

ALL WALES PRACTICE GUIDE

Last updated: February 2021

Safeguarding children from neglect

To be used in conjunction with the Wales Safeguarding Procedures

Who is this practice guide for?

This guide is primarily for practitioners working with children (up to the age of 18).

This includes those working in early years, social care, education, health, the police, youth offending and youth, community and family support services (including the third sector) and foster care and residential care.

What is this guide for?

Safeguarding children is a responsibility shared by everyone in contact with children.

The Wales Safeguarding Procedures support individuals and agencies across Wales to understand their roles and responsibilities in keeping children and adults safe. They support a consistent approach to safeguarding practice and procedures.

This practice guide provides additional information about safeguarding responses where a child is affected by child neglect. It should be used in conjunction with the Wales Safeguarding Procedures.

Effective safeguarding arrangements in every local authority area should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective each practitioner and organisation must play their full part both individually and in collaboration; **and**

- a child-centred approach: for services to be effective they should be based on a clear understanding of the personal outcomes for the child and what matters to them. The rights of the child should be central to the approach and their best interests should always be paramount.

There are some issues which are common across safeguarding practice guides and some which are specific to the safeguarding issue being considered:

- The United Nations Convention on the Rights of the Child (UNCRC) guarantees every child the right to grow up healthy, happy and safe. This includes to be protected from harm and be appropriately supported to recover from abuse. Practitioners and professionals should adopt [A Children's Rights Approach](#) in line with the duty of due regard to the (UNCRC) and follow [National Participation Standards](#)
- Agencies must work together to provide a joined up response to safeguarding issues as set out in the Wales Safeguarding Procedures.
- There is a statutory Duty to Report Children at Risk on relevant partners under Section 130 of the Social Services and Well-being (Wales) Act 2014. [Social Services and Well-being \(Wales\) Act 2014 Safeguarding Summary](#)
- Information sharing is central to good safeguarding practice. Practitioners must share information in accordance with data protection legislation. Data protection legislation allows for the sharing of information and should not be automatically used as a reason for not doing so. **One of the specific circumstances which provides for information sharing is in order to prevent abuse or serious harm to others.** When information is not shared in a timely and effective way, decisions about how to respond may be ill informed and this can lead to poor safeguarding practice and leave children at risk of harm.
- The proportion of children on a Child Protection Register (CPR) due to neglect has remained fairly constant and is consistently the most common reason for being on a CPR in Wales. In 2016/2017 43% of children on CPRs in Wales were registered because of neglect.¹ **Neglect can and does cause significant harm to children and neglect in childhood can have an impact on poor well-being into adulthood.**
- Our response to safeguarding issues should be proportionate, child centred and based on the individual needs and circumstances of the child. Children need to be meaningfully involved in the planning of their care and support.
- We know that sensory impaired and disabled children are at an increased risk of being abused compared with their non-disabled peers. They are also less likely to receive the

protection and support they need when they have been abused. Practitioners should explicitly recognise the increased vulnerability of sensory impaired and disabled children to abuse and neglect and the barriers they may face, especially around communication and provide for any additional safeguards needed to protect sensory impaired and disabled children.

- Practitioners should familiarise themselves with the culture and beliefs of those families they work with. Practitioners should not be afraid to ask about particular behaviours and the reasons for them in a sensitive manner and should never overlook potential harmful practices on the basis of cultural sensitivity.
- All practitioners must be alert to the possibility of the child being at risk of harm regardless of the setting they are living in, in foster care, adoptive placements or a children's home. Children in placements or those who are adopted will have relationships that may include foster carers, adoptive parents, birth parents, siblings or other birth relatives. These relationships and any contact may be positive and welcomed or undesired and deemed a risk. Children's past experience of abuse and neglect may leave them at risk of having emotional, behavioural and mental health difficulties which may continue to make them vulnerable.
- **Children should be seen and heard.** Evidence from Child Practice Reviews has highlighted the need for children to meet on their own with practitioners, away from parents and carers in an environment where they feel safe, so that the child can speak about the impact that the circumstances which have prompted safeguarding concerns are having on them. There are too many cases where the child was not seen or asked their views or feelings or where this did not happen enough. Providing time and space to listen directly to children supports a system which is child-centred and promotes good safeguarding practice.²

What do we mean by Neglect?

