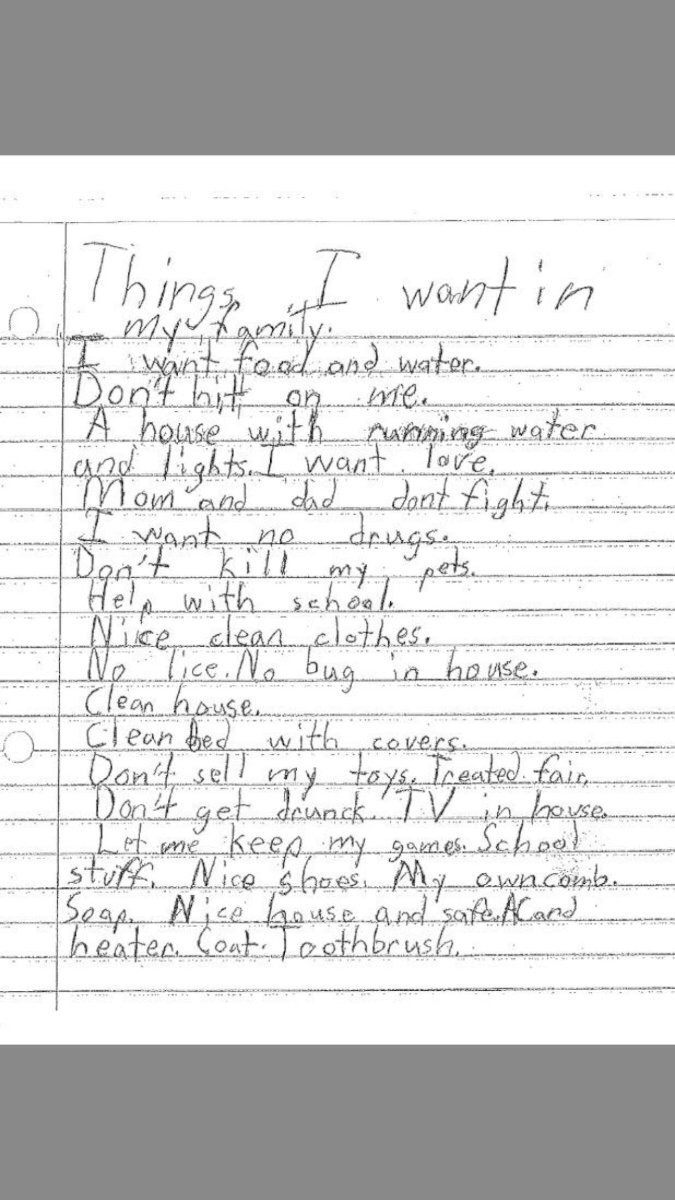
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**What we are doing about neglect**

**SLOUGH SAFEGUARDING PARTNERS**

**What we are doing about neglect.**

**What is neglect?**

**Every young person needs:**

* enough to eat and drink
* protection from dangerous situations
* somewhere warm, dry and comfortable to sleep
* help when they are ill or have been hurt
* love and care from parents or carers
* support with education
* access to health care when needed.
* clothes that are clean and warm and shoes that fit and keep their feet dry
* to feel safe

This strategy is underpinned by the UN convention on the rights of the child. Articles

1 and Article 2 states: “*All children have these rights, no matter who they are, where*

*they live, what their parents/carers do, what language they speak, what their religion is,*

*whether they are a boy or girl, what their culture is, whether they have a disability,*

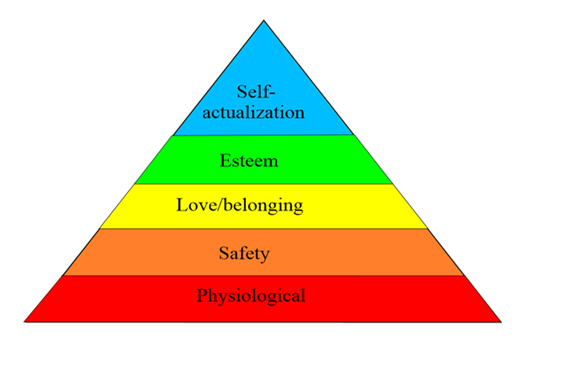
*whether they are rich or poor.*.” *(see appendix A for the full, easy to read document)*

This document explains how partners work together to understand and identify when a child’s needs are not prioritised or are neglected, and to help the child and those caring for him/her and the professionals\* working with their family to do something about it.

