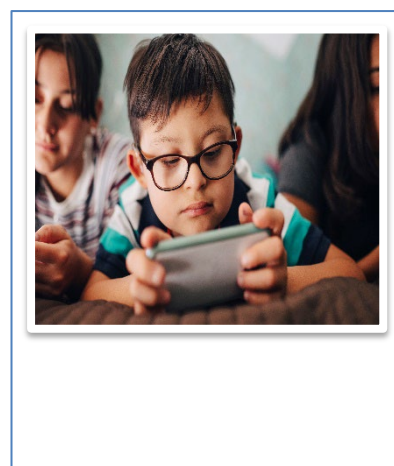
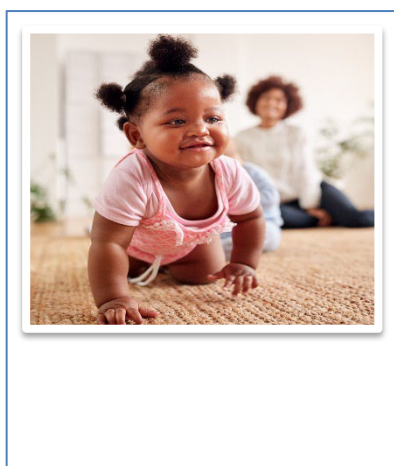
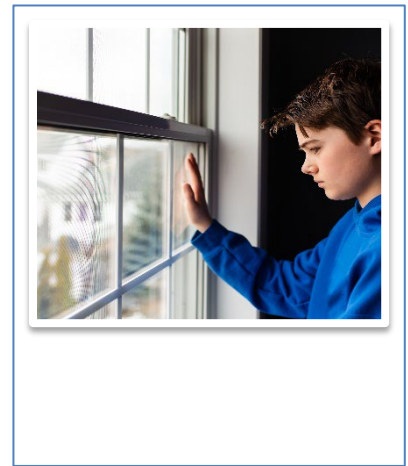
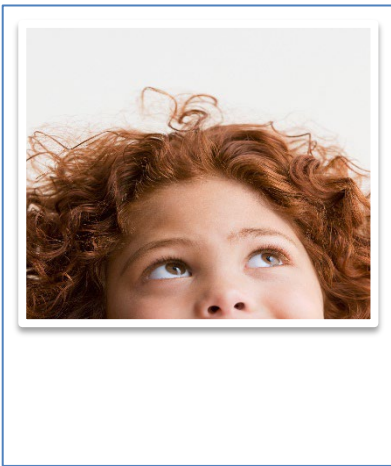




**Bracknell Forest**  
SAFEGUARDING BOARD

# Neglect Strategy 2023 – 2026



**Version 1: January 2023**

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PART ONE – Bracknell Forest Neglect Strategy 2023-2026

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PART THREE – Neglect Tool

## **PART ONE**

# **Bracknell Forest Neglect Strategy 2023 – 2026**

## **A Child Centred Approach**

Neglect is rarely associated with a single event, but more often occurs in the context of an absence of appropriate care that has taken place over a period of time. While professionals engaged in initial assessments of risk/need professionals may find it difficult to distinguish between neglect resulting from the persistent failure by parents/carers to meet the basic needs of children and/or material poverty. However, it is important that neglect associated with poverty and deprivation is not minimised and objective assessments evidence their impact regardless as to the context in which it may have occurred. Although the Bracknell Forest Safeguarding Board (BFSB) Neglect Screening Tool (see appendix B) has been developed to support professional judgement and to act as an aid memoir for those concerned about the possibility of neglect, it does not replace professional judgment and the benefits of multi-agency decision making.

## **Responding to Neglect**

There are well documented advantages to having complex cases considered by a range of professionals in order that they can consider whether a parent/carer has purposefully allowed a child to suffer serious harm on a one-off occasion (e.g., as a form of punishment or within a culturally harmful activity). This referred to as an act of commission and is in contrast to the more common acts of omission associated with neglect. Omissions in providing care for children may be associated with a failure of their parents/carers to ensure basic care over long periods. Individual examples of such omissions in providing basic care, individually may not appear to have a serious impact, but can become significantly harmful due to the accumulative impact they can have over time.