- ▶ The Social Services and Well-being (Wales) Act 2014 includes the following definition: “**neglect**” (“esgeulustod”) means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being (for example, an impairment of the person’s health or, in the case of a child, an impairment of the child’s development).³

Neglect is the failure to meet a child’s basic and essential needs including physical, emotional and medical needs. It can include a failure to provide adequate food, clothing

and shelter, failure to protect a child from physical and emotional harm and failure to provide adequate medical care or treatment. It can occur during pregnancy as a result of maternal substance abuse. It can also occur before a child is born where a parent fails to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk. Neglect can take different forms, ranging from obvious physical signs such as being inadequately clothed to young children being left alone in their home or on the streets for long periods of time. Children may lack parental support to go to school, miss health appointments, and be ignored when distressed.

Physical neglect: A parent or carer has a duty to take care of a child's basic needs which includes providing food, shelter and clothes, and keeping the child clean and hygienic. A failure to meet these basic needs is physical neglect.

Supervisory neglect: Where a parent/carer fails to provide an adequate level of supervision and guidance to ensure a child's safety and protection from harm. For example, a child may be left alone or with inappropriate carers, or appropriate boundaries about behaviours (for example, under-age sex or alcohol use) may not be applied.

Nutritional neglect: Where a child does not receive/is not provided with adequate calories or nutritional intake for normal growth (also sometimes called 'failure to thrive'). At its most extreme, nutritional neglect can take the form of malnutrition.

Emotional neglect: [A child has emotional needs](#) as well as physical and educational, and if parents and carers don't meet these requirements, it's known as emotional neglect. Emotional neglect could mean that a child isn't getting the amount of attention, stimulation or affection that they need from a parent or carer, but it can also be more deliberate than that. Emotional neglect can result in long-lasting mental health problems and can lead to issues maintaining healthy relationships with partners, friends or even their children when they reach adulthood. Research has indicated that the emotional unavailability and unresponsiveness of the parent can be particularly damaging to the child. It can occur if the parent has mental health difficulties, substance or alcohol misuse or is persistently preoccupied with other difficulties such as domestic violence. Parents may be less likely to complain about their child in these situations and observations of interactions are particularly important. This is not to suggest that all parents who e.g. have mental health difficulties are emotionally unavailable to their children.⁴ Emotional neglect is a particularly hidden form of maltreatment⁵ and resources are available from the NSPCC which consider emotional neglect at different points in the child's development.⁶

Medical neglect: This involves a parent or carer minimising or ignoring children's illness or health (including oral health) needs, and failing to seek medical attention or administering

medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse. Public Health Wales has issued Primary Care [Guidance](#): '*Children and young people who are not brought to healthcare appointments*'. The guidance sets out that missing appointments for some children may be an indicator that they are at an increased risk of abuse or neglect. **Oral health:** As part of the Healthy Child Wales programme Health Visitors are delivering the Lift the Lip initiative which is an integral part of the Welsh Government [Designed to Smile Programme to improve the oral health of children in Wales](#). Public Health Wales has published safeguarding [Guidance](#) for dental teams in Wales. Dental disease and neglect including a failure to keep dental appointments when the parent / carer knows the child is in pain, or failing to seek dental care when a child is in pain.

Educational neglect: This involves parents or carers failing to ensure a child receives a suitable education.⁷ Parents may choose to provide their child with a suitable education by sending them to school or through home education. Some parents and their children may need support to enable engagement in education and where parents make reasonable efforts to engage with this support a common sense approach should be taken in reaching a decision about whether there is educational neglect. Arrangements for responding to children of statutory school age who are missing education are set out in the Welsh Government [statutory guidance](#) this guidance should be followed in the first instance. Each local authority and school has a responsibility to attempt to trace all children who cease to attend education. This is vital as there is always a possibility that the child or young person may be missing because they are at risk of significant harm. An All Wales Practice Guide on Safeguarding home educated children is also available and updated Statutory Guidance on Elective Home Education including safeguarding information is to be issued.

