

The Surrey Safeguarding Children Board Business Plan 2016 - 2017 focused on the four priority areas of Early Help; children in need of protection who are looked after; children at risk of Child Sexual Exploitation and the impact of Domestic Abuse on children. Within Child Protection, neglect is an identified priority. The 2018-2019 business plan will include neglect within the Early Help priority. This bulletin on Child Neglect aims to spread awareness of what neglect is, help you spot the signs and let you know where and how to access help and services.

Child neglect is not always easily identifiable, but it can lead to chronic maltreatment over many years. It can have considerable detrimental impact on physical, emotional and social health, with impact often persisting into adulthood. Therefore **early identification**, and subsequent **timely intervention** and support are essential for the short- and long-term welfare of children in cases of neglect. Reading the early signs are crucial. Serious Case Reviews show us the devastating consequences of delayed action. It is hoped this bulletin may go some way to remind all professionals of their crucial role in protecting children from neglect. If you have any feedback on this bulletin please contact SSCB Partnership Manager, Amanda Quincey on: amanda.quincey@surreycc.gov.uk

With great thanks to Brighton LSCB for allowing us to use their template and share this bulletin with you.

What is Neglect?

Working Together 2015 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, for example as a result of maternal substance abuse, but 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. Criticism may arise at the use of the word 'persistent' in such instances; there may be all kinds of temporary reasons. But neglect can also involve one-off incidents ([NICE, 2017](#)) and it’s crucial this is recognised.

Essentially, neglect is the ongoing failure to meet a child's basic needs.

A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm due to lack of stimulation and positive relationships. Neglect is dangerous and can cause serious, long-term damage.

It must also be remembered that a child who's neglected will often suffer from other abuse as well. Neglect is the most common reason for a child to be the subject of a child protection plan in the UK ([NSPCC](#)).

Neglect can often become an issue when parents are dealing with complex problems, sometimes including domestic abuse, substance misuse, mental health issues, social-economic issues or they may have been poorly looked after themselves. These factors are already acknowledged. But we must think of the children. Such problems can have a direct impact on parents’ ability to meet their child’s needs. Even when parents are struggling with other personal issues they have a responsibility to care for their child or seek help if they are unable to parent adequately.



The Department of Education 2015/16 CiN census shows that nationally **abuse or neglect are the most common primary need** at assessment for **children in need**. As at 31st March 2016 50.6% of children in need across England had abuse or neglect as their primary need identified at assessment, compared to a higher percentage of **58% in Surrey**. The census also shows that nationally **neglect was the most common initial category of abuse** for children in need who were the subject of a **child protection plan**. As at 31st March 2016 46.0% of children on a CP plan across England had neglect as their initial category of abuse, compared to a much higher percentage of **63% in Surrey**.

“As partners working together we need to ensure that we are able to identify children and young people whose needs may be neglected by their care givers, at the earliest point so that appropriate services can be provided to support them to thrive, reach their potential and become confident young adults. Sometimes families need support in being able to do this and when they can't do it together we need to ensure that children and young people are protected from harm. Recognising neglect, the risks it poses and the impact it can have is the responsibility of all of us as we work together to ensure the right level of support and intervention is provided to children in need or at risk of harm.”

Claire Burgess
Interim Chair SSCB



Local Risk Factors

In November 2016 the SSCB undertook a multiagency Neglect Audit. Findings from the audit suggested that the main risk factors to neglect were:

- Parental mental health
- Parental learning disability/physical disability
- Parental drug and alcohol misuse
- Criminality and anti-social behaviour
- Domestic Abuse
- Homelessness
- Poverty
- Parent under 18 years

Other contributory factors that were identified included self-harm, parents who had been Looked After as children themselves, historical neglect and sexual abuse.