As a result, multi-agency responses to neglect should guard against decisions making that appears to be responding to the currently/immediate presenting episode of neglect and be alert to the need for collective analysis of earlier evidence of poor care over a period of time. In doing so it will be important for professionals to be mindful that children suffering neglect are at increased risk of a range of poor outcomes associated with poor levels of basic care, emotional warmth, stimulation or guidance and boundaries.

Neglected children can be left alone or spend increased periods of time in environments that may also increase the risk of harm. They can lack proper health

care, be ignored when distressed, or when excited or happy. Neglect has far reaching consequences for children affecting all aspects of their development. Research evidence has documented the long-term impact of such harm on the developing brain and that neglect can impact on children's physical development, influences their behaviour, educational achievement, and their emotional wellbeing.

Neglect often occurs alongside other family problems including mental health issues, substance misuse or living with domestic violence and can impact on children's socialisation and can result in them having trouble making /maintaining relationships and can impact on how they parent their own children.

Where children are thought to be experiencing neglect it is important that professionals are aware that such experiences increase the risk of emotional abuse, physical abuse and sexual abuse and forms of exploitation.

### **Statutory Definitions**

Working Together 2018 defines neglect as:

“The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- 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 care-givers)
- Ensure access to appropriate medical care or treatment.

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

Given the current cost of living crisis many families will be facing extreme levels of hardship that requires local organisations work in partnership to mitigate. While such supportive community-based responses should seek to support parents/carers, it is important that all involved understand the potential seriousness of Neglect, its potential impact on children's development and that in extreme circumstances it can be life threatening.

## Learning from Case Reviews and Inspections

Child neglect remains a significant theme within Local Child Safeguarding Practice Review undertaken across the country. The NSPCC thematic briefings highlight the learning from case reviews that are conducted when a child dies or is seriously injured and abuse or neglect are suspected. A [briefing on neglect](#) pulls together key risk factors and practice recommendations to help practitioners understand and act upon the learning from case reviews published between 2021 and 2022.

Ofsted's report [The Child's Time: Professional Responses to Neglect](#) highlights the necessity for safeguarding partnerships to ensure strategic oversight and the importance of collaborative working between local partners in order that they can ensure effectiveness practice to safeguard children who experience neglect. ,

A further report of Ofsted's work in respect to neglect draws on the findings of its third joint targeted area inspection programme [Growing up neglected: a multi-agency response to older children](#) and highlights the importance of recognising experiences of neglect within older children and young adults.

The learning referred to above builds on the conclusions sets out the Government's research [Indicators of Neglect: Missed Opportunities](#)

## Safeguarding Adults from Neglect

As the information set out in Part 2 and 3 of this strategy indicates, neglect can take many forms. While this strategy, the associated guidance and practitioners screening tool focus on the issue of child neglect, it is important that professionals are also aware of the role they can play in preventing harm to adults and where necessary follow the Safeguarding Boards [multi-agency guidance](#).

## PART TWO

# Pan Berkshire Multi-agency Safeguarding Children Arrangements Procedures (P&P)

## [Safeguarding Practice Guidance on Neglect](#)

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1. Definition
2. Risks
3. Indicators
4. Protection and Action to be Taken
5. Issues
6. Further Information
7. Local Information

### 1. Definition

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Neglect is defined in Working Together to Safeguard Children as "the persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect the child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

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

### 2. Risks

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The impact of neglect during the first two years of a child's life can have profound and lasting effects on the development of the brain, leading to later problems with self-esteem, emotional regulation and relationships.

Neglect during the first five years of a child's life is likely to damage all aspects of the child's development. A neglected child may have difficulties with:

- Basic trust
- Self-esteem
- Ability to control their behaviour
- Social interaction
- Educational attainment
- Problem-solving.

Neglect in childhood can also lead to problems during adulthood including:

- Living independent in the community
- Accepting adult responsibilities
- Anti-social behaviour such as criminality, substance misuse
- Increased vulnerability to being in abusive relationships (including the risk of sexual exploitation, criminal exploitation and being trafficked)
- Life chances and opportunities such as employment and education
- Parenting - children who experience neglect lack a role model for good parenting, and so are vulnerable to becoming neglectful or abusive parents
- Self-care - for example nutrition, general health, risk-taking behaviour.

