home after school
- Unable to bring friends home or reluctant for professionals to visit the family home
- Poor school attendance and punctuality, or late being picked up late
- Parents show little interest in child's performance and behaviour at school

- Parents are dismissive and non-responsive to professional concerns
- Is reluctant to get changed for sports etc.
- Wets or soils the bed

11-16 year old

- Drinks alcohol regularly from an early age
- Is concerned for younger siblings without explaining why
- Becomes secretive and reluctant to share information
- Talks of running away
- Shows challenging/disruptive behaviour at school
- Is reluctant to get changed for sports etc.

16+ into adulthood

- More at risk of victimisation
- Low future expectations for themselves
- Poor emotional wellbeing - more likely to experience internalising features, such as being withdrawn, anxious, depressed and angry
- Self-harm
- increase in risky behaviours – alcohol or substance misuse, sexual behaviour, teenage pregnancy

Any Age

- Talks of being left home alone or with strangers
- Poor bond or relationship with a parent, also known as attachment
- Scavenge for food / over eating at meal times / hoarding and storing food
- Acts out excessive violence with other children
- Lacks social skills and has few if any friends
- Poor physical appearance
- Bad hygiene
- Lack of appropriate clothing
- The child being withdrawn or exhibiting self-harm, anti-social or sexualised behaviours
- The child not meeting physical or emotional development milestones.

Which children are more vulnerable to Neglect

- Parents own history of abuse and neglect
- Children exposed to domestic abuse, drug and alcohol misuse or parental mental illness
- Families with four or more children
- Babies under the age of one
- Child with a disability or complex needs
- Maternal illness following birth including post-natal depression
- Parents with learning difficulties
- Young isolated parents
- Poverty

Assessment of Neglect

Levels of Need

In County Durham, a staircase model has been used to illustrate levels of need since 2012.

The lowest need is shown as the bottom step and the highest level of need as the top step.

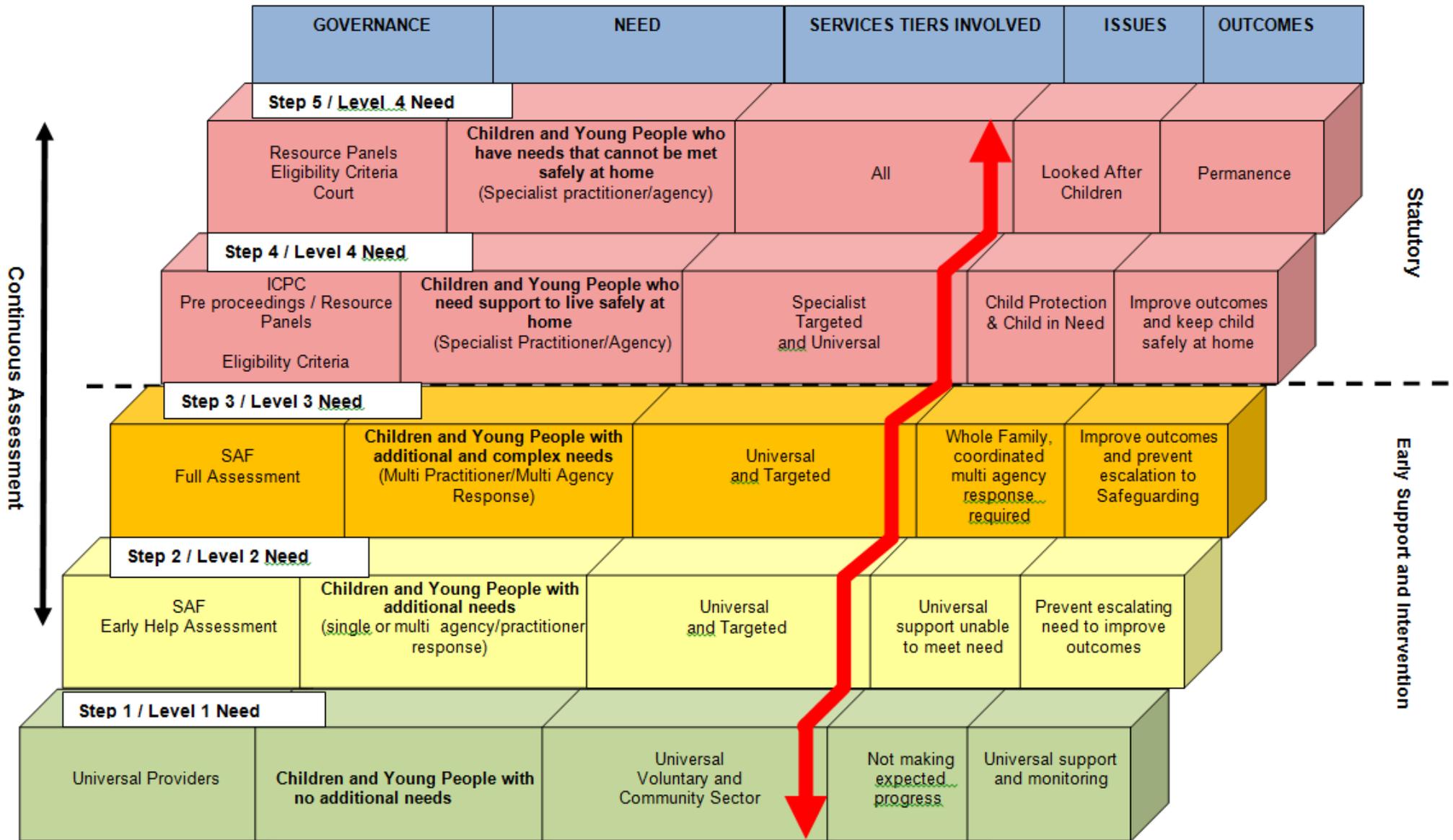
Regardless of which 'step' children, young people and families needs are on, they will be supported at the earliest opportunity and continue to be supported by the relevant services as they move up and down the staircase.

The Durham staircase illustrates our integrated services pathway model and is designed to reflect the fact that the needs of children, young people and families exist along a continuum.

The staircase sets out need across 4 levels - 5 steps and is shown on the following page.

It is supported by the [0-19 level of need document](#) and [Single Assessment Procedures](#). The [Home Environment Assessment Tool](#) should also be used to support practitioners to identify the level of need.

The Durham Staircase & Continuum of Need



Level 1 - Universal Provision Children with no additional needs.

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

Level 2 - Early Help – Targeted Provision Children with Additional Needs which can be met by a single practitioner/single agency or where a coordinated multi-agency response is needed.

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential. The single assessment process Early Help Assessment is the tool to use to identify need and plan help for the family.

Level 3 - Early Help – Targeted Provision for Children with multiple issues or complex needs where a co-ordinated multi-agency response is required.

These are children and families whose needs are not being met due to the range, depth and significance of their needs which makes them very vulnerable and at risk of poor outcomes. A multi-agency response is required using either the single assessment framework whole family assessment tools as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and coordinated approach and more intensive intervention and help. Lead Professionals could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change and reduce the likelihood of moving into Level 4 services.

