



North Lincolnshire Family Help Toolkit

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Introduction and context

This toolkit is aimed at multi-agency practitioners working with children, young people and families in North Lincolnshire. It is supplementary to the [Children's Multi-Agency Resilience and Safeguarding \(MARS\) Board](#) policies, procedures and guidance.

This toolkit can be used to support professionals in their **work** with children and families and to enhance **reflection** and **supervision** between staff, their peers and managers. It also provides details of key resources, tools and sources of support.

Working Together to Safeguard Children 2018 places a statutory responsibility on all partner agencies to work together to identify children who need early help to reach their developmental milestones, experience emotional wellbeing, and be safe in their home, school and community.

This toolkit is set within the context of the [Helping Children and Families in North Lincolnshire Document 2020/24](#). It sets out how services support children, young people and families to participate, find help online and in their networks and communities, to be resilient, stay safe and independent.

As partners take a One Family Approach across North Lincolnshire, we want children, young people and families to be able to build upon their strengths and their resilience to find or be enabled to find solutions when things are not going so well. They should be able to access available information, advice, guidance and be enabled to maximise their potential and enhance their life chances. We want all children and families to have a sense of belonging and equality of opportunity and through our integrated working, we will address inequalities and enable those more in need to achieve positive outcomes. Where there are significant concerns, we want children, young people and families to be able to access swift, creative and flexible help so they can remain independent. We will protect children and young people with an aim to build resilience and help them live within their family, attend their school and be a part of their community.

The North Lincolnshire organisational model places children, young people, and families at the centre of a system that works for all, where the earliest help is to enable families to access information and self-help, in their communities. For those more in need, targeted early help prevents escalation and enables resilience and independence, to achieve positive outcomes. Where required, specialist agency involvement and protection is swift, responsive, and effective, leaving the child's family and network stronger.

Chapter 1: Neglect

Introduction

This chapter outlines:

- the definition of neglect
- signs and indicators
- vulnerabilities and risk factors
- what action to take
- information relating to the use of the Graded Care Profile 2
- key tools and resources
- relevant policies, procedures and guidance

Definition

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:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)*
- b. protect a child from physical and emotional harm or danger*
- c. ensure adequate supervision (including the use of inadequate caregivers)*
- d. ensure access to appropriate medical care or treatment.*

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

Signs and indicators

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child's neglected appearance, other signs may include:

- faltering growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided

- severe and persistent infestations (for example, scabies or head lice) in a child
- parents or carers who repeatedly fail to attend essential follow-up appointments that are necessary for the health and wellbeing of their child
- medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain
- a child who is persistently dirty, particularly if the dirtiness is ingrained
- parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening
- if parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm
- repeated observation or reports of any of the following home environments that are in the parent's or carer's control;
 - poor standard of hygiene in the house that affects the child's health
 - living environment that is unsafe for the child's developmental age
- inadequate provision of food at home
- abnormal voracious appetite at school or nursery
- child's emotional needs are not being recognised and met on a persistent basis
- purple mottled skin, particularly on the hands and feet are seen in the winter due to cold
- dental decay, and persistent parental failure to present their child for NHS dental treatment
- childhood obesity
- unresponsiveness or indiscrimination in relationships with adults (may seek affection from any adult)

Vulnerabilities and risk factors

There are some characteristics of young children which put them at an elevated risk of neglect including:

- **Child's age**
This is especially the case for babies born before term, with low birth weight, or with complex health needs. Pre-school aged children and babies are innately more vulnerable and can suffer severe harm from neglect very quickly (for example through dehydration or drop in weight)

- **Children with disabilities**

Disabled children are more likely to be maltreated than their non-disabled peers and neglect is the most common form of maltreatment they experience. They are especially vulnerable in the younger pre-school years and boys are more vulnerable than girls

Adolescent risk factors

The range and nature of adolescent risks are different to those facing younger age groups. For example, adolescents are far more likely to run away, self-harm and to misuse drugs or alcohol. They are also more likely to come into contact with the criminal justice system. Parental neglect of adolescents may involve more 'acts of commission', such as pressurising a child to leave home, alongside acts of omission.