**What is meant by the term “neglect?”**

**Explaining neglect**

Caring for children can be highly challenging. Most people learn about it through experience, and will from time to time need a little help and support from family members or professionals. Parents and carers want their children to grow up to be healthy, well-adjusted adults who will fulfil their own potential in life independently.



“Maslow’s hierarchy of need” above is a well-used reference point for practitioners and professionals working with children and some parents/carers and family members will also be familiar with it. It describes basic elements of human need. Each layer depends upon the strength of the layer beneath it and supports the layer above it. At a basic level, there is a need for healthy food, fresh water, physical hygiene, including clean clothes and not smelling bad, being able to exercise and play, ensuring good health by having regular check-ups on time and having any identified health needs dealt with speedily by attending appointments and getting health matters resolved without delay. Children need to live in a clean and comfortable physical environment.

Children need education and socialisation and so they need to go to school on

time with all the other children and not feel left out because they stay at home too

much. Not paying proper attention to these things, persistently and over a period of

time will result in long term problems. A child whose basic needs are not met will not

feel safe, secure and loved as his/her needs have not been seen as important,

reducing self-esteem which can continue through adulthood and can affect them for

the rest of their lives.

|  |
| --- |
| **Government guidance (Working Together to safeguard Children 2018)**  **describes 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 care-givers)**  **d. ensure access to appropriate medical care or treatment**  **It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs”.** |

***Why does it matter?***

This strategy is important because it explains the approach that everyone in Slough has agreed so that we work together where there are concerns that a child’s basic needs are not being prioritised or the child is being neglected.

***Prevalence:***

In Slough the numbers of children with child protection plans varies. The majority of them are associated with parental/carer mental health, substance misuse problems and/or domestic abuse. Some children live all three of these features.

* *1 in 10 children experience neglect ; https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/child-abuse-and-neglect-in-the-uk-today/*
* *Over 27,000 children were identified as needing protection from neglect in 2017.(Source: Child protection register and plan statistics for all UK nations for 2017)*
* *Neglect is the most common reason for taking child protection action. (Source: Child protection register and plan statistics for all UK nations for 2017.)*
* *33% of contacts to the NSPCC’s helpline in 2016/17 were concerns about neglect. Source: Bentley, H. et al (2017)* [*https://learning.nspcc.org.uk/media/1358/how-safe-children-2017-report.pdf?\_ga=2.3355446.745941428.1541526639-1287534335.1537303922*](https://learning.nspcc.org.uk/media/1358/how-safe-children-2017-report.pdf?_ga=2.3355446.745941428.1541526639-1287534335.1537303922)
* *Neglect is a factor in 60% of serious case reviews (Source: Brandon, M. et al. (2013)*

<https://www.nspcc.org.uk/services-and-resources/research-and-resources/2013/neglect-serious-case-reviews/>

**RISK FACTORS**

**This section describes the most common risk factors for neglect we know about from research and serious case reviews.** Neglect is difficult to identify and can go on for a long time before anything is done about it. That is why partners are concerned to pick it up early and take action and this involves being able to identify the risk factors**.**

From the time of birth, a child needs emotional warmth, positive praise and constructive support from parents/carers and family members and to feel secure and safe in a home free from verbal and physical abuse, including domestic abuse, and to feel that they are important to those caring for them. Very young babies’ brain development can be directly affected by neglect, particularly when their parents/carer cannot respond to their needs and communicate well with them.

***Children brought up in hostile, violent environments or whose needs are ignored or trivialised,*** tend to grow up with insecurities, low self-esteem and some will have mental health problems. Some will find company and group identity with criminal gangs and many will be vulnerable to various forms of exploitation (being taken advantage of), including sexual exploitation.

