

7 Minute Briefing- Physical Neglect

Physical neglect is the failure to provide for a child's basic survival needs, such as nutrition, clothing, shelter, hygiene, and medical care. Physical neglect may also involve inadequate supervision of a child and other forms of reckless disregard of the child's safety and welfare.

Signs of physical neglect;

- Poor growth
- Excessive weight with medical complications that are not being adequately addressed
- Poor personal cleanliness
- Lack of clothing or supplies to meet physical needs
- Hoarding or stealing food

How do we evidence neglect?

- We must ensure clear and concise recordings about what we have seen and heard. It is important that we take in our surroundings and be curious, asking questions and requesting evidence (The sheets are in the wash, can I have a look?), (yes we have enough food, do you mind showing me?).
- Practitioners must spend time getting down to the child's level, asking to hold the baby or for the child to be taken out of his/her pram, highchair etc. If child has soiled ask parent to change them whilst you are present. View the whole home, the living room is usually ok. Listen to and record clearly the voice of the child, record observations of presentation, relationships, and demeanour of both the adults and children.
- If the same issue is present over and over again, this must be clearly recorded including when we have challenged this and what response was received.
- Complete a Graded Care Profile 2 assessment.



Working with families to tackle neglect and break the cycle!

- For families where the neglect is circumstantial supporting them to address the issue that has arose and discussing the impact it is having on the child will in most cases make the change.
- For families where the neglect is generational, these people quite often know no different and cannot see the problem. This is where staff are required roll their sleeves up and spend time showing the family what is expected and how to achieve this. (Remember it will never be perfect we aim for good enough). Sessions may entail being there at bedtime to implement an appropriate routine, devising a cleaning rota with clear tasks for the parents to complete each day, showing them how to clean, funding cleaning equipment, taking them to medical appointments, showing how to treat head lice, implementing hygiene routines such as bathing and teeth brushing, supporting to engage with drug and alcohol services.
- For families where the neglect is wilful this requires clear expectations and timescales. Parents are to be guided but not shown with regular unannounced visits to the home to create a true picture of whether the changes are being maintained behind closed doors.

How do we record neglect?

- Assessed needs within EHM are vital in recording when we are working with cases of neglect. These need to be updated to evidence when we assess that neglect is present within a family.
- Recording of visits, observations, discussions and presentation need to be clear and concise. Repeating when tasks have been set and completed or not by parents. Checking what you are being told by observing or asking for evidence then recording what you have found. Challenge needs to be part of our intervention and recorded clearly.

- We must discuss the concerns openly with the family and be clear with expectations and timescales. The children's voice must be clear throughout our involvement (How do they feel, what is happening for them, what do they want to change).
- The date and time of all interventions and contact recorded with a family need to be accurate and timely (If not recorded it didn't happen).
- The family's responses should be clearly recorded along with ongoing updates from other professionals.
- Time should be spent engaging, talking and completing activities with children. This will build a positive relationship and allow you to gain a true picture of what life is like for them albeit what parents are telling you. It will also allow you to get close to the children providing an opportunity to notice any physical concerns.
- There should be a thorough assessment with a SMART action plan identified. The plan should be achievable and not overwhelming with small steps being taken to address the issues. The plan should have no more than 3 actions and as these are achieved more actions can be added.

Multi-agency working to support families to sustain change!

- Everybody has the right to a private life! When providing support to families at levels 2 – 4 on the continuum of need this should be time limited.
- There are a number of agencies that remain involved in family's lives under universal support and this includes education and health professionals. It is important that these people are involved throughout the process of intervention as they will be the ones to continue supporting the family and recognise any further signs of neglect.
- Multi-agency working ensures that all professionals involved with the family are aware of what support and interventions have been delivered enabling them to reinforce this with the family to ensure the changes they have made are sustained.