Level 4 - Services to keep the child safely at home – where a statutory response is required.

These are children whose needs and care is significantly compromised and they may be at risk of harm or at risk of becoming accommodated by the Local Authority. These families require intensive support on a statutory basis. This will include support provided by Children's Services under a Child Protection Plan and may require the use of legal orders. The assessment and multi-agency response will be coordinated by a social worker, will be holistic and consider the needs of all family members.

Level 4 (step 5) - Need that cannot be managed safely at home.

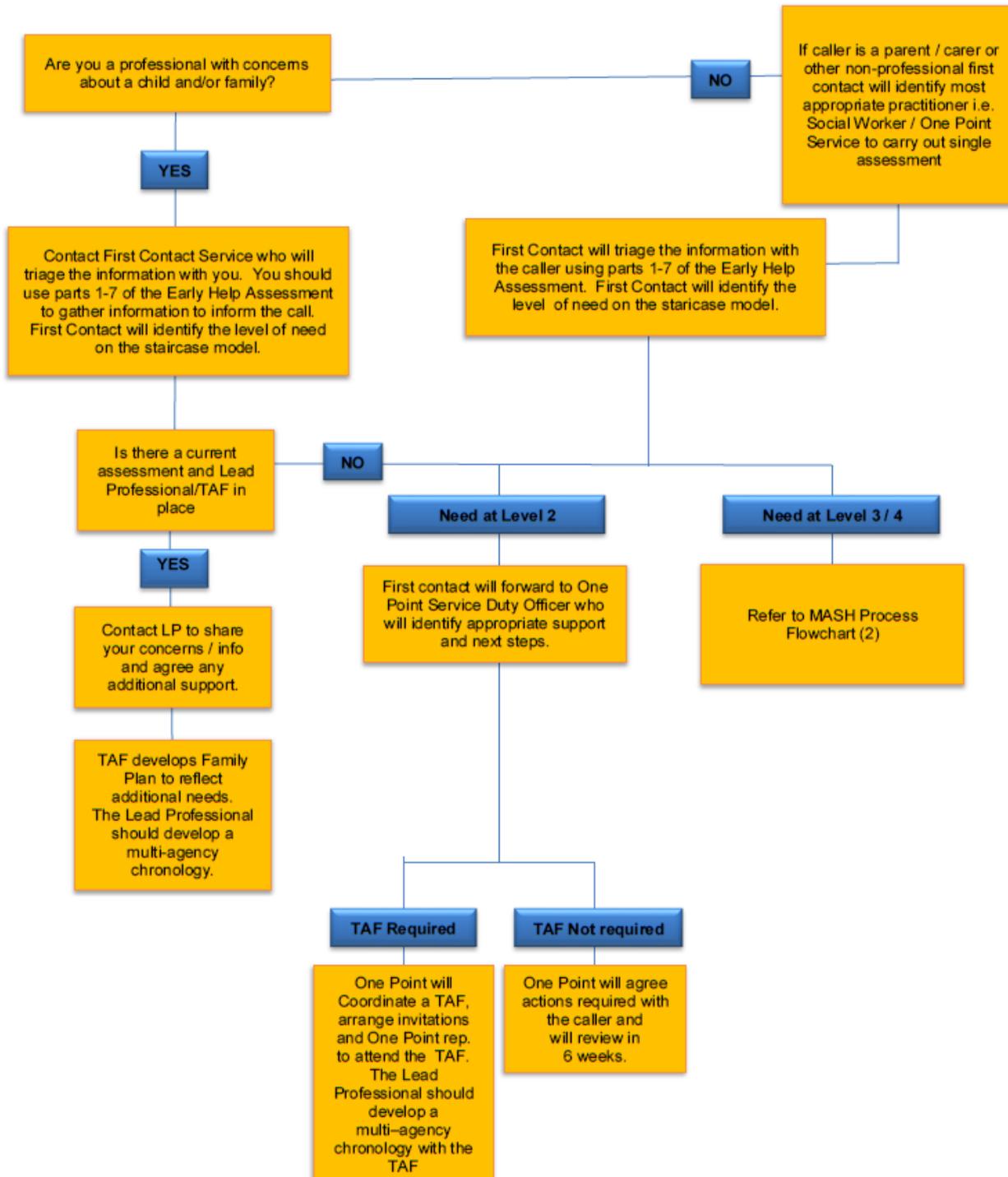
Children and young people who require intensive help and support from a range of specialist services. These children will often need to be accommodated outside of their immediate family or may require admission into hospital or other institutional settings. In most cases the multi-agency involvement would be led by a social work Lead Professional.

In general, children and young people with disabilities will have their needs met through early help and targeted services at levels 1, 2 and 3. However, some children with a high level of need related to severe disabilities may require specialist services at levels 4.

Single Assessment Procedures

The [Single Assessment Procedures](#) are suitable for use in all settings – universal, targeted and specialist (e.g. early years, schools, primary health care services, youth support service, voluntary or community sector, children’s safeguarding and social care services), to help identify and respond to problems quickly before they become serious. The framework aims to help practitioners and professionals working with children and young people to undertake assessments in a more consistent way. The flowchart below shows the referral pathway.

**FLOWCHART 1:
SINGLE ASSESSMENT PROCEDURES**



Assessing parental capacity to change

When an assessment suggests the child's health and development are impaired or likely to be impaired, the assessment needs to identify the changes required, both in terms of parenting and support services. If change is required in parenting this should lead to an assessment of the parents' capacity to change.

This is in order to assess their willingness to work to achieve and sustain the changes required. Capacity to change is made up of two key elements, **ability** and **motivation**. The capacity of the parent will need to be regularly assessed, tested and reviewed to ensure continual improvement and identify regression.

There will be clear timescales set for change to occur and these must reflect the timescales necessary to avoid the child's development being significantly compromised. This will be critical to decision making and future planning.