***Children living with domestic violence*** are at risk as the child’s needs may not be prioritised and witnessing or being aware of domestic abuse has long term harmful emotional and mental health consequences for them.

***Children living with parents/carers who have mental health problems***, can still prioritise their children’s needs. Some will be unable to do this, either for short or extended periods and will need help and support to provide the care their children need.

***Children living with parents/carers who have substance misuse problems*** may also experience problems as their needs are not always prioritised.

Children living in families where there is ***severe poverty, including debt poverty*** are also at risk of having their needs neglected although many families care for their children very well despite these challenges.

***Children of all ages with disabilities*** are also at a higher risk of neglect especially those who have communications, sensory impairments or whose mobility is limited.

***Children Looked After*** and ***those seeking asylum*** are also more at risk.

Children living with ***parents/carers who abuse or neglect themselves*** are at risk of their needs being neglected***.***

**ADVERSE CHILDHOOLD EXPERIENCES/ TRAUMA**

Professionals need to understand children’s behaviour in the context of trauma. This is particularly so for older children who may have experienced a great deal of trauma in their lives or who are experiencing trauma both inside and outside the home. Trauma can be caused by serious abuse and neglect by parents and carers but it can also originate from the effects of bereavement and loss of a significant adult in the child’s life, such a parent, carer, aunt, uncle, grandparents who had a caring role in the child’s life.

Some children experience multiple forms of abuse, including neglect, domestic abuse, living with parental/carer substance misuse, sexual abuse, physical abuse, sexual and criminal exploitation and serious youth violence. We know from research that the impact of long-term neglect can result in children experiencing trauma from these events and the repeated experience of trauma can lead to post-traumatic stress. Early childhood or chronic trauma will most likely affect a child’s mental and emotional well-being and behaviour into adolescence and beyond. Very young babies’ brain development can be directly affected by neglect as parental/carer interaction with them from birth onwards is fundamental to their emotional and cognitive development and an absence of warmth, interaction and responsiveness can permanently affect how brain cells grow. This can affect how children learn and in some cases damage at this early stage can result on long term problems with learning.

**OLDER CHILDREN ARE STILL CHILDREN;** (*This section is drawn from Ofsted’s report “Growing up neglected: a multi-agency response to neglect of older children; July 2016 and a recent LSCB learning review)*

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 and behaviours. 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.*** When older children who have experienced neglect come to the attention of agencies, the most obvious risks of, for example, exploitation or offending behaviour may elicit an appropriate response from professionals initially. But, without understanding and addressing the underlying impact of neglect, the effectiveness of any work to support these children will be limited. Professionals and parents/carers can sometimes assume that the presenting issues (e.g. around behaviour) are the problem. If we do that, we may try to resolve the presenting issue and miss the opportunity to find out if neglect is the underlying cause which can be due to cumulative factors.

***Older children still need parental/carer care guidance and support.***

As children get older, we expect them to take more responsibility for their actions. This is an important part of a child’s development from childhood to adulthood. However, older children still need a great deal of parental/carer care, support and guidance.

All children, including older ***children with disabilities*** ***learning disabilities*** who are particularly vulnerable and their growing sense of autonomy will vary from child to child. This can make it especially challenging to make judgements about the demands made on parents/carers and what is reasonable to expect of them when caring for children with disabilities.

Parenting/caring for older children requires different skills, as does working with older children. Professionals need training to provide them with the skills to work with parents/carers of older children, and be able to provide appropriate support and challenge to parents/cares.