A particularly damaging combination for children is growing up in an environment of low warmth and high criticism - that is, parents/carers who switch unpredictably between helpless (neglectful) and hostile (abusive) care.

Neglect can affect children of all ages, including adolescents and older children.

Where parents/carers have specific beliefs, which may influence their views on how the child receives health care and treatment or general nutrition, the outcome can be that the child's health and well-being can be dangerously compromised.

Where obesity is an issue, consistent failure by parents to change lifestyle and engage with professionals or with weight management initiatives would constitute neglect. This is of particular concern if an obese child is at imminent risk of disorders like obstructive sleep apnoea, hypertension, type 2 diabetes or mobility restrictions.

**It is important to remember that neglect can be fatal to the child.**

"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 .... these issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems (Brandon et al, 2013).

### **3. Indicators**

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Neglect differs from other forms of abuse in that there is rarely a single incident or crisis that draws attention to the family. Rather it is repeated, persistent neglectful behaviour that causes incremental damage over a period of time.

It is important to avoid 'start again' syndrome. Neglect should not only be measured by the most recent set of events but should be judged by the cumulative impact on the child of any previous incidents.

There is no set pattern of signs that indicate neglect other than that the child's basic needs are not adequately met. In this context:

- The child's basic needs are for food, shelter, clothing, warmth, safety, stimulation, protection, nurture, medical care, education, identity and play
- Adequately means sufficient to avoid harm or the likelihood of Significant Harm
- Failure to meet the child's needs does not necessarily mean that the parents/carers are intentionally neglectful, but it points to the need for intervention
- It is essential to monitor the outcome of intervention - are the child's needs being adequately met after the intervention and is there a sustainable improvement?

The essential factors in demonstrating that a child is being neglected are:

- The child is suffering, or is likely to suffer, Significant Harm
- The harm, or risk of harm, arises because of the failure of parents or carers to meet the child's needs
- Over time, the harm or risk of harm has become worse, or has not improved to the point at which the child is consistently receiving a "good enough" standard of care
- Persistent, severe neglect indicates a breakdown or a failure in the relationship between parent and child.



Where there are concerns about standards of care the use of neglect tools, such as the **Graded Care Profile**, (LSCP websites will have further information on neglect and tools) provides a basis for assessment, planning, intervention, and review. This gives an objective measure of the care of the child across all areas of need, showing both strengths and weaknesses. Improvement and/or deterioration can be tracked across the period of intervention. It allows professionals to target work as it highlights areas in which the child's needs are, and are not, being met. It may also help parents/carers who may have experienced neglect themselves to understand why such behaviours are harmful.

#### **4. Protection and Action to be Taken**

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In supporting a family in which neglect is an issue, the greatest of care must be taken to resist the pressure to focus on the needs of the parents/carers; intervention should concentrate on ensuring that the child's needs are being met. This may require action to ensure that the parents/carers have access to specialist (and if necessary independent) advice and assistance, including assistance in communicating with professionals.

Neglect may arise from lack of knowledge, competing priorities, stress or deprivation. It may also be linked to parents/carers who retain cultural behaviours which are inappropriate in the context in which the family is living.

When a child's needs are unmet because the parents/carers lack knowledge or skill the first choice for intervention should generally be the provision of Early Help services such as information, training and support services. If there is no progress and the assessment by professionals is that progress is unlikely without more proactive intervention a referral to Children's Services in line with the **Referrals Procedure** should be considered.

Neglect often occurs in a context in which parents/carers are dealing with a range of other problems such as substance misuse, mental ill-health, learning disability, domestic abuse, and lack of suitable accommodation.

On many occasions the birth of an additional child may add to the pressure on the family. The parents/carers may provide an acceptable standard of care until a new pressure, or an unexpected crisis arises; then they lose sight of their child's needs. In this situation the first choice for intervention should be the provision of support in dealing with the competing pressures. This may require referral to appropriate adult services or family support services.