Ability means being able to parent in a good enough manner long term, (Connelly 2003). There are 4 elements to good enough parenting:

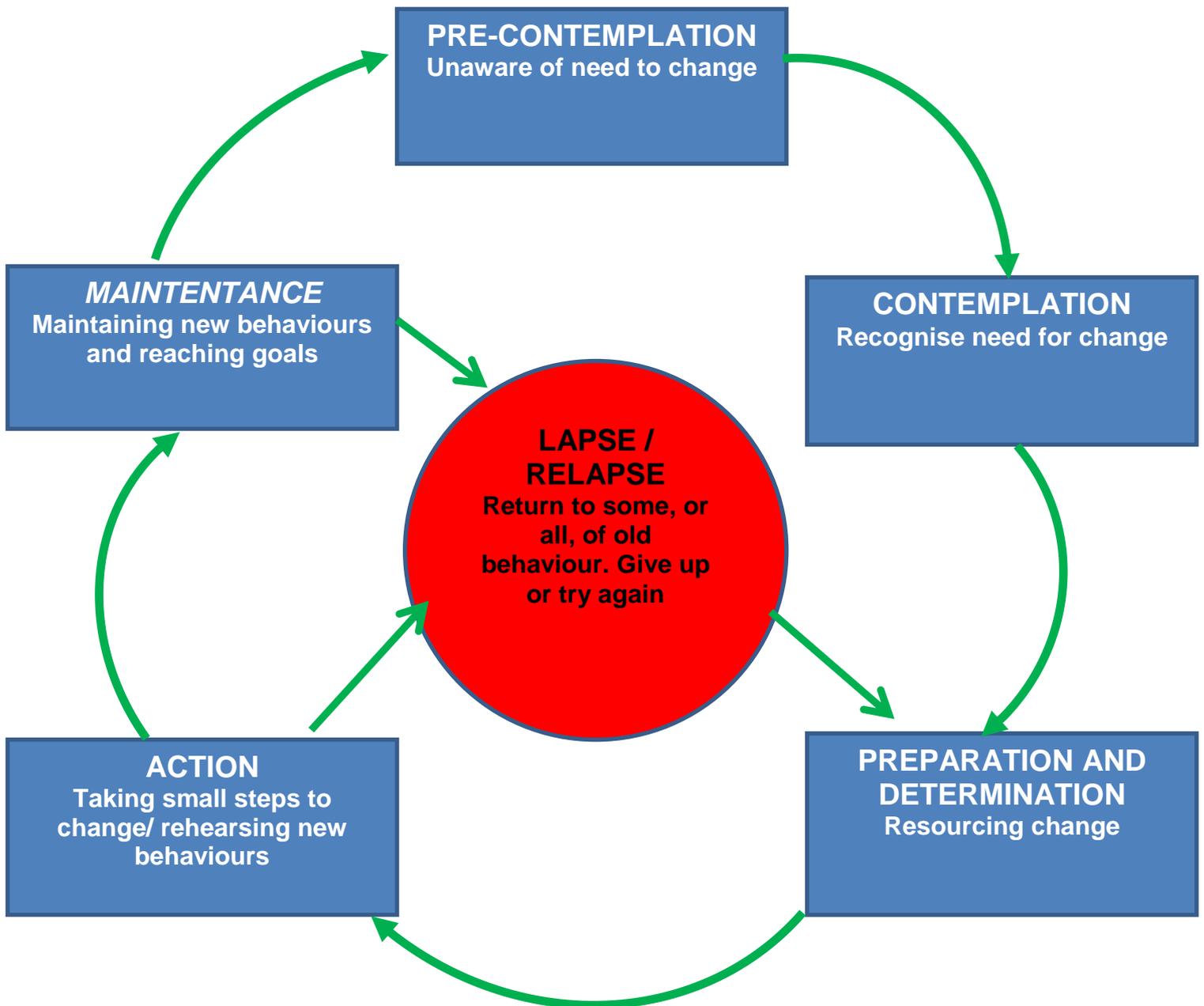
- Meeting children's health and developmental needs
- Putting children's needs first
- Providing routine and consistent care
- Acknowledging problems and engaging with support services

Prochaska and Di Clemente's (1991) model of change can be used to inform of parental motivation.

The model may be helpful to practitioners to understand and work effectively with parents. Throughout the change cycle this model suggests that there are six psychological stages through which individuals advance during intentional behavioural change:

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. And (often) lapse/relapse

Prochaska and Di Clemente's (1991) Model of Change



Any assessment of parental motivation must be undertaken within the context of the child's welfare and safety which is paramount. This is particularly important where there is concern that the child is suffering, or likely to suffer, significant harm, and the parents are assessed as being at the pre-contemplation stage of change or where there is a lapse/relapse. Decisions will need to be made quickly about the impact upon the child's safety and welfare in these circumstances.

Practitioners must begin with an assessment of where the parent is currently within the cycle of change, as engagement and strategies must commence at the same stage. For example, if strategies are used which are known to work when a parent is in the 'preparation and determination' stage when the parent is still in the 'contemplation' stage, such strategies are likely to be ineffective.

The following table identifies indicators of the different stages of change and can be used by practitioners to assess where parental motivation sits within the cycle of change.

Stage of change	Indicator
Pre –contemplation	<ul style="list-style-type: none"> • Most families are at this stage at the start of the contact with agencies • It is very likely that upon initial involvement parents will deny there is a problem and see no need to change. They may present as being defensive, projecting blame elsewhere, minimising the issues, present as depressed or be unaware of the problem • Practitioners should consider the impact of parental mental health, substance misuse, domestic violence, learning disability, physical illness, childhood abuse and history of abusing children upon parents' willingness to discuss motivation
Contemplation	<p>At this stage, there will be indicators/evidence that the parents acknowledge there is a problem and are willing to explore how to tackle it:</p> <ul style="list-style-type: none"> • I accept there is a problem • I have some responsibility for the problem • I have some discomfort about the problem • I believe that things must change • I can see that I can be part of the solution • I can see the first steps towards change
Determination	<p>At this stage the parent has decided to change and wants to do something about the problem; There is now a window of opportunity for change;</p> <p>At this stage parents should be able to express:</p> <ul style="list-style-type: none"> • Real problems and their effect on the child • changes they wish to make • specific goals to achieve change

Action	<p>At this stage there will be indicators/evidence that:</p> <ul style="list-style-type: none"> • Parents are already taking steps to change • Parents are engaging in specific actions to bring about change • This is the point of change, parents use themselves and services • The family are rehearsing new thinking, behaviours and relationships
Maintenance	<ul style="list-style-type: none"> • During this stage there will be evidence that the parent is consolidating changes, rehearsing and testing new skills and coping strategies over time and in different conditions • Sustaining and internalising new behaviour

Once you have assessed where the parent is in terms of their current stage of motivation it should then be possible to initiate tasks and strategies to support movement towards change/further change. (see later part of guidance).

The model can also be used throughout intervention to review/re-assess on-going parental motivation. Remember, however, that successful change may require the parent to complete the circular journey more than once before achieving success. **Continue to review the impact upon the child during this time and remember that the child's safety and welfare, not the parents' capacity to change, is the paramount consideration.**

Of course, no simple diagram can accurately reflect all the processes likely to be occurring when there is intervention in a neglectful family. Far from being a single circle or spiral, the model may be overlaid several times because: there may be concurrent actions in relation to more than one strand at once.

It is likely that the family will have numerous problems and issues, and at any time they may be in different stages of the model in relation to these different issues. A good example of this might be the rapidly-improved home conditions. Within a few days the state of the house may have gone from appalling to acceptable.