The pathways leading to a number of the harms that adolescents experience are complex, not least because they often involve adolescent behaviours. At times, these relate to the influence of specific developmental processes. For example, the adolescent stage of development involves increased risk facing, emotional highs and lows, and sensitivity to peer influence, all underpinned by interacting social and neurobiological changes. These factors can play into risks such as self-harm, gang involvement, violence and exploitation.

Equally important are the ways in which young people may have adapted to types of harm experienced in earlier childhood. These can increase the risk of harm in adolescence. For example, a child may have responded to a violent home environment by becoming hyper-vigilant to signs of danger; this may increase the risk of joining a gang in adolescence for its perceived protective benefits.

Additionally, significant adversities in earlier childhood can leave young people with unmet needs that they seek to meet via risky routes in adolescence. This is especially likely if other and safer routes remain unavailable; for example, staying with an abusive boyfriend or girlfriend in an attempt to be loved or noticed.

Environmental risk factors

Examples of environmental risk factors include:

- **Poverty**

Living in poverty may damage physical and psychological health in children and their families. It often brings social isolation, feelings of stigma, and high levels of stress. However, it is vitally important to remember that neglect can and does occur in affluent homes, where other risk factors may be present. Likewise, the presence of poverty does not necessarily equate to the presence of neglect.

- **Social isolation**

Studies have found that, parents who have been found to have neglected their children have a reduced social network and sources of support. This can impact on the help they have available to them for caring for their children.

- **Poor living conditions**

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances. Linking neglect primarily with poor physical living conditions can however deflect attention from the equally harmful neglect that can also occur in well-ordered but physically and emotionally unresponsive parents.

Action to be taken

Capturing the voice and daily lived experience of the child is crucial but so too is hearing the voice of the immediate and wider family including fathers and male carers.

A comprehensive, holistic assessment is essential in determining the severity of neglect and the impact on the child.

Where a professional considers that a child may require early help as a result of potential neglect then an Early Help Assessment should be undertaken.

Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm through neglect, you should contact North Lincolnshire's Children's Services Single Point of Contact (SPOC) on:

- 01724 296500 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday)
- 08081 689667 (freephone)
- 01724 296555 (answerphone – out of office hours and at weekends)

For more information on making a referral to Children's Services see [Children's MARS multi-agency policy and procedures for assessing need and providing help](#) or speak to your agency's lead for children's safeguarding.

Graded Care Profile 2

The Children's MARS Board have commissioned and approved the use of the Graded Care Profile 2 (GCP2) tool to assess children and their families' experiences and situations where there is known or suspected neglect.

The GCP2 measures the quality of care delivered to an individual child over a short window of time (representative of the current level of care) and scales it between 1 (best) and 5 (worst).

It can be used right across the continuum of need and should be used by trained, accredited professionals across the safeguarding pathway from early help to child protection. Other practitioners who are involved in a child's multi-agency plan who are not trained in the GCP2 can contribute to the assessment and work with the family with the agreement of the lead practitioner.

It should be used as part of an assessment whether this is an early help or statutory children's services assessment or beyond during the intervention period. It should be incorporated/referred to within the wider plan for the child and reviewed as part of the review of the plan (early help, child in need, child protection or child in care).

It should not be used outside of the early help or statutory planning and reviewing processes.

The GCP2 does not explore reasons for a particular level of care but does encourage further interpretation of the reasons at the analysis stage, which can be captured in the report or accompanying recording sheets. It should be referred to within an early help or statutory assessment/plan/review which will indicate wider actions and outcomes to be achieved.