Safeguarding children is everyone's responsibility. All children have the right to be safe and to be protected from all forms of abuse and neglect. All practitioners whose work brings them into contact with children and families should be alert to the signs of abuse and neglect, know where to turn to if they need to ask for help, and able to make referrals to children's social care or to the police, if they suspect that a child is at risk of harm or is in danger. Children will rarely disclose abuse and neglect themselves and, if they do, it will often be through unusual behaviour or comments. This makes identifying abuse and neglect difficult for professionals across agencies. We know that it is better to help children as early as possible, before issues get worse. That means that all agencies and practitioners need to work together – the first step is to be professionally curious. While the presence of a potential indicator of neglect does not necessarily mean that a child is being neglected, it will always warrant further investigation. Practitioners must be 'professionally curious' to determine further information in the interests of the child. It is essential that professionals exercise professional curiosity at all times as it is likely that signs of any form of abuse including neglect will be identified when dealing with an un-associated incident.

Types of Child Neglect

Medical Neglect:

Failing to provide appropriate health care, including dental care, and refusal of care or ignoring medical recommendations

Educational Neglect:

Failing to ensure a child receives an education

Types of Child Neglect

Physical Neglect:

Failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child, or provide for their safety

Emotional Neglect:

Failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove

What are the signs of child neglect?

Evidence of neglect is built up over a period of time and some signs may be more subtle than others. However, spotting the early signs is crucial.

Some child related indicators

- An unkempt, inadequately clothed, dirty or smelly child;
- A child who is perceived to be frequently hungry;
- A child who is observed to be listless, apathetic and unresponsive with no apparent medical cause; displaying anxious attachment, aggression or indiscriminate friendliness;
- Failure of a child to grow or develop within normal expected patterns with an accompanying weight loss or speech / language delay;
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies;
- Unmanaged / untreated health / medical conditions including poor dental health (Tooth decay may indicate neglect. Dental services should consider initiating further enquiries or making a safeguarding referral)
- Frequent accidents or injuries (Frequent accidents may be an indicator of poor quality parenting through lack of supervision or living in an unsafe home)
- A child frequently absent from or late at school;
- Poor self-esteem;
- A child who thrives away from the home environment.

Some indicators in the care provided

- Failure by parents or carers to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene, sleep;
- Failure by parents or carers to meet the child's health and medical needs e.g. failure to attend or keep appointments with health visitor, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment;
- A dangerous or hazardous home environment including failure to use home safety equipment, risk from animals;
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating;
- A lack of opportunities for child to play and learn;
- Child left with adults who are intoxicated or violent, inappropriate supervision such as unacceptably young people
- Child abandoned or left alone for excessive periods;
- Neglect of pets.

If there are any concerns about the neglect of a child, consideration should always be given to the possibility that other children in the household may also be at risk of neglect or abuse.

Read more about recognising child neglect on the [SSCB Policy and Procedures webpage](#) or take a look at the [SSCB Levels of Need](#) document.

If you are worried about a child contact the **MASH** (Multi-Agency Safeguarding Hub) on **0300 470 9100**

Child-related risk factors that render children more vulnerable to neglect:

- Younger age - especially those less than one year.
- Low birth weight and prematurity - imposes heightened emotional stressors upon parents.
- Child disability - by imposing additional pressures (financial, practical and emotional), and in terms of disabled children not always fulfilling parental expectations. (Source: Rose and Barnes, 2008; Brandon et al, 2013)

Neglect & Child Development: Advice for Schools

The experiences of infancy and early childhood provide the organising framework for the development of children's intelligence, emotions, and personalities. If those experiences are primarily negative, children may develop emotional, behavioural, and learning problems that persist into adulthood.

- **Pre-school** - Because of the delay in language, both receptive and expressive, in neglected / emotionally abused children, it is essential that all practitioners working with pre-school children are trained in normal child development.
- **School-age**: Children of school-age exhibiting behavioural difficulties such as externalising or disruptive behaviour or features associated with ADHD e.g. impulsivity should be investigated for neglect or emotional abuse

Education staff should be aware of both the behavioural features, reduced IQ and poor academic performance and difficulties in social interaction that children experiencing neglect / emotional abuse may exhibit.