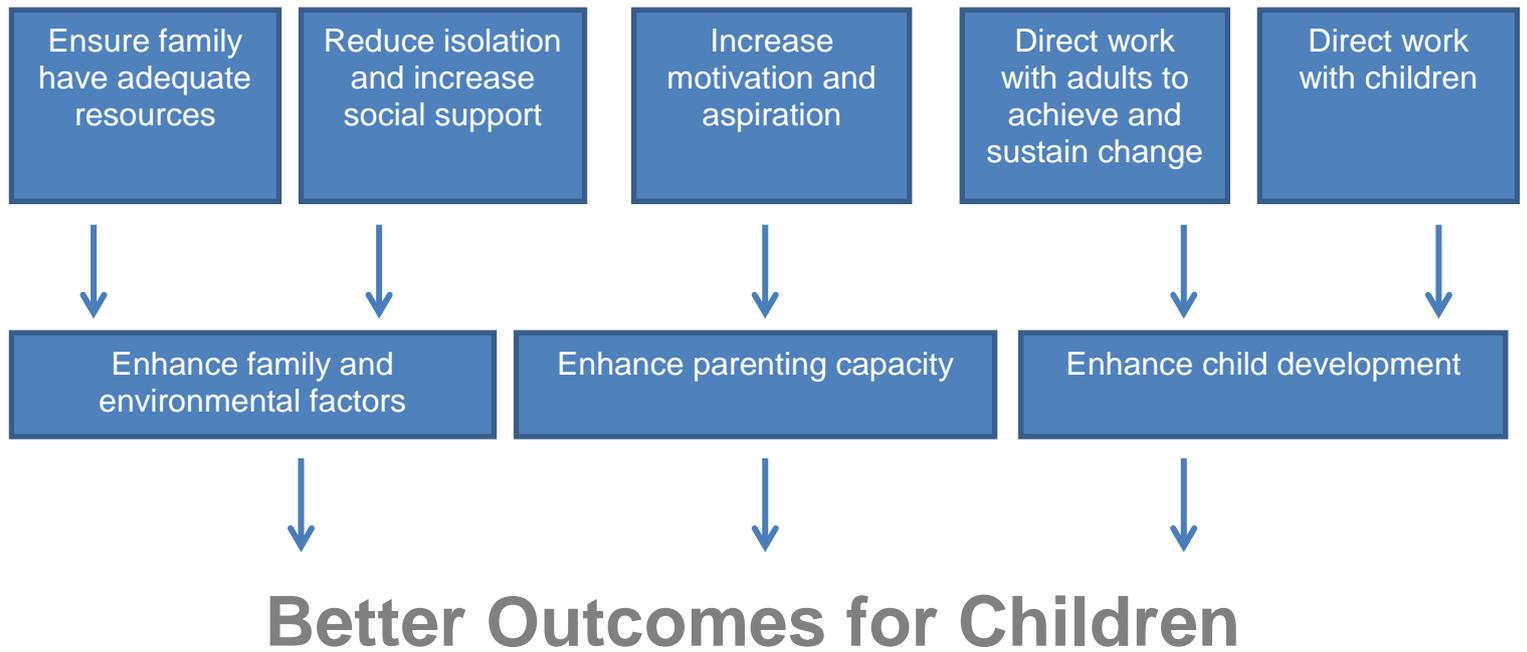
This might well reflect a move from the pre-contemplation to the action stage in relation to home conditions, but at this point there will be little confidence that the improved conditions are permanent. Furthermore, the parents may still be in pre-contemplation in relation to their substance misuse, or mental ill health, or other issues underpinning their neglectful behaviours.

In order for adults to learn, information has to be presented in a form that is tangible and personalised to the individual family's circumstances and connected to their values. Persuasion is not effective but the decision to change needs to be important to the parent and they need to be confident in their ability to make the change. Observation of alternative behaviours, i.e. being shown how to do things differently, is an important step to move from pre-contemplation to contemplation and from contemplation to planning and action.

Intervention

The following model outlines key areas to be addressed to ensure that positive outcomes for children and families.

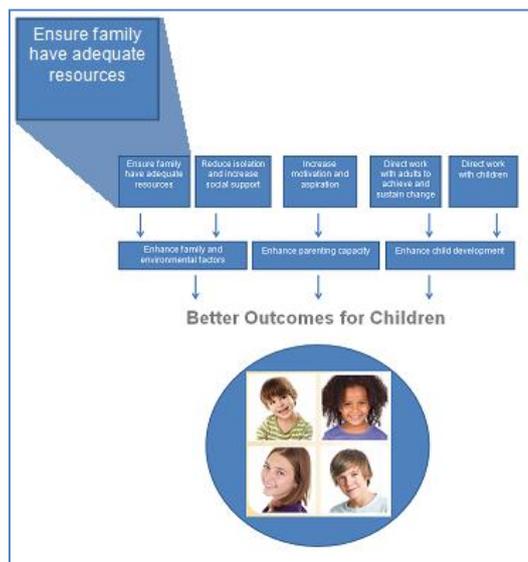
A model of concurrent interventions for addressing child neglect



Ensure the family have adequate resources

'Living on a low income in a rundown neighbourhood does not make it impossible to be an affectionate, authoritative parent. But it undeniably makes it more difficult.'

(Utting, D (1995) *Family and Parenthood: Supporting Families, Preventing Breakdown.* Joseph Rowntree Foundation, York.)



What support is available for families in Durham?

Ensure the family have adequate resources

Debt and financial management:

- www.durham.gov.uk/welfarerights (Help with questions and problems on a wide range of social security benefit and tax credit issues)
- www.adviceguide.org.uk (The Citizens Advice service helps people resolve their legal, money and other problems by providing free, independent and confidential advice, and by influencing policymakers. Budget Sheet (attached) or an online Budget Tool)
- www.moneyadvice.org.uk (Free & impartial money advice, set up by government)
- www.stepchange.org Debt Advice Charity
- Consider Credit Unions/ Community Banks
- Access to Food Banks locations:- www.durham.gov.uk/strongerfamilies

Direct Help :

- Support with family budgeting - access to debt management if required and helping family apply for appropriate benefits; this may include a work plan which includes support with shopping; then a reduction in support to help with a shopping list; then support with preparing and cooking healthy meals; and then positive reinforcement and motivation for the family to do these tasks independently
- Helping and supporting the family address overcrowding- sorting out storage/providing beds etc
- Link to Practice Toolkit on Family Debt/Financial Exclusion/Poverty for guidance on the approach to identifying and assessing a family's economical wellbeing.

Secure and adequate housing tenure/ accommodation

- Durham County Council Housing Solutions Team
- For access to local furniture schemes / access to Stronger Family Grants
www.durham.gov.uk/strongerfamilies
- Private Sector Housing Advice Line at DCC Tel: 03000 262140 can be contacted if housing conditions impacting on health
- Shelter – Specialist Housing Advice - www.shelter.org.uk

Direct Help

- Helping the family tackle overdue repairs, cleaning projects, rubbish clearance or obtaining crucial items such as beds for children or a functioning washing machine
- Support with housing needs, addressing rent arrears, applying and bidding for new tenancy if required

Fire Safety Support for the Family

County Durham and Darlington Fire and Rescue Service provide Home Fire Safety checks to families free of charge. This is especially important to consider when working with families facing a range of multiple and complex needs.