|  |  |  |  |
| --- | --- | --- | --- |
| ***What we are trying to achieve*** | ***How we will achieve it*** | ***What impact will this have on children?*** | ***How will we evaluate the impact?*** |
| To improve outcomes for children where there are concerns about neglect. | Promote high practice standards for leaders, managers and practitioners through communications and training | • Neglect is identified, understood and prioritised.  • The child is engaged at all stages.  • The family are involved at all stages.  • Referrals are appropriate, of good quality and timely.  • Non-compliance is recognised and acted upon.  • Decision making matches the children’s needs and results in the child getting  the help they need.  • Assessments, including early help assessments, clearly identify risks needs  and strengths.  • Individual needs, including disabilities and personal characteristics are taken  into account within the context of the family and household the child is living  in.  • Agencies work together to protect the child and they make sure they get the  services they need to improve outcomes.  • There is a plan which addresses risk and need and improves the child's wellbeing. | Multi-agency case audit.  Rates of CCP 2 years, repeat CPP and repeat referral rates within targets. |
| To provide a tool professional can use to support multi-agency assessments and planning to help children and families where there are concerns about neglect. | Deliver 10 multi-agency 2 hour seminars during 2019-2020 to enable practitioners to apply the tool in practice. | On the day and retrospective evaluations of seminars. |
| Promote and support the development of an anti-poverty strategy in Slough. | The LSCB makes a recommendation to Slough Borough Council/?Well being Board | A multi-agency anti-poverty strategy informed by local evidence. |
|  |  | A ***steering group*** will monitor the impact of this strategy. |

**OUR STANDARDS/OUR ASPIRATIONS**

To deliver this strategy leaders, managers and professionals make the following commitments:

Each partner agency on the LSCB will ensure that professionals receive appropriate ***in-house training*** around their role in this and ***the LSCB will provide multi-agency training*** to develop professional confidence and competencies in this area.

Adult services including Adult Mental Health and Substance Misuse services, the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) and Adult Social Care Services will support this strategy to ensure they are effective in identifying older children at risk of neglect.

Adults who have been traumatised or exploited as children, those with learning difficulties or with physical difficulties can fulfil their parenting/caregiving roles, providing the best they can for their children. Few will be vulnerable to exploitation and abuse and will need care and support from a range of services to help them to safeguarding and protect their children and to prioritise their children’s needs. Professionals working with adults services will ensure that such parents/carers get the help and support they need, working with children’s services, engaging in multi-agency safeguarding procedures and sharing information to safeguard the child/ren while supporting their parents/carers.

**All those working with children and their families will be mindful of the following principles;**

The UN convention on the rights of the child underpins this strategy and should be

promoted by all organisations working with children and their families.

The child’s voice is *a critical component* in understanding his/her experience and

must impact on decisions made about how to respond.

Neglect can rarely be seen in a one-off incident. It is more often seen when there is

accumulation of incidents over time.

Tackling problems without delay helps prevent long term consequences, so family

members, parents, carers, the child and those working with them should work

together to spot and resolve problems as they arise and provide help as early as possible to prevent long term problems.

Parents and carers understand the needs of their children and are responsible for

safeguarding them from harm. Sometimes they need help with this. Help can involve

simple advice, or, in more complicated situations, professionals meet with the family

to explore the problems and work out what to do about it. Sometimes there is a need

to have formal child protection procedures to support the family. The LSCB threshold document is the reference tool to help professionals make judgements about this. <https://www.sloughsafeguardingboards.org.uk/lscb>

Where there are concerns about neglect, the parents or carers should be informed

about the child’s basic needs and what aspect of need we are worried about.

Suitably trained professionals should work openly and honestly with the child and parents/carers using the neglect tool where appropriate This helps parents/carers and the professionals working with them to better understand the problem and work out what to do about it. This should result in parents/carers receiving consistent advice and support.

Where there are child protection concerns, referral to social workers should take

place without delay. Although not a specific requirement, the neglect tool when completed and sent with the referral helps to enable a swift assessment and decision making at the front door. Neglect is cumulative, so a full and detailed history of interventions already tried should be provided in the referral along with a chronology of key events.

**Neglect: Leaders and managers will**

* Promote the importance of listening to children, hear them and ensure their

voice impacts on service planning.

* Have sound management oversight of practice around neglect, through

effective governance and quality assurance arrangements.

* Provide skilled supervision to practitioners, providing them with an opportunity

to reflect on cases, challenge and be challenged.