Children as young as eight may present with depressive or suicidal features as a consequence of neglect or emotional abuse, thus consideration should be given to screening children with known neglect / emotional abuse for these features. Children who are experiencing difficulty developing friendships may be experiencing neglect or emotional abuse, thus practitioners assessing children for neglect or emotional abuse should ask the child about the extent & nature of their friendships.

The evidence based **Surrey Healthy Schools Programme** supports delivery of the Personal, Social and Health Education curriculum through training, resources and guidance for all schools. The aim of the Programme is to support children and young people in developing healthy behaviours. Healthy Schools provides a framework for schools to co-ordinate, develop and improve all areas of PSHE, including relationships and sex education (RSE), drug, alcohol and tobacco guidance and emotional health and wellbeing (which includes e-safety, anti-bullying, school ethos and pastoral support). In addition to this the Health Related Behaviour Questionnaire is offered to all schools in Surrey and asks primary and secondary school pupils about their health behaviours (including relationships, sexual activity, bullying, healthy weight, on-line behaviours and mental wellbeing). It is currently the only direct survey of the health and wellbeing needs of children and young people across schools in Surrey. The resulting data is then provided to schools to assist them in the delivery of PSHE. Reference: <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=1774>).

What is the impact of child neglect?

Persistent neglect can lead to serious impairment of health and development, long-term difficulties with social functioning, relationships and educational progress. The damaging effects of severe neglect can lead to accidental injuries, poor health, disability, poor emotional and physical development, lack of self-esteem, mental health problems and suicide.

Neglect during infancy and early childhood has been shown to negatively affect early brain development and can have enduring repercussions into adolescence and adulthood.

Neglect can affect the following in children:

- behaviour
- attachment and relationships with other children & parents
- emotional or self-perception issues

Children who have been neglected may be:

- slow to develop language and motor skills
- passive and unable to be spontaneous
- have feeding problems and grow slowly, including failure to thrive.
- find it hard to develop close relationships, some of these children are even wrongly thought to have autism and ADHD.
- over-friendly with strangers
- get on badly with other children of the same age
- unable to play imaginatively
- think badly of themselves
- easily distracted and do badly at school.
- develop depression and anxiety
- are vulnerable to CSE, radicalisation and criminal activity
- mis-diagnosed with conduct disorder, anti-social personality and other behavioural issues.



Teenagers & Neglect

The needs of teenagers can easily be missed especially where there are younger siblings. It is important to understand the impact of long term neglect on a teenager's emotional wellbeing and consider the risk of self-harm or suicide.

Teenagers self-reported features such as suicidal ideation, dating violence, etc. highlights the importance of asking adolescents themselves about their experiences and problems they may be experiencing.

It is evident that emotional maltreatment in adolescents can be particularly harmful, although it is potentially misinterpreted when the children exhibit aggression, delinquency and anti-social behaviour.

Research suggests about 1/3 of all individuals who were abused or neglected as children will subject their children to maltreatment. A cycle of abuse can occur when children who either experienced maltreatment or witnessed violence between their parents or caregivers learn to use physical and other negative punishment as a means of parenting their own children.

More longer term effects of neglect and maltreatment can be found in the ACE study from the US - <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Parental Neglect of Adolescents

[The Children's Society](#) launched a report in 2016, 'Troubled Teens: A study of the links between parenting and adolescent neglect'. This study found that more than one in seven (15%) 14–15 year olds lived with adult caregivers who neglected them in one or more ways. Many neglected young people also had bad health. 28% of those whose parents had not been supportive around their education said their health was 'bad' or 'very bad' (as opposed to 3% of those who were 'cared for' in relation to this type of parenting), this study revealed that neglected teenagers tend to report doubts about their competence, have little faith that anyone cares about them, feel pessimistic about the future and are dissatisfied with their lives overall.

The scale and negative impact of parental neglect has become widely-acknowledged in relation to young children (e.g. in the development of early years support for families). But although there is evidence that neglect of adolescents – young people aged 11-17 – is also widespread and can have serious consequences, this topic has rarely been researched or directly responded to in practice.