#### **Messages for Good Practice**

- Practical resources are often beneficial but their impact on meeting the child's needs must be kept under review

- Relieving financial poverty does not necessarily relieve emotional poverty
- Neglectful families are more likely to be isolated and to have weak informal networks. Providing volunteer support, and facilitating better relationship with family and in the community, can be effective in raising standards of care
- Dealing with neglect can be overwhelming for professionals: support and regular supervision are crucial
- It is important to carry out regular reviews of the rate at which the required change is being achieved in terms of the child's improved health and development.

## 5. Neglect

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Neglect is characterised by a cumulative pattern rather than discrete incidents or crises, and so drift is always a potential problem. Drift may result in a loss of focus on the needs of the child, and a change in professional expectations of what an acceptable level of care might be.

Accurate, detailed and contemporaneous recording by all professionals, and sharing of this information, are crucial to the protection of the child. In any service, professionals should work from a single set of records for each child. All entries in case notes should:

- Be factual and evidence based
- Rigorously separate fact and opinion
- Be dated and timed
- Give names and agencies in full
- State agreed responses and outcomes.

Records should include a detailed Chronology of what has been tried, and to what effect.

There is a risk of confusion about the difference between style of care and standard of care. Styles of appropriate care vary widely, influenced by gender, class, culture, religion, age etc. The common factor in all styles of appropriate care is that they address the needs of the child. Neglectful care may have a host of common factors with various styles of appropriate care, but it fails to address the child's needs and falls below an acceptable standard.

Non-attendance at or repeated cancellations of appointments and lack of access to the child on visits are indicators that should increase concern about the child's welfare.

All agencies should be aware of the need for supervision of staff who are monitoring cases of chronic neglect:

- Professionals often want to think the best of the families with whom they work, and interpret events accordingly
- Familiarity with the family's lifestyle may cause professionals to minimise concerns and accept that the observed standards are normal for this family
- Changing the worker also carries risks as it takes time to see the pattern of events that identifies care as neglectful.

Supervision must provide an independent review, keeping the focus on the child's needs and the adequacy of parenting over time.

If the child appears resilient, professionals should not accept this at face value, but should check for evidence of unmet needs and impaired health and development.

When reviewing progress in cases of neglect it is important to look for evidence of **sustained** improvement in the child's health and development. Where there is a pattern of short-lived improvements, the overall situation remains unsatisfactory - if adequate standards of care cannot be sustained, the child remains at risk of significant harm.

Professionals must resist the temptation to "start again" at key points such as the birth of a new child or a change of worker. It is important to see current events in the light of the full history of child protection issues, including previous responses to support. The family histories of neglectful families are often complex and confusing, and professionals may be tempted to set them aside and concentrate on the present. This can result in an over-optimistic approach to a family with deeply entrenched problems.

As noted above, neglectful adults are often enmeshed in a complex network of problems. The clamour of the parents'/carers' needs tends to draw professional attention away from the unmet needs of the children. When addressing the needs of neglectful parents/carers, it is necessary to ask repeatedly:

- Do they understand what action is needed and within what timescales?
- Are they able and willing to meet the child's needs?
- Are they doing so?
- Are they able to access appropriate support services?
- Is anything changing for the child? Is the change enough to bring the standard of care up to an acceptable level?

If adult services are supporting the parents/carers, it is important to stress the need for them to notify children's practitioners if the parents/carers fail to engage with the services offered.

If there is a vulnerable adult living in the same household as a child whose needs are neglected, then their needs may also be neglected or unmet. Practitioners should report any concerns about the welfare of vulnerable adults to adult social care.

### **Intentional Neglect**

Where there is strong evidence that the parents/carers know and understand the likely effect of their actions or inaction on the child but intend to cause harm or are reckless as to whether harm is caused to the child, this should be regarded as serious physical and/or emotional abuse. In these cases, support is unlikely to reduce the risk to the child. Unintentional neglect should not be confused with deliberate or malicious failure to meet the child's needs in the full knowledge of the potential effects on the child.

### **One Child Singled Out**

Serious Case Reviews have demonstrated that in some instances a child in a family may be singled out and cared for in a manner which amounts to serious neglect. Where a school or other agency raises concerns about the child the parent's response and first assessments of the family may mask the particular treatment in the home of that child, particularly if the siblings appear well and cared for. Assessments where there are concerns of neglect should include speaking to the specific child on their own and viewing their sleeping arrangements for example.