* When supporting practitioners, be mindful that complex cases, such as

children with complex health needs, can obscure understanding of thresholds

and need in practice. Managers and leaders will help practitioners with this.

* Ensure that practitioners working with adults can think about the needs of the

children the adults are caring for.

* Ensure that those working with children understand that their parents or carers can be vulnerable and may need specialist support.
* Support and enable appropriate practitioners to attend training on neglect and

the neglect tool and support them to apply the tool in practice.

* Disseminate information on neglect to all managers and staff.
* Support practitioners to challenge each other skilfully, accept challenge from

staff and other agencies and deal with it in the best interests of the child.

* Account to the LSCB on performance around neglect through single agency annual safeguarding reports and through section 11 audits.

**Practitioners will:**

* Listen to children, hear them and ensure their voice impacts on plans made

about them.

* Listen to each other, hear what is being said and ensure everyone’s

perspective helps in understanding the child’s needs.

* Use a whole family approach, being mindful of the needs of adults in the

child’s household and how their needs might impact on the child.

* Be aware that Serious Case Reviews indicate the need to check out and verify the information parents/carers are providing in relation to adults living in the household and any other children.
* Take account of the full history and not just the recent episode.
* Attend multi-agency training on neglect and, where applicable, use the neglect tool.
* When trained, use the neglect tool to help the child and the

family understand the issues.

* Respond sensitively and swiftly to concerns while understanding the

cumulative nature of neglect.

* Complete chronologies regularly to enable reflection on cases, pick up noncompliance, drift and delay and take remedial action.
* Use all available evidence to inform action planning.
* Seek management support and challenge and use supervision to reflect on

cases, and create new options.

* Be mindful of the particular complexities involved when a child has complex

health needs and/or disabilities.

* Challenge each other skilfully, with the child at the centre.

**The LSCB will**

* Provide multi-agency training to develop multi-agency competencies around

neglect and the application of the neglect tool**.**

* Collate prevalence data from Slough Children’s Trust on neglect, including proportions of children with CPP under the category of neglect and the proportions of children living with Domestic Abuse, Parental/carer Mental health and/or parental/carer substance misuse problems.
* Listen to practitioners to ensure all training and this strategy is informed by practitioner experience.
* The LSCB neglect steering group will monitor the use of the neglect tool and associated training
* Revise this strategy in April 2021

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| **CONSENT AND INFORMATION SHARING**  We share information with professionals in order to support children, young people and families. To ensure transparency in concerns, we share information with families, children and young people in an age appropriate way. In order to share information we ask for consent from the children, young people and families. If consent is not given, then we can still share information if there is concern for the welfare of a child or young person. If this is the case, we will make a record of the reason for sharing without consent.  The Data Protection Act 2018 sets out the lawful grounds for processing of special category personal data, without consent if the circumstances justify it, where it is in the substantial public interest to safeguard children and of individuals at risk. This condition is met if:  a) The processing is necessary for the purposes of:  i) Protecting an individual from neglect or physical, mental or emotional harm  ii) Protecting the physical, mental or emotional well-being of an individual.  b) The individual is aged under 18; or aged 18 or over, and at risk.  For more information click on the link below.  <http://www.proceduresonline.com/berks/slough/p_info_sharing.html?zoom_highlight=INFORMATION+SHARING#gov_guidance> |