Read the full report, a summary or the policy and practice briefing which accompanies the report:

<http://www.childrengsociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect>



The NSPCC's [How safe are our children? 2017](#) report reminds us that we must not lose sight of neglect. While child sexual exploitation is dominating the media, it's important to remember that neglect remains the most common form of child abuse across the UK. We need to continue to gather evidence into what works in tackling neglect.


Neglect was the most common child welfare concern in 2016/17, with 19,448 contacts about this issue. This was a 61 per cent increase from five years ago.

More than three quarters (83 per cent) of contacts to the helpline related to abuse in 2016/17; this includes sexual abuse, physical abuse, emotional abuse and neglect.

What do serious case reviews tell us about child neglect?

Neglected children may not speak out or tell anyone what is happening. They may hide and minimise the abuse they are suffering; they may need to keep quiet to survive. Learning from published case reviews highlights that professionals from all agencies must be able to:

- recognise the different types of neglect
- understand the impact of cumulative and long term effects of neglect
- take timely action to safeguard children.



Neglect is a factor in 60% of serious case reviews

Risk Factors identified in serious case reviews

- Living with **domestic abuse, drug and alcohol misuse**, and parents with **mental health problems**.
- **Young parents**
- **Postnatal depression**
- Patterns of **improvement** in parental care, followed by **deterioration**.
- **Financial problems** including housing problems, homelessness, poverty and unemployment.
- Lack of resources. **High caseloads** and **understaffing** may result in **absence of supervision** and support for social workers. High **staff turnover** makes it difficult to establish meaningful relationships with families

Learning for improved practice identified in serious case reviews

- Be aware of the children who may be more vulnerable to neglect
- Monitor missed appointments - Does your agency have in place a system that allowed missed appointments to be monitored and do you know what to do if you are concerned?
- Pay attention to accidents and injuries
- have the confidence and knowledge to access parental capability to change
- see the bigger picture and understand the long term impact of neglect
- support families through early, evidence based assessment and interventions
- work closely with other agencies about concerns and when planning interventions
- keep a focus on the need to improve outcomes for the child's daily lived experience
- use staff supervision to avoid case drift

Read the full article here www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/neglect

Daniel Pelka

In the Serious Case Review for Daniel Pelka (who was killed by his parents at age 4) it states that he and his sister (age 7) were under "pressure to maintain a level of secrecy and denial."

Daniel suffered physical abuse and neglect for most of his life but he was described by professionals thus: "**he did not fit the image of a neglected child**" because he presented as clean and well dressed.

Daniel stole food and ate from bins, but the school responded by locking food away – believing his mother's deception.

It goes on to say "**No attempt was made to speak to Daniel... he became an invisible child**".

Unfortunately this is a shocking feature of many Serious Case Reviews: the child was not seen, heard or believed.

Learning from National Serious Case Reviews:

Baby Peter

Disguised compliance was a key feature in the Baby Peter Connelly case. His mother misled and deceived professionals in claiming that no men lived in the house, although her boyfriend and lodger resided there. There were untruthful claims about how Baby Peter's injuries were sustained; chocolate was even smeared on his face to conceal bruises from the child protection workers. The social worker erroneously perceived his mother to be co-operating, despite the baby's repeated injuries while in her care. According to Munro (2008), *'Robust supervision should have challenged this flawed appraisal,'* and help guard against the social worker's biases that were impairing her judgment; a point made more generally about the key importance of supervision in her report of 2011 and later echoed by Lord Laming.

Victoria Climbié

Distorted assessment resulting at least partly from disguised or partial parental compliance was also revealed in the Victoria Climbié case. Professionals could not conceive that Victoria's great aunt could be abusing her, due to the aunt's apparently normal maternal relationship to Victoria. Social and health care professionals seemed unable to accept the idea that she was complicit in the abuse that was inflicted on Victoria. Learning from these and other serious case reviews highlights that professionals need to establish the facts. They need to gather evidence about what is actually happening, rather than accepting the parent's presenting behaviour and assertions.