### **Teenage Neglect**

Older children can be just as vulnerable to neglect as younger children. The impact of neglect may be less obvious in older children whose behaviours, such as self-harm or offending behaviour, may be what bring these children to the attention of professionals. The impact of neglect on older children can be significant and, in some cases, life-threatening.

Older children who suffer neglect may have been neglected for many years and can carry the legacy and impact of neglect at a younger age with them into adolescence. This means they are often not well equipped to cope with the many challenges that older childhood brings and may not get the support from parents to manage this transition.

Neglect can lead to problems in adolescence and adulthood including:

- Poor mental and physical health
- Difficulties with interpersonal relationships
- Low educational attainment and/or poor school attendance
- Offending behaviour
- Substance misuse
- A high propensity for risk-taking behaviour
- Increase the possibility of experiencing exploitation
- Suicide.

The signs of neglect of older children may be more difficult to identify than signs of neglect in younger children, and older children may present with different risks. For example, older children may want to spend more time away from a neglectful home, and given their experience of neglect, they may be more vulnerable to risks such as going missing, offending behaviour or exploitation.

Professionals should be curious as to the underlying causes of the behaviour when working with older children, and to seek to understand the child's lived experience. They may have experienced a great deal of trauma in their lives or are experiencing trauma both inside and outside the home and the focus should be on their needs, not solely on their presenting behaviour. It is possible that a child who has only ever known a neglectful home life will not recognise their experiences as neglect, especially if they have little to compare it to. It is essential we talk directly with children and listen with care to their experiences; this is the best way to find out what life is like for them.

Physical and visible aspects of neglect may be easier to identify than other forms of neglect a child may experience, such as emotional neglect. Older children may also be skilled at hiding the impact of neglect by seeking support from places other than the family or by spending more time away from home, which in itself may put the child at more risk. It is important to look at the wider impact of long-term neglect on the child and how they have been affected when considering the risk the child faces. Practitioners should be open to initiating child protection investigations accordingly based on the needs and risks identified from long term neglect and not assume that their age is a protective factor in itself.

They may appear 'resilient' and to be making choices about their lives, when in fact they are adopting behaviours and coping mechanisms that are unsafe. Parents may not always be equipped to help their older children deal with increased risks outside the home.

Professionals may need to work hard to engage with older children who have experienced years of neglect and have little reason to trust adults. Involving them

in the decisions that affect them can be significant in beginning to build trusting and effective working relationships.

Adult mental health and substance misuse services have an important role in thinking about the whole family and the impact of adult behaviours on children, including the risk of neglect to older children.

### **Neglect by Secondary Carers**

This guidance relates only to the child's primary carers. Neglectful care may also be found in secondary carers such as childminders, foster carers, day care or residential settings. In this situation concerns should be reported to:

- The child's primary carers, so that they can take appropriate action to protect their child
- The Local Authority Designated Officer (LADO) within each local authority area team in Children's Social Care
- The registration authority for the secondary carer (for example Ofsted), who can consider the possible implications for other children
- In the case of emergencies see [Referrals Procedure](#).

### **Further Information**

[Missed Opportunities; Indicators of Neglect - What is Ignored, Why, and What Can be Done? November 2014](#)

[Child Protection Evidence on Neglect \(RCPCH\)](#) – an evidence-based resource for clinicians helping to inform clinical practice, child protection procedures and professional and expert opinion in the legal system.

[Growing up neglected: a multi-agency response to older children \(GOV.UK\)](#) - examines the multi-agency response to older children who are living with neglect following 6 inspections of local authority areas.

[Understanding Adolescent Neglect - Troubled Teens \(The Children Society\)](#)

## Part 3

# Bracknell Forest Neglect Tool

### Guidance for professionals using this tool

*The tool has been developed from the Family Cleanliness Scale devised by Davie and others (1984).*

Any professional from social care, education or health, who is working with the family, can use this tool. When undertaking the home conditions section of the tool it can be useful to do this alongside the caregiver, as this provides an opportunity to clarify expectations with them. The professional will need to use their own judgement, based on their analysis of the situation and relationship with the caregiver, as to whether they use the remaining sections of the tool alongside the caregiver. The tool should not be used alongside or in the presence of the child.