Consider are there any of the following signs:

- high fire loading/hoarding
- overloaded electrical sockets
- cigarette burns/poor housekeeping
- history of small fires/near misses
- suspected or known alcohol/substance misuse

To refer a family telephone 0845 305 8383 and ask for Community Prevention or Email: csequiries@ddfire.gov.uk or visit www.ddfire.gov.uk

Stronger Families Handyperson Service

- The aim of the service is to improve quality of life and help families maintain a sense of well-being as well as providing a safe and secure environment for families to live in
- A small repair/handyperson task is defined as 'a non-skilled task, which in normal circumstances could be undertaken by most adults and should usually take no more than 2-3 hours'

The tasks to be undertaken may include the following:

- Installing child safety gates within the home
- Fitting child safety locks to windows /doors
- Minor repairs to doors/walls/windows
- Building flat pack furniture
- Small repairs to fencing or gates
- Fixing kitchen cupboard doors

- Plumbing in washing machines

This is not an exhaustive list and the service provider will consider requests on a case by case basis. Any tasks that are the responsibility of the social/private landlord should not be included in applications.

Employment, education or training

- Adults – Education, Training and Employment contact Think Family Employment Advisers www.durham.gov.uk/strongerfamilies
- Young Person in the family who is not in Education Employment or Training (NEET) or at risk of NEET contact One Point Personal Adviser

Reduce social isolation and increase social support

Social isolation means a lack of the support networks which most of us can call upon to support the parenting tasks, both in the everyday sense, such as providing child care or simply tea and chat, to help in an immediate crisis.

How to reduce social isolation and increase support

For many families the first source of support may be their extended family, although given the often trans-generational nature of chronic neglect there is a risk that the extended family may not recognise the extent of the problem and therefore may not contribute to the solution.

However, a careful assessment of the extended family's ability to be a source of support should be undertaken and harnessed wherever possible. Family group conferences should be given consideration here.

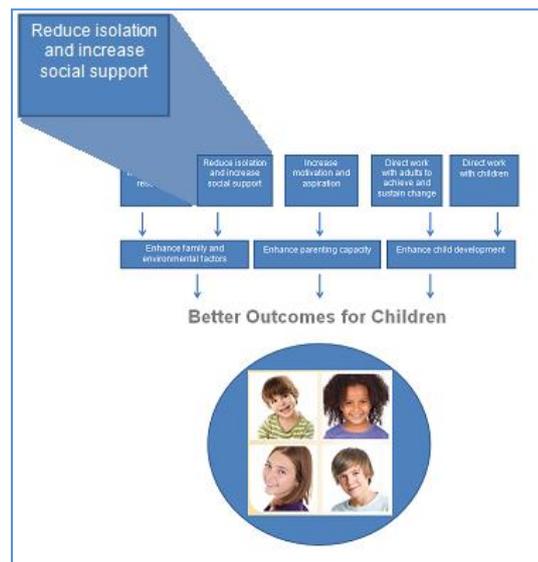
Friends and neighbours in a community where poor care is the norm may not on their own be the best source of support for a neglectful family, but may be mobilised to provide support as part of a larger package. Use genograms and ecomaps to identify extended family members and friends and neighbours.

Encourage the take up of, for example, medical appointments. Initially this might involve providing transport, and accompanying the family or parent to the appointment. Not only does this make the early contact easier for the family, it also provides less formal time (car time) where a working relationship can be established and consolidated and can be seen by the family as a tangible sign that professionals are willing and able to help and not just there to make demands. Bearing in mind the issue of poverty discussed earlier, providing support for independent travel on public transport may be welcomed.

Support to build positive relationships in families by helping members of the family to talk to each other; identify each other's strengths; talk about difficult issues; find ways of addressing difficult conversations without arguing, negotiate, agree and maintain appropriate boundaries

Encourage attendance/participation in groups/activities at one of the 16 Children's Centres in County Durham. Again, this initially might involve providing transport and accompanying the family or parent.

Support engagement with positive activities outside the home such as sports, educational and recreational activities.



What is available in Durham?

Reduce social isolation and increase social support

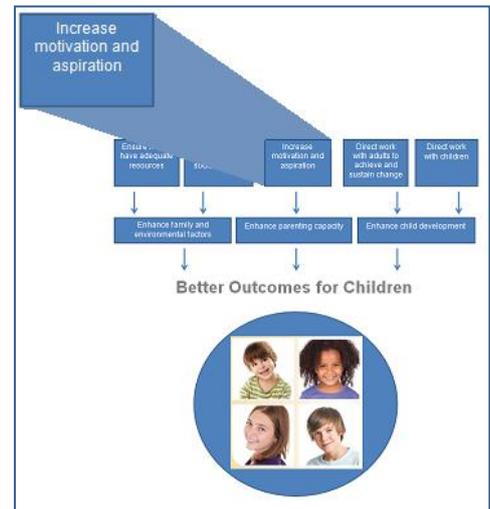
Social Support

- Consider Involvement of Wellbeing for Life support via One Point Resilience Workers.
- Stonham support social inclusive activities/support delivered through groups and on an individual basis for people with mental illness/wellbeing issues. Durham Stonham, Gateway Tel 08000 731837 Fax 0191 3324931 or E-mail gatewaydurham@homegroup.org.uk
- Consider harnessing support within the Voluntary Sector via VCS Partners, e.g. befriending services.
- Consider the Stronger Families Volunteer Programme. The Family Volunteer Programme aims to provide families with access to a family volunteer who can provide added value to the support offered as part of a coordinated package of whole family support.
- Volunteers can directly support families by undertaking specific tasks as identified within the support plan which may include, the following:
 - Provide emotional and practical support to a family
 - Befriending
 - Support families to access local services and take an active role in their community
 - Help adults or a young person with job seeking or accessing learning opportunities
 - Encouraging play and reading with their children
 - Encouraging and helping families to access medical appointments
 - Encouraging and helping family members to adopt healthy lifestyles and routines within the home
 - Provide peer support to the family and help raise self-esteem and confidence
 - To recruit a volunteer please complete a Volunteer Referral Form or to find out more contact CDYOS Volunteer Coordinator CDYOS@durham.gov.uk
- Involvement of child's school and where family support is required to address barriers to school attendance involve One Point Service; Family Workers or Education Welfare Officer / or school Attendance Officer who can provide practical help and support regarding morning and bedtime routines to support attendance.
- Consider Out of School activities via school or the Get Active website www.countydurhamsport.com/physical_activity/get_active and the 'Help4Teens' website. www.help4teens.co.uk/
- Consider access to County Durham Carers Association www.durhamcarers.info/Pages/Home.aspx

Increase motivation and aspiration

It is very likely that on referral the parents will be unaware, or in denial, of the neglect being experienced by their child. They may suggest that the situation for their child is no worse than that of others, that the problems are short term and temporary, or offer some other excuse.