Principals

Where neglect is known or suspected, the GCP2 should be used across the safeguarding pathway from early help to a child who is a child in need, subject of a child protection plan or a child in care where returning home is planned. The GCP2 can be used across the multi-agency partnership, i.e. led by a trained and accredited professional with contributions from those involved in the child's plan.

The GCP2 is not a referral tool. Where contact is made to Children's Services SPOC or a referral about known/suspected neglect is being made to the Integrated Multi-Agency Partnership (IMAP) via SPOC, it is expected that if the child's case has been open through early help due to neglect that a completed GCP2 should accompany the contact or referral.

Where immediate referral or immediate action is required, practitioners may not have had the opportunity to undertake the GCP2 and not having a GCP2 should not preclude a referral being made or accepted.

Where an urgent referral is made without a GCP2 in a child's case which is predominantly about neglect, the referrer will undertake or contribute to the GCP2 following referral. Where parents/carers do not consent to the GCP2 being completed with them, the referrer will support the completion of the GCP2 using their knowledge of the family as long as this is made clear in the records.

The GCP2 is effective when used in partnership with families, and practitioners should use it openly and honestly to assess and make change. When there is no consent, the referrer's knowledge of the family should be used alongside the GCP2 tool to continue to assess and offer the most effective response to safeguard children/young people and support families.

The GCP2 supports assessment, planning, intervention and reviewing in known or suspected neglect-based children's cases/family situations. Ongoing sound professional judgement and multi-agency collaboration are central to children and families receiving the right help, at the right level at the right time.

The GCP2 and its contents should be used in supervision to ensure sound professional judgements are supported in cases of known/suspected neglect. The GCP2 should be repeated regularly (e.g. 3 to 6 monthly/as agreed in supervision) to monitor change in parental care given and to their children or those living with them and to support ongoing interventions.

The GCP2 can be undertaken by one professional or more (e.g. this can be agreed in an early help review, child in need meeting, child protection conference, core group meeting or child in care review)

Circumstances when the GCP2 is to be used in North Lincolnshire

The GCP2 is to be used by a trained accredited professional in any agency and as part of an assessment whether this be an early help or statutory children's services assessment or beyond during the intervention period where neglect is suspected/known. This includes in any part of the North Lincolnshire safeguarding pathway e.g. early help, child in need, child protection also child in care, including in targeted family support, and the Youth Justice Partnership. It can be used by Health Visitors, School Nurses, Community Paediatric services and the police.

It should be incorporated/referred to within the wider plan for the child and reviewed as part of the review of the plan (early help, child in need, child protection or child in care).

Child Protection Conferences may recommend that the GCP2 be undertaken when a child:

- is placed on a Child Protection Plan under the category of neglect
- is placed on a Child Protection Plan under a different category but where neglect is known/suspected
- has not had a completed GCP2 review for known/suspected neglect in the previous 3 – 6 months

For further information, a list of frequently asked questions can be found on the [Graded Care Profile 2 page of the Children's MARS website.](#)

Key tools and resources

[NSPCC and Action for Children: Neglect and it's relationship to other forms of harm](#)

This report examines the relationship between child neglect and forms of sexual harm and abuse.

[Information leaflet - Emotional neglect and emotional abuse in pre-school children](#)

This leaflet summarises what is currently known about children aged less than six years who have been emotionally neglected or emotionally abused. It considers the behaviour that can be observed in these children and in the interactions between them and their parents.

[LSCB Neglect Video: Michelle's Story - YouTube](#)

This video by the London Borough of Kensington and Chelsea LSCP shows the story of Michelle and her experience of neglect as she was growing up.

[A real story about child neglect - YouTube](#)

A video by Dorset Police showing a child's story of neglect.