Learning from Local Serious Case Reviews:

Child Hiers

The [SSCB conducted a SCR](#) as a result of events in 2013 where a young person age 14, was found dead at home. The young person came to the UK in 2010. In 2013 Mother returned to China for a month to settle family affairs. The young person (age 14) did not want to go with her, saying he needed to study for maths exams. He also refused to stay with a friend. He remained in a bedsit with arrangements for the landlord and other residents to keep an eye on him. Mother provided him with adequate money to cover food and expenses. The young person's school were unaware that he was living alone. Surrey Police were contacted by the NSPCC to say that the young person had been left at home alone. He was spoken to by police officers and professed to be happy with the arrangement and explained that it was customary in his country for children to be left alone for long periods of time. He appeared well provided for and the landlord (who did not live on the premises) confirmed that he was keeping an eye on him, as was his granddaughter who lived upstairs. The police officers felt that there were no grounds to take the young person into police protection and that to remove him would cause him distress. They alerted Children's Services emergency duty team. A Children's Service senior manager was contacted and advised that no emergency action should be taken, but that further enquiries were to be made. The contact centre interpretation of the instruction was that they should review the information and decide next steps. On 23rd April the young person was pronounced deceased by a member of the ambulance crew. Learning from the review highlighted the lack of assessment by Children's Social Care on receiving information that the young person had been left at home alone. Confusion over whether a discussion between Police and Children's Social Care was a strategy discussion and lack of appropriate record keeping in relation to this discussion within Children's Social Care. Sharing information known to Surrey Police and Children's Social Care with Health professionals and Schools. Understanding potential risk across the professional network and the role of Children's Social Care when a child is left home alone.

Child S

The [SSCB conducted a SCR](#) as a result of a critical incident in 2011 when a two month old baby, Child S, and his one year old half sibling were found alone, Child S was seen to have a bruise on his forehead. He was subsequently found to have serious injuries. Both children and their half sibling age four were subject of child protection plans at this time. There was inadequate recognition by a number of professionals of the significance of interacting risk factors including: failure to engage with services, lack of antenatal care, substance misuse, domestic violence, ambiguous feelings towards two pregnancies and a troubled parental history as a child. Practitioners did not fully appreciate the implications of parental misuse of alcohol and take action to reduce risk to the children. Practitioners in Children's Social Care and Health did not recognise the significance of bruising/injuries in non-mobile babies. Practitioners in Children's Social Care and Health did not ensure that when a child on a child protection plan sustains an injury this is examined by a suitably qualified and experienced doctor. Accessing mother's historical records presented challenges to the review team and this lack of access also fundamentally impacted on practitioners in this case. This case has features similar to those found in previous serious case reviews in: engaging with fathers, recognising the significance of family history, risk assessment in situations of domestic violence, substance misuse and working with resistant families. Working with resistant families requires practitioners to have highly developed interpersonal skills supported by effective supervision which addresses the emotional impact of such work. When the case was closed to Children's Social Care there were missed opportunities for a more structured approach to the assessments undertaken and help given to the family.

SSCB Neglect Risk Assessment Tool

The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes. (Working Together 2015)

SSCB Neglect Risk Assessment Tool

[The SSCB Neglect Risk Assessment tool](#) has been designed to be completed by practitioners working with families where they suspect neglect may be an issue and is available on the SSCB website.

As with any assessment tool, there is a need to gather information and then to analyse this in order to make a judgment as to what is happening in a family and the likely outcomes for children. The Signs of Safety questions will help and should be used to help do this

- What are we worried about? (past harm, future behaviour, complicating factors)
- What 's working well (existing strengths and safety)
- What needs to happen (for future safety)

This should lead to a clear conclusion of the level of risk, with reasons given and an indication of what to do next.