Both practitioners and the families concerned need to be very clear about how the gaps in parenting capacity that are causing the child to suffer adverse outcomes can be resolved to therefore achieve better outcomes for the child. At this point there may be very little, or no, motivation to change, parents are in 'pre-contemplation'. So professionals need to help them to acknowledge the problems and to begin the process of change.



Helping the parents move through the model of change

The table below provides examples of practitioner tasks and strategies to support parents in moving through the model of change:

Increase motivation and aspiration	
Stage of Change	Practitioner tasks and strategies
Pre-contemplation	<ul style="list-style-type: none"> • Focus efforts to build a trusting relationship with the family • Raise parents' awareness of the problem and the possibility of change • Affirm strengths as starting points for change • Use motivational interviewing strategies to raise awareness and encourage questioning • Highlight in an open and honest, but respectful way, the possible consequences of good outcomes not being achieved for children
Contemplation	<ul style="list-style-type: none"> • Identify the pros and cons of present behaviour as well as the pros and cons of change • Assert the belief that change is possible • Help the family to see that they have the capacity to change • Explore the options the family has considered for how they might change • Consider commitment and capacity to change

	<ul style="list-style-type: none"> • Recognise that each parent may be at a different stage of the change process • Recognise that different changes may be required from each parent • Help the parent tip the balance in favour of change
Determination	<ul style="list-style-type: none"> • Help the parent identify best actions to take for change • Identify short and long term goals; these should be prioritised with both parents and the child • Identify internal and external resources to support change • Support their motivation for change • Start to work with the family to develop an agreed family support plan, (Change strategy) that is realistic, acceptable, accessible appropriate and effective
Action	<ul style="list-style-type: none"> • Help parent to implement the support plan(change strategy) • Focus on short term goals; prioritise safety goals, then welfare/developmental goals • Help them envision the long term goal • Reframe when necessary • Make sure all appointments are kept • Advocate for the parent and identify available sources of support • Review progress and any barriers to progress • Planning for and rehearsing the ways of overcoming challenges and obstacles • Be mindful of parents feeling overwhelmed and consequently disengage so clarity of goals is essential and recognising and praising progress however small
Maintenance	<ul style="list-style-type: none"> • Help parents identify the possibility of relapse • Support parent to identify their triggers to relapse and develop coping strategies to prevent relapse • Noticing, acknowledging affirming and celebrating successes • Reflecting on the difficult challenging journey • Talk about where the family will go from here what is the next goal

Helping parents and children

When thinking about how to help parents it is easy to assume implicitly that helping is simply about doing something for them, providing them with the correct solution, the right answer or appropriate advice, in order to remove the problem. There is however a problem with this assumption as even when there is unrestricted access to professionals with absolute knowledge there does remain the problem in ensuring the transfer of expertise from one person to another.

This will include issues such as parental reluctance to seek help, distrust of professionals and misconstruction of their roles, professional difficulties at listening to parents, understanding their needs, and communicating effectively. There is therefore a need to be thoughtful about the processes involved in providing help. If the processes are understood properly professionals will be more able to meet the needs of all members of the family involved.

This does require an understanding of how people function as individuals and how they relate to each other with communication being ultimately related to the outcomes of interventions.

It is proposed that if certain conditions are met, including the helper being congruent (or genuine), showing unconditional positive regard and empathy, and the person seeking help is aware of them, then the person will change beneficially. If a worker does not have the right skills, qualities and knowledge, even the most widely researched and evidence based programmes or interventions will be ineffective.

Disguised compliance

It is important to be as sure as possible that the decision to change is a genuine one and not just 'talking the talk'. Professionals should be mindful of the need to distinguish between cooperation with the practitioner and readiness to change; the case of Peter Connolly (Baby P) demonstrates the skilful way in which an apparently engaged and motivated parent might disguise their non-compliance. **Action is not necessarily success.**

When the required changes have begun there may be tangible signs that life has improved for the child and the neglect has stopped being a pressing issue. Professional optimism and the very reasonable desire to see the family succeed, coupled with pressure to prioritise other families who have children in apparent greater need, can lead to an easing of intervention and oversight.

Experience tells us that whilst change may have started it has not been consolidated. It is therefore fragile. Without support to deal with the inevitable issues that will come along – such as some form of crisis, whether that is an illness, a change of circumstances, or whatever – there is a real danger that the new behaviours will be abandoned and ultimately the child will once again be neglected. In cases of chronic neglect lapse may be unwelcome but common and should be treated as predictable and resolvable.

The thin veneer of success which suggests that it is time to close the case and move on should be resisted as forcefully as possible. Closing the case at this point may very well mean that the

child suffers further significant harm which is predictable and therefore avoidable. The idea of a child suffering significant harm as a result of professional decision-making must be open to challenge on an ethical basis despite the frequently competing priorities.

Working with lapse but avoiding relapse

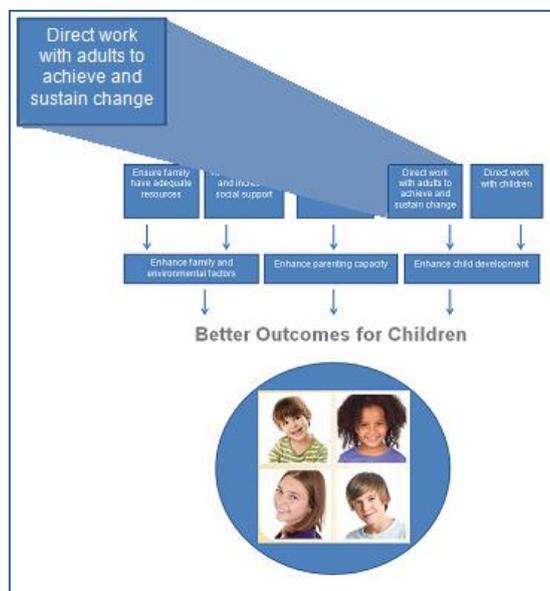
Lapse which is allowed to continue becomes relapse – in this case total withdrawal from the change process and the confirmation by/to the family that change is either not desirable or not possible. If the adults can be successfully moved back through the contemplation stage quickly, lapses may be the cost that the child has to pay to stay within the family, the alternative being removal. It may be a contentious point, but depending on the age of the child and the impact of the lapse, this cost might in the long term be the least damaging alternative.

Conversely, it is vital to avoid 'start again syndrome', whereby each lapse is treated as another opportunity to start again with a clean slate. The reality is that if a plan did not work the first time, without a change in circumstances or motivation it will not work a second time. The complexity of such professional judgements involved in trying to determine which course of action is in the best interests of the child will be familiar to many practitioners.

Working directly with adults to achieve / sustain change

The assessment will have identified what direct work needs to be undertaken with parents and this will have been translated into the Team Around the Family or Child Protection Plan in terms of SMART goals (Specific, Measurable, Achievable, Realistic and Timely)

All direct work with the adults must be clearly focused on bringing about better outcomes for the children and should be prioritised in terms of the impact upon the child's safety, then welfare/development.



