

When working with families where there are concerns regarding neglect, it is vital that we think of the effects on the child, including their emotional wellbeing.

- This extract gives information on responding to neglect and emotional abuse
- There is also a recorded Emotional Abuse and Psychological Neglect Talk by Dr Danya Glaser, who is a visiting professor at University College London and honorary consultant child & adolescent psychiatrist at Great Ormond Street Hospital for Children, London - <https://www.youtube.com/watch?v=suLyATbv95c>.

Emotional abuse and neglect are the most commonly recorded concerns leading to the placing of children on the child protection register. Children may experience neglect and other forms of abuse at the same time. “Lack of parental care” was the most common ground for referral to the Scottish Children’s Reporter Administration. (SCRA 2018). The average age for such referrals was 6 years. Practitioners will be aware of the urgency and need of a supportive response when very young children are involved. See also the section on pre-birth assessment and support below. Teenage neglect is less often recognised.

Single incidents of extreme neglect can be significantly harmful. However, neglect and emotional abuse are usually associated with the term ‘persistent’. This refers to a pattern, which may be either continuous or intermittent, which has either caused or is likely to cause significant harm. For example, neglect may involve lack of physical care, including care for health and safety and including online and in the digital environment. It may also include unreliability or unavailability of emotional care, and lack of developmental care. It may further include neglect of educational, medical, dental care and nutritional needs (see section on obesity below). Unmet needs can impact on children’s wellbeing regardless of the level of parent or carer intent. Comprehensive assessment of unmet needs and analysis of impact on wellbeing is essential, again guided by the My World Triangle.

Emotional abuse includes parental behaviour or exposure to adult behaviour that evokes fear, humiliation, distress, despair and a closing down of self-expression. This can cause immediate and long-term harm, because of the traumatic impact, the impact on development and how a child learns to feel about themselves, their relationships and the world. Extreme overprotection can also impair development. The effect of these harms are complicated when parents place all the responsibility for troubled or frozen behaviour on to the child.

Practitioners must be able to describe the interactions of concern. There must be a basis for the belief that these will be harmful. Descriptions in plain language are more useful than non-specific general terms like ‘emotional abuse’.

A proportionate response to concerns requires an awareness of healthy development at each age and stage, and contrasting indicators associated with the need for support. For example, it is necessary to be curious about the reasons for:

- abnormally quiet and unresponsive infants with signs of developmental delay
- pre-school children who show abnormally frequent and persistent aggression and frustration; or who may be withdrawn, watchful and avoidant of parents or carers; or indiscriminate in their affections with strangers
- primary school age children who show an abnormally poor attention span, lacking an ability to be absorbed in play either alone or especially with others, who lack confidence and self-esteem and show

unusual impulsivity and sharp mood swings, or an abnormal lack of concentration, confidence and/or social skills

- children in secondary school who show an abnormal lack of self-confidence, who lack trust in others, are self-isolating or have difficulty sustaining friendships, who steal, bully others, run away, or who show signs of eating disorders, self-harm or depression

Signs of concern may be physical, emotional, behavioural, educational or relational. Some concerns are visible. However, there are neglected children who are abnormally quiet and compliant and become invisible. The experience and impact of neglect is individual to that child, just as the intersection of causes is distinctive in each situation. Practitioners who are involved in assessment, planning and support must try to understand the quality of daily life experience and relationships of the child and their parents. That may take time.

Domestic abuse, parental alcohol and drug use, isolation, poverty, chronic or acute health problems and severe housing stress are common examples of factors that can contribute to conditions and interactions that cause harm. Some cultural groups may experience disproportionate deprivation. They are also more likely to experience confusion and disempowerment within statutory decision-making systems (Henderson, Kurlus, SCRA 2017). In all situations, respect for culture and recognition of the context of harmful interaction promotes the likelihood of effective engagement.

Affluence and achievement can also be isolating, and sometimes mask emotional neglect. It may take much longer to recognise what is absent. Developing a supportive working relationship with articulate, well-resourced and high-achieving families requires a confidence in role, skill, sensitivity and honesty, as well as keeping the child's experience as the central focus.

Persistent neglect can have a lifelong impact and may be associated with the onset of physical and mental health problems, suicidal behaviour, eating disorders and obesity, alcohol and substance abuse, aggression, violence and criminal behaviour, high-risk sexual behaviour and homelessness. These are not inevitable consequences. Many parents who have experienced chronic neglect find ways forward and succeed in sustaining safe and loving care for their children. Some struggle to recall feelings associated with past trauma or deprivation.

The effects of neglect and emotional maltreatment may emerge in troubled or depressed teenage behaviour. Neglect may cause an increased vulnerability to exploitation, harmful and self-harming behaviour in teenage years. These patterns can contribute to neglect in the next generation. Young parents who have been neglected are more likely to need additional support to tune in to and build secure attachment with their own children. Parenting challenges tend to expose past hurts. Practitioners should seek to understand what lies behind neglectful behaviour and build on positive skills and relationships in order to increase safety and resilience through stressful times.

Protection of children from harm depends on early, inter-agency support in collaboration with parents, before the urgency of risk of significant harm draws children in to child protection systems. Uncertainties about definitions and thresholds can delay recognition and support.

Early signs of neglect must be taken seriously. Provision of early help can defuse the need for child protection processes. An inter-agency referral discussion becomes necessary when there is reason to believe the impact of neglect or emotional abuse could lead to significant harm.

The impact of neglect and/or emotional abuse upon a child will be affected by how early maltreatment occurred, the severity and type of maltreatment, the response of the child (which may include shame, anger

and self-blame), the nature of relationships within which neglect occurred, and any steps taken to safeguard, protect or support the child during neglectful phases.

A comprehensive health assessment is recommended as part of a multi-agency assessment for all children where chronic neglect is a concern. Assessment and planning must be co-ordinated, collaborative and practical, addressing specific risks and the way risks interact. Plans should also be clear about the transfer of professional responsibilities at times of transition.

Strength-based approaches and a systematic, structured approach to assessment can be applied together. At all junctures in assessment, planning and support, the aim is to find a meeting point and shared understanding about what needs to change to keep the child safe and well, and how this will be achieved within a timescale that is right for the children involved. This clarity is essential in the context of compulsory measures. CPCScotland will publish 'Child Neglect in Scotland: Understanding Causes and Supporting Families' in Autumn 2021. This is a framework setting out guiding principles for working with children and young people who may be experiencing neglect, and supporting local areas to ensure that local Integrated Children's Service and Child Protection Committee plans incorporate appropriate actions to prevent, reduce and manage the impact of neglect on children and families.

The concept of [capacity to change](#) may promote transparency of goals, methods, shared responsibilities and timescales. Advocacy and Third Sector supports may play a key part in motivational support and work for change.

When children have experienced chronic neglect, they may not be used to adults being or becoming predictable, kind and nurturing. They can be distrustful and anxious, and may behave in ways that seem rejecting or angry. This is demanding for parents or carers seeking to offer a secure base and a safe home. To prevent secondary harmful cycles occurring when children are accommodated, carers and children may need additional support in understanding and response to these dynamics.

When children have had to be removed from parental care in cases of neglect, effective child protection leads into careful assessment of reunification and transitional support needs. Progress is rarely linear and final. Any good plan should include sufficient continuity of, or access to support for predictable and unpredictable crises. Aberdeenshire Children's Services Social Work have a number of resources and training to support their workforce in assessing and decision-making when permanence should be considered.

A practice insight on this topic has been drafted to illustrate and explain key practice considerations, offer a resource, prompt reflection and signpost selected sources. It can be found in the [Practice Insights](#) supporting document alongside this Guidance.