The tool may appear judgemental, but professionals do make judgements in their work with families, they make judgements about parenting/caregiving and particularly about risk and safety. The tool should be used as a mental checklist to provide a framework for observation; the tool should be used at the beginning of professional intervention where neglect is suspected or identified and repeated at intervals of every 4-6 weeks. The tool provides a method for keeping track of the family's progress or deterioration.

Not all professionals will have access to the home, or the parent/carer, or the child; the professional need only complete the part of the tool that relates to that which they are able to observe – so in order to complete a particular section of the tool you will need to have sight of the home, the child/ren or the parent/carer. Based upon your observation of the home, child/ren, parent or carer you will tick one of the four corresponding boxes (Yes/ No/ Sometimes/ Unknown). Using your professional judgement and working with the parent/carer this will help you understand the issues for the child and what needs to be done.

Individual items can be a focus for a piece of work. This might be to encourage the parent/carer to attend to something that could pose a health risk to the children, or to bring in additional support where the parent/carer is unlikely to be able to improve matters unassisted.

Like all methods of assessment, it should not be used in isolation – other sources of information will contribute to the overall assessment such as [Multi-agency Thresholds document](#).

Family Name:					
Child/ren's name and DOB					
Date completed:					
Completed by:					
The Home		Yes	No	Sometimes	Unknown
1.	Smell (e.g. stale cigarette smoke, rotting food, cat litter).				
2.	Kitchen and other floors soiled, (e.g dirt, food, animal faeces)				
4.	General decorative order poor – obviously in need of attention (e.g. stained walls, ripped wallpaper, broken windows) except where this is the responsibility of a landlord.				
5.	Kitchen sink, draining board, work surfaces or cupboard doors appear unclean, encrusted with food debris.				
6.	Other surfaces in the property appear unclean, are tacky to the touch or have a thick layer of dust.				
7.	Cooking implements, cutlery or crockery showing ingrained dirt or food debris.				
8.	Lavatory, bath or basin showing ingrained dirt.				
9.	Furnishings or furniture excessively soiled and/or stained.				
10.	Child/ren's bedding is soiled, damaged or there is an absence of bedding.				
11.	Lack of or inadequate working heating in family home taking financial situation into account.				
12.	Limited safety features in the home (e.g. stair gates, hidden wires, etc).				
13.	Garden or yard uncared for and strewn with rubbish.				
14.	Pet's behaviour of concern and the supervision of these around the children.				
Any additional comments or concerns noted which have not been covered above:					



<b>Younger children, under 10/11 (see older children below if there are children over 10 years)</b>		<b>Yes</b>	<b>No</b>	<b>Some-times</b>	<b>Unknown</b>
1.	Child/ren's clothing clearly unwashed or hair matted and unbrushed.				
2.	Child/ren's clothing and footwear is ill fitting and in disrepair.				
3.	Child/ren's clothing not appropriate for the weather.				
4.	Child/ren's fingernails, hands, neck, face often dirty. Children not supported by parent/carer with hygiene routine.				
5.	Child/ren smells of stale smoke, urine, faeces etc.				
6.	Child/ren regularly late for or absent for school or health appointments (including GP, Dentist, optician, CAMHS etc).				
7.	Child/ren regularly complains of or appears hungry, tired, and/or poorly.				
8.	Child/ren seeks emotional warmth/physical proximity from carer, but carer does not respond appropriately.				
9.	Child/ren are exposed to inappropriate adult behaviours (e.g. drug and alcohol misuse, domestic abuse etc).				
10.	Child/ren is not provided with appropriate guidance and/or boundaries.				
11.	Child/ren is not provided with age-appropriate stimulation (e.g. toys / books / activities).				
12.	Child/ren not provided with adequate or age-appropriate travel system (e.g. pram/pushchair/car seat).				