What available in Durham?

Working directly with adults to achieve / sustain change

Parenting Programmes and one-to-one support:

Visit County Durham Families Information Service Parenting Support Page:-

www.countydurhamfamilies.info/kb5/durham/fsd/site.page?id=KSPOaQIDHvU

- Solihull Approach
- Strengthening Families Programme
- Family Nurturing Programme- Parenting Puzzle
- Mellow Parenting
- Triple P
- One to one support and role modelling with parents to include raising self-awareness and self-esteem, appropriate expectations, developing empathy and positive discipline.

www.fathersplus.org/ - information and resources for working with fathers.

www.parentlineplus.org.uk – 24/7 telephone helpline

Direct Help:

- Consider be-friending services and community based support
- Showing and helping the family to undertake basic day to day household tasks such as shopping, preparing meals, hygiene and daily routines
- Showing parents and young people how to clean a bedroom or kitchen for example, by doing it with them initially and then gradually reducing the amount of direct support to ascertain whether the family are able to do this in a sustained way themselves

- Modelling family routines - attending houses at critical times - e.g. mornings and evenings in order to observe what is happening and support the family to make a plan. Plans of work to attend at critical times to support parents and show them how to make the changes needed
- Showing and helping the family how to get the children up and fed in the morning or how to put children to bed
- Support to help to get the child to school with a view to modelling how the parent/young person will move towards doing this independently

Where there is domestic abuse

Focus on emotional wellbeing of abused parent

- Consider access to 'I' Plus Programme or Freedom Programme accessed through Children Centre or Harbour Domestic Abuse Service; www.iplustraining.co.uk
- Women's Aid Survivors Handbook <http://sorrystnotenough.co.uk/uploads/Full-Survivors-Handbook-English-Oct10.pdf>
- Direct help to access where appropriate medical appointments

Support for perpetrator

- Where appropriate consider access to Perpetrator Programme as this can increase the safety of the victim
- Harbour Domestic Abuse Service www.myharbour.org.uk/make-a-referral
- Respect Phonenumber for perpetrators of domestic violence, male and female, in heterosexual or same sex relationships or similar and young people using violence and aggression: 0808 802 4040 or email info@respectphonenumber.org.uk or use the website. Also advice for professionals responding to perpetrators

Where there are mental health issues:

Supporting parent (s) to get the help they need

- GP or psychological therapies (IAPT) Talking therapies. A referral to talking therapies can be made by your GP or you can self-refer www.england.nhs.uk
- MIND : www.mind.org.uk/about-us/ Provide advice and support to empower anyone experiencing a mental health problem
- Community floating support is a service available for people over the age of 18 years with mental health issues, who do not have the support of a Social Worker or Care Coordinator and need support with emergency accommodation www.durham.gov.uk/cfs

Consider access to structured physical activity programmes

- Mind Sport and Mental Health programme www.mind.org.uk

Pre-birth intervention where previous child removed

- Use and application of Pre Birth Intervention Plan

Where there is parental substance misuse:**Parents may need practical help to make contact with and engage with substance misuse support services.**

- Lifeline referral pathway
Telephone 03000 266 666
Open Access daily at all centres 10am – 4.00pm

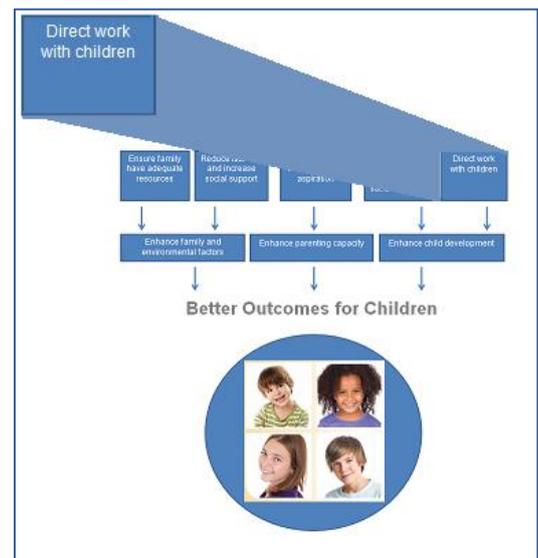
Support to family members

- Consider use of Family Group Conferencing-Community Support Team to help family strengthen relationships, develop a family contract and support the development and implementation of a safety plan; There needs to be clear arrangements for child care should the parent not be able to care for their children at any time
- Consider access to County Durham Carers Association
www.durhamcarers.info/Pages/Home.aspx

Working directly with the children to reduce impact / harm

In any neglect case, the first priority must be to ensure that the care of the child is at least good enough for the child to be safe. The rest of this guide assumes that this is being achieved in relation to the physical care of the children.

To assess what is happening practitioners need to understand the child's world and to do that you have to spend time with the child.



Children who have been neglected are likely to see the world as a disappointing and hostile place that is unpredictable and unrewarding. Experience of indifference or disinterest confirms to the child that they are not valued because they are not worth being valued; attempts to please that are met with apathy are soon abandoned, and self-reliance becomes important. Poor socialisation that results from not knowing how to relate to other people (peers and adults) spirals when the rejection by one's own family is mirrored in other settings. Because boundaries have not been consistently applied, the child has not learned to impose their own boundaries, and the lack of control that the child has over their world is reflected in their behaviour.

Children need the sense of order and routine that is so often missing in neglectful families in order for them to fit into the wider world in a positive way and be seen by others in a positive light. They need to feel and experience being valued

Much of the work that needs to be done with neglected children is compensatory; it is about children gaining the experiences that they have missed in order to develop optimally and to make their world a positive place where they can trust, and learn, and enjoy. The world must be safe, but more than that; it needs to be a source of positive affirmation and give the child a clear message that they are important. This calls for positive strengths-based direct work.

One of the most helpful areas for intervention with individual children and young people is that of building healthy resilience, that is the ability to develop normally in adverse circumstances. The following link will take you to the Resilience/Vulnerability matrix which will enable you to assess the child, so that intervention can be directed towards strengthening protective factors, reducing vulnerability, protecting the child from adversity and boosting resilience.

They identify six key areas of focus to strengthen resilience:

1. Encouraging purposeful contact with family members and other key adults from the child's past.
2. Encouraging positive school experience.
3. Encouraging friendship with peers.

4. Actively fostering interest, involvement and talents in sport, music, hobbies or cultural pursuits.
5. Helping the child to rehearse, dissect and discuss problem-solving and coping skills and strategies.
6. Promoting pro-social qualities in the young person

Voice of the child

It is important to keep the child at the heart of everything we do. The LSCB have developed some trigger question for a wide variety of practitioners to consider and use. These questions are intended to introduce the area of enquiry, be as open and general as possible to make them applicable to any practice environment:

- **Lifestyle** - Tell me about your week?
- **Health and Wellbeing** - How healthy do you feel?
- **Relationships** - Tell me about your relationships?
- **Home** - What's things like at home?