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**SLOUGH 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 caregivers. The professional will need to use their own judgement, based on their 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 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Name: | |  | | | | | |
| Child/ren’s name and DOB | |  |  | | | | |
| Date completed: | |  | | | | | |
| Completed by: | |  | | | | | |
| ***The home*** | | | | Yes | No | Some times | Unknown |
| 1. | Smell (e.g. stale cigarette smoke, rotting food). | | |  |  |  |  |
| 2. | Kitchen floor soiled, covered in bits, crumbs, animal faeces etc. | | |  |  |  |  |
| 3. | Floor covering in any other room soiled as above. | | |  |  |  |  |
| 4. | General decorative order poor – obviously in need of attention (e.g. stained wall paper, broken windows). | | |  |  |  |  |
| 5. | Kitchen sink, draining board, work surfaces or cupboard doors appear unclean, encrusted with food debris. | | |  |  |  |  |
| 6. | Other surfaces in the house 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 soiled. | | |  |  |  |  |
| 10. | Child/ren’s bedding is soiled, damaged or missing altogether. | | |  |  |  |  |
| 11. | Lack of or inadequate working heating in family home. | | |  |  |  |  |
| 12. | Limited safety features in the home – eg stair gates, hidden wires, etc | | |  |  |  |  |
| 13. | Garden or yard uncared for and strewn with rubbish. | | |  |  |  |  |
| 14. | Pet’s behaviour of concern, supervision around children also of concern. | | |  |  |  |  |
| Any additional comments or concerns noted which have not been covered above: | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| ***Younger children*, under 10/11 *(see older children below if there are children over 10 years)*** | | **Yes** | **No** | **Some times** | **Unknown** |
| 1. | Child/ren’s clothing clearly unwashed or hair matted and unbrushed. |  |  |  |  |
| 2. | Child/rens clothing and footwear is ill fitting and in disrepair. |  |  |  |  |
| 3. | Child/ren’s clothing not appropriate for the weather. |  |  |  |  |
| 4. | Child/ren’s finger nails, 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, CAMH’s 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 (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 (toys/books/activities) |  |  |  |  |
| 12. | Child/ren not provided with adequate or age appropriate travel system (pram/pushchair/car seat). |  |  |  |  |
| Any additional comments or concerns noted which have not been covered above: | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Young people from the age of 10/11 (school year 7) up to the age of 18.** ***(see younger children above if there are children under 10 years)*** | | **Yes** | **No** | **Some times** | **Unknown** |
| 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 finger nails, 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 (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: clubs/sports etc. |  |  |  |  |
| 7. | The adult does not promote the young person’s physical or emotional wellbeing (physical/mental health appointments missed etc). This will include GP, Dental, 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, does not set appropriate boundaries. The adult does not respond appropriately to CSE/Substance Misuse/Gang/Criminal involvement in an appropriate manner. |  |  |  |  |
| 10. | The adult does not seek the advice or opinion of professionals as issues emerge for them in respect of the young person. |  |  |  |  |
| 11. | The adult does not follow the advice given by professionals. |  |  |  |  |
| 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. | The adult does not meaningfully engage with professionals. |  |  |  |  |
| 15. | 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. | The adults clothing clearly unwashed, or hair matted and un-brushed. |  |  |  |  |
| 2. | The adult smells of stale smoke, urine, faeces etc. |  |  |  |  |
| 3. | The adult’s finger nails, hands, neck, face often dirty. |  |  |  |  |
| 4. | The adult does not respond appropriately to the child/rens need for emotional warmth/ physical proximity. |  |  |  |  |
| 5. | The adult does not anticipate the needs of the child (provision of food and other basic care routines). |  |  |  |  |
| 6. | The adult does not initiate interaction with the child. |  |  |  |  |
| 7. | The adult does not promote the child/ren’s physical wellbeing (does not organise or attend health appointments, including GP, Dentist, Optician, CAMH’s etc). |  |  |  |  |
| 8. | The adult does not promote the child/ren’s educational attainment and attendance. |  |  |  |  |
| 9. | The adult does not promote the child/ren’s safety. |  |  |  |  |
| 10. | The adult does not seek the advice or opinion of professionals as issues emerge for them in respect of the child. |  |  |  |  |
| 11. | The adult does not follow the advice given by professionals. |  |  |  |  |
| 12. | The adult often does not know the child/ren’s whereabouts and/or who they are with. |  |  |  |  |
| 13. | The adult is unable to manage their finances appropriately. |  |  |  |  |
| 14. | The adult agrees to various actions (from plans), but regularly fails to fulfil actions within set timeframes or at all. |  |  |  |  |
| 15. | The adult does not meaningfully engage with professionals. |  |  |  |  |
| 16. | 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: | | | | | |

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