The following characteristics of neglect may make it harder for practitioners to recognise that a threshold for statutory intervention has been reached⁸:

- The chronic nature of this form of maltreatment practitioners can become used to how a child is presenting and fail to question a lack of progress;
- Unlike physical abuse for example, the experience of neglect rarely produces a crisis that demands obvious and immediate action;
- Neglect can in some cases be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency, extent and pervasiveness of parenting behaviour which may make them harmful and abusive;

- There is a reluctance to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded or when associated with social disadvantages such as poverty;
- The child may not experience neglect in isolation, but alongside other forms of abuse.

Evidence base

- Neglect has the potential to compromise a child's development significantly. While research suggests that neglect can be particularly damaging in the early years where it can affect social, emotional and neurobiological development – it can compromise development throughout childhood and adolescence. There can be long term consequences of neglect well into adulthood.⁹
- Practitioners may have fears about being considered judgemental when working with disadvantaged families and this impacts on their consideration of whether harm is being done to the child.¹⁰
- Neglect rarely presents as a crisis that demands immediate action, it commonly occurs alongside other forms of abuse and practitioners may become accustomed to the chronic nature of neglect. An effective response also requires practitioners to look beyond episodes of individual parenting and understand the neglect in context.¹¹
- Children who are neglected are unlikely to express the need for or seek help directly from statutory agencies and their parents are also likely to be poorly equipped to identify and make use of formal support services. Neglect occurs on a spectrum and universal services are seen as having a key role in identifying and responding to signs of neglect, providing early support in cases of low level neglect and making appropriate referrals. Chronic neglect is often entrenched and research suggests a tendency for families to 'bounce in and out of services' and for neglect to become 'overtly complicated and process bound'.¹²
- In cases of chronic neglect (as opposed to acute singular incidents) many agencies get involved and multiple interventions are attempted over time with limited impact. Families may be subject to numerous referrals and interventions over many years, with changes in lead practitioners leading to a situation where they attempt to promote change without fully recognising a prior cycle of brief improvements and relapses by the family.¹³ Gathering historical information and evidence about a case of possible neglect

in order to inform a chronology is particularly important in informing decisions about the risk to a child's well-being and development.

- Evidence from practice¹⁴ and from Child Practice Reviews suggests that in families where there is neglect because of impaired parenting capacity related to issues such as substance misuse, mental health or domestic abuse practitioners may become focused on the needs of the parent rather than the child, even where following child protection procedures. So that where support becomes focussed primarily on the parent in order to support their ability to parent there can be a failure to consider whether this is translating into better outcomes for the child.
- There is also evidence of '**false optimism**' in neglect cases where practitioners note parent engagement but do not consider if change is happening in a way that makes a real difference to the experiences of the child. Neglect cases may also be particularly vulnerable to '**disguised compliance**'¹⁵, where a parent or carer gives the appearance of co-operating with services to avoid raising suspicions and allay concerns. It is important to establish the facts and gather evidence about what is actually occurring or has been achieved, in order to not lose objective sight of what is happening.
- **Neglect often co-occurs with other forms of abuse.** In Wales 126 children were registered for more than one type of abuse on a child protection register (CPR) in 2016/7. Most of the children registered for more than one form of abuse involved neglect: neglect and physical abuse (76%) and neglect and sexual abuse (14%).¹⁶
- **Neglect can also be fatal** both when it occurs in isolation and when it happens in combination with other forms of maltreatment. In England a national analysis of Serious Case Reviews found that neglect was a significant factor in 60% of cases.¹⁷ The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children's safety.¹⁸

A proportionate response

- If a child is at immediate risk contact the Police on 999.
- If any agency involved with the child has concerns that the child may have care and support needs that their parent(s)/carer(s) cannot meet without support, they should

seek parental consent to refer the child to the home local authority Information, Advice and Assistance service for an assessment of their needs.

- Relevant partners have a Duty to Report Children at Risk (Section 130) under [Part 7](#) of the Social Services and Well-being (Wales) Act. Section 130(4) defines a “child at risk” as a child who:
 - **a)** is experiencing or is at risk of abuse, neglect or other kinds of harm; and
 - **b)** has needs for care and support (whether or not the Local authority is meeting any of those needs).