Any additional comments or concerns noted which have not been covered above:

<b>Young people from the age of 10/11 (school year 7) up to the age of 18.</b>		<b>Yes</b>	<b>No</b>	<b>Some-times</b>	<b>Unknown</b>
1.	The young person's clothing clearly unwashed, or hair matted and un-brushed.				
2.	The young person smells of stale smoke, urine, faeces etc.				
3.	The young person's fingernails, hands, neck, face often dirty.				
4.	The adult does not respond appropriately to the young person's need for emotional warmth/parental/caregiver reassurance/positive regard.				
5.	The adult does not anticipate the needs of the young person (e.g. provision of food and other basic care routines).				
6.	The adult does not promote or prioritise the young person's interest and participation in positive activities (e.g. clubs/sports).				
7.	The adult does not promote the young person's physical or emotional wellbeing (e.g. appointments missed). This will include GP, Dentist, Optician and CAMHS.				
8.	The adult does not promote the young person's educational attainment and attendance.				
9.	The adult does not promote the young person's safety. The adult does not set appropriate boundaries or respond appropriately to CSE/Substance Misuse/Gang/Criminal involvement.				
10.	The adult does not seek advice from professionals as serious issues emerge for them in respect of the young person.				
11.	The adult does not follow the advice given by professionals or meaningfully engage with them.				
12.	The adult often does not know the young person's whereabouts and/or report them missing.				
13.	The adult agrees to various actions (from plans), but regularly fails to fulfil actions within set timeframes or at all.				
14.	Parent/carer has additional needs that impact their parenting capacity (substance use, drug use, poor mental health, learning disability or physical disability)				
Any additional comments or concerns noted which have not been covered above:					

The Parent/Carer		Yes	No	Some-times	Unknown
1.	Parent/carer has additional needs that impact their parenting capacity (e.g. substance use, drug use, poor mental health, learning disability or physical disability).				
2.	The adult's clothing clearly unwashed, or hair matted and un-brushed.				
3.	The adult smells of stale smoke, urine, faeces etc.				
4.	The adult's finger nails, hands, neck, face often dirty.				
5.	The adult does not respond appropriately to the child/ren's need for emotional warmth/ physical proximity.				
6.	The adult does not anticipate the needs of the child (provision of food and other basic care routines).				
7.	The adult does not initiate interaction with the child.				
8.	The adult does not promote the child/ren's physical and mental wellbeing (e.g. does not organise or attend appointments including GP, dentist, optician, CAMHS).				
9.	The adult does not promote the child/ren's educational attainment and attendance.				
10.	The adult does not promote the child/ren's safety in the home and/or outside of the home.				
11.	The adult does not seek advice from professionals as issues emerge for them in respect of the child.				
12.	The adult does not follow the advice given by professionals.				
13.	The adult often does not know the child/ren's whereabouts and/or who they are with.				
14.	The adult does not prioritise their finances appropriately and that impacts on the day-to-day life of the child.				
15.	The adult agrees to various actions (from plans), but regularly fails to fulfil actions within set timeframes or at all.				
16.	The adult appears to co-operate to draw professional's attention away from allegations of harm.				

Any additional comments or concerns noted which have not been covered above:

## Safeguarding Adults

Where professionals identify concerns in respect of child neglect and are concerned about the welfare of **any adults in the household** advise should be sort from adult social care and consider the guidance provided within [Berkshire Safeguarding Adults Policies and Procedures](#)

## References and bibliography

- [NSPCC National case review repository](#)  
A [briefing on neglect](#) pulls together key risk factors and practice recommendations to help practitioners understand and act upon the learning from case reviews published between 2021 and 2022.
- [Understanding Adolescent Neglect: Troubled Teens](#) (The Children's Society)  
This lifts the lid on the extent of neglectful parenting of teenagers in homes across the country, as well as our society's widespread failure to understand and respond to the lack of care and support that many teenagers receive.
- [Growing up neglected: a multi-agency response to older children](#) (Ofsted)  
This report examines the multi-agency response to older children who are living with neglect following 6 inspections of local authority areas.
- [Working Together to Safeguard Children \(2018\)](#)  
A guide to inter-agency working to safeguard and promote the welfare of children.
- [InBrief: The Science of Neglect](#)  
This 6-minute video provides an overview of The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain, a Working Paper from the National Scientific Council on the Developing Child.