This direct link with young people will bring a positive and different perspective to agencies. It may shape new actions across services and challenge the development of service provision.

What is available in Durham?

Working directly with the children to reduce impact / harm

Where there is domestic abuse:

Undertake direct work with the children to understand the issues from their perspective. Tools such as

- Three houses, www.durham-lscb.org.uk/uploads/Three%20Houses%20Guideline.pdf
- scenarios with dolls
- happy/sad or safe/frightened board games
- Can you see me? DVD and toolkit of activities for work with teenagers about domestic violence and abuse in their age group
- The Hideout: www.thehideout.org.uk/ This website has information, activities, a quiz and stories of children living with domestic violence

Women's aid tool supports discussions and teaching about appropriate relationships.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/97773/teen-abuse-toolkit.pdf

Referral to Harbour Family Referral or Child/Young person Referral

www.myharbour.org.uk/make-a-referral

Where there are concerns about social media safety due to neglectful parenting:

- **Providing information to young people and families on how to stay safe on-line.** For more information about saying safe online, or to report behaviour that makes you feel uncomfortable, you might want to visit: ceop.police.uk/

- **NSPCC** www.nspcc.org.uk/help-and-advice/for-parents/online-safety/online-safety_wdh99554.html
- **Provide the latest information on popular sites, mobiles and new technology. Find out what's good, what's not and what you can do about it.** www.thinkuknow.co.uk/
- **Provide online support for issues around wellbeing and mental health** www.youngminds.org.uk/for_children_young_people

Where there is parental mental illness:

Offer age-appropriate information to help children understand and cope with their parent's mental illness.

- Consider child needs in relation to being a Young Carer - County Durham Young Carers www.durhamcarers.info/Pages/YoungCarers.aspx
- Family Action – The Bridge Young Carers Service 0191 3832520
- MIND : www.mind.org.uk Provide advice and support to empower anyone experiencing a mental health problem

Where there is parental substance misuse:

Direct work with child/ren to both understand and cope with the stresses they may experience.

- Consider Young Carers Association www.durhamcarers.info/Pages/Home.aspx
- Enable child/ren to access recreational/ play activities so they can enjoy and benefit from normal activities- Play Schemes, Youth Clubs, After School activities, Relax Kids Programme, Get Active website www.countydurhamsport.com/physical_activity/get_active Consider use of family/friends or a volunteer to support this.
- Consider use of Stronger Families Volunteer Programme www.durham.gov.uk/strongerfamilies

Where there is a need for a 16+ offer.

Examples of some of the issue based needs assessments, or transition to 16+ services

- Education (Special Educational Needs): YP showing indicators of risk assessed within RONI system (Risk of Need Indicators)
- Youth Justice (Youth Offending Services): Interviews to establish 'exit strategy'
- Health: Sexual Health and Mental Health services have assessment processes for referral
- Looked After Children – Care leavers have assessment that include Progression Plans
- Housing: Homeless Protocol
- Substance Misuse: Lifeline – have assessments for involvement of referral worker or identify need to call TAF
- 16+ Education: Have assessment and referral systems to First Contact
- Employers: police have reported that they have received referrals from employers regarding concerns about young employees on a range of issues.

The above list, though not exhaustive and are examples of some key areas of need that are currently covered by services to 16+

Look at the [Family Information Services](#)

SEN and Disabilities – County Durham Local Offer

The Local Offer is the place to find information for families of children and young people with special educational needs and disabilities (SEND). A wide range of useful information can be accessed on issues such as health, education, things to do for children and families, childcare, independent living etc that may help a family with a child with SEND as they progress into adulthood from birth to 25. Link to the [County Durham Local Offer](#) webpage.

Assessing Progress: Escalation of Intervention

Much of the literature on neglect notes that professionals are often faced with uncertainty about the degree of severity of neglect the child is experiencing or are unclear if a certain threshold for intervention has been crossed.

This results in some common features of professional responses to neglect:

- children experience the cumulative jeopardy of lengthy exposure to neglect
- higher risk of accidents
- repeat assessments: "start again"
- focus on the physical environment and material conditions in the home
- focus on short-term improvements – failure to grasp the significance of the overall situation for the child
- focus on the needs of the adults to the exclusion of the child's experiences
- short-term improvement in the quality of the children's lives that cannot be sustained
- higher risk of placement disruption and difficulty of securing permanence outside the family

It is often neglect cases that drift because it is difficult to know at what point to say 'enough is enough'. Typically in neglect cases things then to get worse for a while, then improve, then get worse again. It is this pattern of behaviour that can make it hard to reach a decision.

To ensure there is no drift and delay, robust TAF processes must be followed and outcome focused Family Plans must be developed and reviewed, along with the use of tools to measure distance travelled.

Significant and sustained progress can be evidenced by the parent:-

- Recognising the child's needs and putting them before parental needs/wants
- Demonstrating an awareness and understanding of the effect of relationship stress, violence etc. on the children (both within and outside the household)
- Taking responsibility for their own behaviour and acceptance of primary responsibility to keep child safe
- Providing physical and emotional care on a consistent basis
- Providing a safe, clean and sustained physical environment for the child

Escalation following lack of progress

The following features should be taken into account when considering escalation of intervention into the child protection and/or legal process:

- Limited progress against the outcome focussed plan – **within a 3 – 6 month timescale depending on the severity of the issues being addressed**
- Evidence that the parental response to the concerns is one of dissent, tokenistic or avoidant: this can be evidenced by way of their behaviour and actions in response to the concerns and also reference to whether the child's outcomes have improved within the agreed timescale – *planning and the quality of the outcome focussed plan are critical*
- Exposure to serious risk of harm: lack of supervision, frequency and severity of accidents, extremely poor physical environment that would require potential police/environmental health intervention

The sustained and persistent absence of the above 5 factors suggests that it is unlikely that the parent will be able to meet the child's needs now and into the future. Therefore the absence of these behaviours, coupled with evidence of the negative impact in the child should lead the professional to consider escalating the concerns into the child protection and/or PLO process.

Further Practitioner Guidance

This document is supported by a suite of practitioner guidance, designed to provide succinct, practical help to staff in all agencies across the partnership. These include:

- [Screening Tool for Alcohol related risk](#)
- [The Family Pack of Questionnaires and Scales](#)
- [Cycle of Change](#)
- [Home Environment Assessment Tool](#)
- [Resilience/Vulnerability Matrix](#)
- [Use of the risk and resilience matrix when planning for children](#)
- [Using the child development checklist](#)
- [Attachment](#)
- [Attachment and Bonding Checklist](#)
- [Three Houses](#)
- [Adolescent Three Houses](#)
- [Queen or King of the Island](#)
- [Queen or King of the Island Exercise](#)
- [Blank ecomap](#)
- [County Durham Engaging Families Toolkit](#)
- [Families First Team Support Menu](#)

(Where the list above relates to an available document on the LSCB website a link has been provide and underlined).