When a child has been reported under section 130, the local authority must consider whether there are grounds for carrying out an investigation under section 47 of the Children Act 1989.

- If Social Services make a decision that the report/referral received does not relate to a child at risk they will make a record of this and the rationale for their decision.
- Social Services of the local authority in which the child is located should make a decision on the evidence on whether to convene a multi-agency strategy discussion, to inform a decision on a response for the child, including whether to hold a multi-agency Strategy Meeting. Representatives of each local authority relevant to the child and any Youth Offending Service relevant to the child should be involved in the multi-agency strategy discussion. There should be no delay in responding to information about a child at risk because the child is not ordinarily resident in the local authority where the safeguarding issue is identified.
- If the initial assessment or multi-agency strategy discussion indicate that there are no grounds to proceed to a Strategy Meeting or to a Section 47 Inquiry, consideration should be given to a referral for preventative work to reduce the likelihood of future risk of harm.
- Where there is already a care and support plan, child protection plan or they are a looked after child or they are in the secure estate, there should be a multi-agency strategy discussion to decide whether a Strategy Meeting is necessary to inform the development or review of a plan for the child.
- The arrangements for carrying out a Strategy Meeting are set out in the Wales Safeguarding Procedures and in Welsh Government [Working Together to Safeguard People Volume 5- Handling Individual Cases to Protect Children at Risk](#) issued under the Social Services and Well-being (Wales) Act. Wherever possible, the practitioners

attending the Strategy Meeting should have direct knowledge of the child. It is, however, recognised that some agencies may come into contact with a child for the first time as a result of the issues being considered at the Strategy Meeting.

- The Strategy Meeting should consider if there is any information or evidence relating to the child which suggests that there are other specific safeguarding issues that need to be considered in addition to the primary presenting safeguarding issue. **The Strategy Meeting should be child centred rather than issue based.**
- **The Strategy Meeting must result in a set of agreed actions to inform the development or review of a child protection and/or care and support plan for the child.** This plan must consider the holistic needs of the child in order to promote well-being and prevent future harm and must not be focussed exclusively on the management of risk. Support for families where neglect has been identified should not focus exclusively on parenting. Consideration should be given to the need for therapeutic support and interventions to help children recover from the impacts of neglect.
- Where the Strategy Meeting results in an agreement that a plan is not required the rationale for this decision should be recorded.
- Children and young people are entitled to an active offer of advocacy from a statutory Independent Professional Advocate (IPA) when they become looked after or become subject of child protection enquiries leading to an Initial Child Protection Conference. The **'active offer'** is made directly to the child by the Advocacy Service. An 'active offer' is a sharing of information about the statutory right and entitlement of a child in particular circumstances to access support from an Independent Professional Advocacy Service. Information should be shared with them that includes an explanation about the role of Independent Professional Advocacy. This includes what it can and cannot do, how it operates based on their wishes and feelings, its independence and how it works solely for the child/young person, its policy on confidentiality and significant harm – it explains the statutory right of children and young people to be supported to express their views, wishes and feelings as well as their right to make a representation or complaint.

Appendices

These organisations are there for all children and young people in Wales. Practitioners should let children know about these organisations and how to contact them.

Meic is the helpline service for children and young people up to the age of 25 in Wales. From finding out what's going on in your local area to help dealing with a tricky situation, Meic will listen even when no-one else will. They won't judge you and will help by giving you information, useful advice and the support you need to make a change. You can:

- Chat to someone from Meic on-line: <https://www.meiccymru.org/>
- Call Meic for free and talk to someone: **0808 802 3456**
- Text Meic for free on: 84001

You can contact the [Children's Commissioner for Wales](#) Investigation and Advice service which is free and confidential. It's there as a source of help and support if children and young people or those who care for them feel that a child's been treated unfairly. You or you parent/carer can:

- Call the service for free: **0808 801 1000**
- Email the service: advice@childcomwales.org.uk

Childline is a free, private and confidential service where anyone under 19 can access support and advice. The Childline website www.childline.org.uk has information and advice pages as well as tools to help you work through problems yourself. If you want to talk or chat to Childline you can:

- Call Childline for free: **0800 1111**
- Register on-line to email Childline or chat on-line to a counsellor: www.childline.org.uk/get-support/