You should escalate concerns to your manager and/or share information when risk is apparent. The most common theme of serious case reviews following the death of, or serious harm to a child is the failure to share information

Where a child is assessed as being at risk of significant harm or appears to require social work (child in need) service they should be referred to the MASH. This assessment tool could be used as part of the referral to evidence any concerns.

What problems can arise when working with child neglect?

Neglect is often complex and multi-faceted. There is no quick fix solution. Practitioners often become overwhelmed with the sheer amount of issues that need addressing in one family and they might work with families for years and may feel hopeless or "burnt out" while addressing the issues. Where there is no change for the better, professionals may sometimes struggle to know how to proceed.

Other problems can include:

- relating to the parents & getting caught up in addressing their needs, losing sight of the children's needs
- not looking at the child's experience and the long and short term effects on the child
- gathering a lot of information on the family but not analysing its significance for the children
- getting caught up in the "Rule of false optimism"
- seeing families engaging but with no change for the children's outcome – think disguised compliance (see later in this bulletin)
- getting caught up in "the start again" syndrome when a case is transferred to a new practitioner (A review should always take place before a case is closed or transferred)

Drift

“Drift is the enemy of good practice”
(Lord Laming)

Hope for change for families should be balanced with the absolute need to avoid **case drift**. Effective and reflective supervision should help you to assess children’s development and behaviours in families you are working with who have high levels of need.

If a case becomes **stuck** do you have a process to escalate the situation to your senior manager? This may help to provide a fresh, objective approach to address the problems.

Do you have opportunities to stop and review the whole case? Again, supervision should assist you with the discipline of reflective thinking.

The main focus should always be whether the child’s needs are being met and how that can be achieved to prevent significant harm.

Capacity to change

Be clear with parents about what needs to change and by when. Parents should be respectfully challenged when they fail to follow formal agreements.

When there’s no long term positive change, the lead professional should co-ordinate support and services. Doing this will support agencies to work more effectively together.

Be mindful that warm relationships between parents and children shouldn’t override any concerns you have about neglect.

Try to maintain a focus on the best interests of the child rather than the immediate needs of a parent who may be dominant or very needy.

Regularly review improvements to poor home conditions, especially if you suspect the family is unlikely to sustain them.

Disguised compliance

Disguised compliance is where superficial cooperation is a front for concealing abuse. It is the appearance of co-operating with child welfare agencies to avoid raising suspicions and allay concerns. Published case reviews demonstrate that there is a continuum of behaviours from parents on a sliding scale, with full co-operation at end of the scale, and planned and effective resistance at the other. Case reviews highlight that professionals can sometimes delay or avoid interventions due to parental disguised compliance.

Watch Sue Woolmore, previous Chair of the Association of Independent LSCB Chairs, talk about disguised compliance and the importance of professional curiosity for the Safeguarding Children e-Academy www.youtube.com/watch?v=1juU2B6cD_Q

The SSCB delivers **Disguised Compliance Training**. To book please visit our website: <http://booking.surreyscb.org.uk/event-detail/xYzN/Disguised-Compliance>



Seeing the bigger picture: Advice for professionals

- Always take the full history of the family into account and patterns of previous episodes of neglect. Include background information of the parents' own childhood to better assess parenting capability.
- Record all circumstances which may affect the level of care the child receives, for example substance misuse, and establish any patterns of care, such as the child being left with neighbours.
- As well as ensuring a healthy physical environment, make sure the child is helped to build healthy relationships.
- Alongside proactive case management and decision-making, identify and record all incidents of neglect to build a picture of what is going on in the child's life.
- Emotional neglect is particularly difficult to evidence. Individual observations of emotional neglect should be systematically collated.
- GP's and other GP practice staff are in a good position to be actively curious when engaging with a family where there are concerns about neglect.