[Removed – YouTube](#)

A film about neglect, abuse and foster care (American)

[Rethinking 'did not attend' – YouTube](#)

This video animation by Nottingham Safeguarding Children's Partnership aims to encourage practitioners to identify children as 'Was Not Brought' as opposed to 'Did Not Attend' when referring to them not being present at medical appointments. The animation is a powerful reminder that children do not take themselves to appointments; they have to be taken by parents or carers. The animation therefore encourages practitioners to reflect on the impact that missed appointments have on a child's wellbeing.

[Childline: Words can hurt: Emotional abuse](#)

A video about how constant criticism, hard words or even silence can be harmful.

[The science of neglect – YouTube](#)

This video explains why persistent absence of responsive care is so harmful in the earliest years of life and why effective interventions are likely to pay significant dividends in better long-term outcomes in learning, health, and parenting of the next generation.

[Graded Care Profile 2 – YouTube](#)

These short videos explain what the GCP2 is and how using it can benefit children and families and enhance your practice.

A number of other videos and scenarios relating to the GCP2 is available on the [NSPCC YouTube channel](#).

[Emotional abuse and neglect: Identifying and responding in practice with families – Research in Practice](#)

This briefing sets out a series of reflective questions and practice implications around the issue of emotional abuse and neglect

[Exploring the relationship between neglect and harmful sexual behaviours in children and young people – Research in Practice](#)

This document explores the potential associations between a background of child neglect and children and young people who display harmful sexual behaviour.

[How neglect might interact with forms of sexual harm – Research in Practice](#)

This article explores how neglect can make children more vulnerable to child sexual exploitation, harmful sexual behaviour and intra-familial sexual abuse

[Understanding adolescent neglect - Children's Society and Research in Practice](#)

This report explores the extent of neglectful parenting of teenagers in homes across the country, as well as society's widespread failure to understand and respond to the lack of care and support that many teenagers receive.

[Department for Education: Childhood neglect training resources](#)

A collection of resources for training multi-agency participant groups in identifying and dealing with child neglect including exercises, guidance, presentations, hand-outs and family case studies.

[Growing up neglected: a multi-agency response to older children](#)

This report examines the multi-agency response to older children who are living with neglect following 6 inspections of local authority areas.

[An Exploration of How Social Workers Engage Neglectful Parents from Affluent Backgrounds in the Child Protection System](#)

This research was commissioned to find out what is known about child neglect in affluent families.

[Protecting young children at risk of abuse and neglect](#)

This research explores changing patterns of abuse and neglect in early childhood, including the latest evidence on the impact of COVID-19.

[Indicators of neglect: missed opportunities, what is ignored, why and what can be done? \(2014\) Department for Education](#)

This document sets out the findings from research on neglect and includes information on what we know about neglect and what the barriers are for identifying and responding to it.


Child development resources

- Child Accident Prevention Trust - <https://www.capt.org.uk/>
- UNICEF Baby Friendly Initiative - Caring for your baby at night <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/>
- Baby eyesight <https://www.youtube.com/watch?v=AmeGYKV-L5s>
- Eyesight development in first 12 months <https://www.youtube.com/watch?v=fNanOaCIKUK>
- Piaget's Stages of Development <https://www.youtube.com/watch?v=TRF27F2bn-A>
- NSPCC The Emotional Life of the Baby <https://www.youtube.com/watch?v=TV775Dv3h6k>
- Attunement and why it matters <https://www.youtube.com/watch?v=URpuKgKt9kg>
- Baby Oliver wakes up with every emotion <https://www.youtube.com/watch?v=Kcp6xw1qNZA>
- [Childhood Trauma and the Brain - UK Trauma Council - YouTube](#)

Policies, procedures and guidance

Local policies and procedures

- [Children's MARS guidance for recognising and responding to neglect](#)

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- [One Family Approach - Helping Children and Families in North Lincolnshire Document 2020/24](#)
 - [Children's MARS Policy and Procedures Assessing Need and Providing Help](#)

Training, e-Learning and other useful documents

- [NSPCC Graded Care Profile 2 information](#)
- [Children's MARS Education and Training Programme 2022/23](#)