If you want to talk to Childline in Welsh see www.childline.org.uk/get-support/

Serious Crime Act 2015: Part 5 Protection of children: Child cruelty offence (Section 66)

Section 1 of the Children and Young Persons Act 1933 ("the 1933 Act") provides for an offence of child cruelty. This offence is committed where a person aged 16 or over, who has responsibility for a child under that age, wilfully (i.e. intentionally or recklessly) assaults, ill-treats, neglects, abandons, or exposes that child in a manner likely to cause "unnecessary suffering or injury to health"; or causes or procures someone else to treat a child in that manner. The maximum penalty for the offence is ten years' imprisonment or a fine or both.

The 2015 Act amends section 1 of the 1933 Act to make it explicit that the offence covers conduct which is likely to cause psychological suffering or injury as well as physical harm;

and that ill-treatment could either be physical or non-physical. In terms of non-physical behaviour the Government has given (outside the Act) the examples of isolation, humiliation or bullying, if it is likely to cause unnecessary suffering or injury to health.

It also extends the 1933 Act provisions that deem the suffocation of a child under three years when in bed with a drunken person to constitute child neglect to:

- those under the influence of prohibited drugs;
- so that the offence applies where the person comes under the influence of the substance in question at any time before the suffocation occurs; and
- it applies irrespective of where the adult and child were sleeping (for example if they were asleep on a sofa).

¹ <https://learning.nspcc.org.uk/media/1067/how-safe-are-our-children-2018.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

³ Social Services and Well-being Act (Wales) 2014 http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

⁴ <https://www.nscb.org.uk/sites/default/files/Emotional%20Abuse%20Practice%20Guidance.pdf>

⁵ Hanson, E. (2016) [The relationship between neglect and child sexual exploitation: an evidence scope. Totnes: Research in Practice.](#)

⁶ Emotional neglect and emotional abuse in pre-school children: Core info leaflet which can be downloaded from: <https://learning.nspcc.org.uk/research-resources/pre-2013/emotional-neglect-abuse-pre-school-children-core-info-leaflet/>

Neglect or emotional abuse in children aged 5-14: Core info leaflet which can be downloaded from: <https://learning.nspcc.org.uk/research-resources/2014/neglect-emotional-abuse-children-aged-5-14-core-info-leaflet/>

Neglect or emotional abuse in teenagers: Core info leaflet which can be downloaded from: learning.nspcc.org.uk

⁷ Parents have a duty to ensure that their children receive an efficient full-time education suitable to their child either by regular attendance at school or otherwise (under section 7 of the Education Act 1996) and they may choose to arrange this education themselves outside the state or independent school system.

⁸ http://www.cwrc.ac.uk/documents/RR404_-_Indicators_of_neglect_missed_opportunities.pdf

⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf

¹⁰ Brandon M, Bailey S, Belderson P, Warren C, Gardener R. and Dodsworth J. (2009). *Understanding Serious Case Reviews and their impact*. London: Department for Children, Schools and Families.

¹¹ <https://learning.nspcc.org.uk/media/1145/child-neglect-an-evidence-scope-executive-summary.pdf>

¹² Pithouse, A. and Crowley, A (2016) '[Tackling child neglect: key developments in Wales](#)' *Research, Policy and Planning (2016)* **32**(1), 25-37

¹³ See 6 above.

¹⁴ Farmer E. and Lutman E. (2014). Working effectively with neglected children and their families – what needs to change? *Child Abuse Review*, 23, pp 262-273.

¹⁵ https://learning.nspcc.org.uk/media/1334/learning-from-case-reviews_disguised-compliance.pdf

¹⁶ NSPCC (2018) How Safe are our children? <https://learning.nspcc.org.uk/research-resources/how-safe-are-our-children/>

¹⁷ Brandon, M., Sidebotham, P. Bailey, S., Belderson, P. Hawley, C., Ellis, C and Megson M (2012) *New learning from serious case reviews*, Department for Education. Research Report DFE-RR226

¹⁸ Brandon M, Bailey S, Belderson P. and Larsson B. (2013). *Neglect and Serious Case Reviews*. University of East Anglia/NSPCC