Working together to tackle child neglect

- Compile a multi-agency chronology of key events
- Involve health professionals such as the health visitor or school nurse
- Challenge professionals with confidence - thresholds for intervention should be clearly understood across agencies
- Make sure terminology is free from jargon and clearly understood by the family and all professionals involved
- Make sure roles and responsibilities are clearly understood by all
- When undertaking multi-agency assessments all agencies will need to be clear which agency is leading and what action is being taken.
- Where families refuse to engage with early assessments, this shouldn't prevent professionals from sharing information or making referrals about child protection concerns
- Where neglect coexists with physical or sexual abuse, a criminal prosecution for abuse shouldn't be viewed as the only means of child protection. Where criminal cases don't result in a prosecution, child protection proceedings may still be necessary to keep the children safe from harm.

Dynamic Management of Neglect

<http://booking.surreyscb.org.uk/event-detail/yczN/The-Dynamic-Management-of-Neglect>

Disguised Compliance

<http://booking.surreyscb.org.uk/event-detail/xYzN/Disguised-Compliance>

Parental substance misuse and its impact on children

<http://booking.surreyscb.org.uk/event-detail/5UDO/Parental-Substance-Misuse-and-its-Impact-on-Children>

Professional Challenge

<http://booking.surreyscb.org.uk/event-detail/0UzN/Professional-Challenge>

To book a place on any of these training courses please visit the SSCB website training pages: <http://booking.surreyscb.org.uk>

What next?

Neglect will continue to be a priority area of concern in Surrey. We will be working with our partners to improve the way we work together as a partnership to tackle this abuse, through prevention, early recognition of neglect, support for families to address concern and improve outcomes for children. Future activity planned includes:

- Development of SSCB multiagency Neglect training and development of e-learning options to support an understanding of child neglect
- SSCB Annual Conference 2018
- Further multi-agency quality assurance activity
- SSCB Neglect Sub-group will continue to develop to raise awareness amongst professionals and to recognise prevent and reduce neglect so that children at risk of becoming neglected are identified, supported, and have improved outcomes
- Signs of Safety as a practice model will provide the framework for professionals to work with families using a strength based model and support families to achieve better outcomes for children

Further reading and resources

- Surrey Safeguarding Board Child Policy and Procedures
<http://surreyscb.procedures.org.uk/page/contents>
- [Child neglect: Be professionally curious! Practitioners' guidance notes \(PDF\)](#)
- SSCB [Multi Agency Neglect Risk Assessment Tool \(June 2016\)](#)
- [SSCB Levels of Need Threshold Document](#)
- View the NSPCCs [factsheets](#) on neglect
- Ofsted's report [In the child's time](#): professional responses to neglect
- NICE guidance 2017 [Child maltreatment: when to suspect maltreatment in under 18s](#)

Local and National Support and Resources

The organisations below help to provide advice and support to families where neglect may be an issue and can provide information to professionals

Multi-Agency Safeguarding Hub (MASH) responds to initial enquiries about children, young people and adults. The MASH is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

Availability: Monday to Friday: 9am - 5pm

- **Phone:** 0300 470 9100
- **Out of hours phone:** 01483 517898
- **Email:** emails are dealt with during normal office hours
 - For concerns for a child or young person: csmash@surreycc.gov.uk
 - For concerns for an adult: ascmash@surreycc.gov.uk

The Family Information Service is a free impartial service for families with children aged 0 to 25. They can help you find organisations and services that may be able to support your family including information about childcare, holiday schemes and activities in your local area.

You can make an enquiry online in the following ways:

- Complete an [online enquiry form](#)
- Email surrey.fis@surreycc.gov.uk
- Follow [SurreyFIS](#) on Twitter
- Visit the [Facebook page](#)

Alternatively you can contact by:

- Telephone 0300 200 1004 (Monday to Friday 8am to 6pm)
- Face to face from your local [FIS Outreach Officer](#)
- Minicom 020 8541 9698
- SMS 07527 182861

Childline provides confidential online advice from counsellors 121 chat or call 0800 1111 www.childline.org.uk



Useful numbers:

Surrey Safeguarding Children Board: 01372 833000

or email: amanda.quincey@surreycc.gov.uk

If you are concerned about a child call Surrey MASH: 0300 470 9100

Emergency out of hours: 01483 517898

Or 999 in an emergency