Version 1.1

FAMILIES AND SOCIAL CARE

CHILDREN'S SOCIAL SERVICES

Managing Cases of Neglect
Multi-Agency Practice Guidance

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Contents

"The support and protection of children cannot be achieved by a single agency… Every Service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family."
Lord Laming in the Victoria Climbié Inquiry Report, paragraphs 17.92 and 17.93.

Lord Laming's enquiry into the death of Victoria Climbié as a result of neglect identified that all agencies involved with working with children and families have a responsibility to safeguard and promote the welfare of children.

This message has also been a cornerstone of Every Child Matters and was embodied in statute in the Children Act 2004, and Working Together 2010.

These legal frameworks have expanded the range of agencies with responsibilities towards children and created new frameworks for them to work together. Effectively all agencies that provide services to children and families must now seek to promote their welfare.

This guidance has been produced because it is recognised that neglect is a complex and multifaceted issue, which can often be difficult for professionals to address effectively. In order to work together successfully agencies need to have a shared understanding of neglect and the best way to effect change.

This guidance is intended to facilitate good inter-agency work, so that all those involved can play an effective role to improve outcomes for children.

Nationally and within Kent, the number of children who are subject of a child protection plan for neglect has been rising over recent years; the category of neglect now accounts for one third to a half of all children subject of child protection plans. In addition these children remain subject of CP plans for longer and are more likely to experience repeated episodes of being made subject of plans, than children in any other category.

PART 1 – MANAGING CASES OF NEGLECT: MULTI-AGENCY PRACTICE GUIDANCE

1. **INTRODUCTION**

1.1 This guidance has been produced following the review of several cases within Kent where neglect has been a major theme.

1.2 At both local and national level there has been a developing awareness of the significance of child neglect, both in terms of its prevalence and the corrosive impact on children's current and future lives.

1.3 The Victoria Climbié inquiry, carried out under Lord Laming following Victoria's death resulting from neglect, identified a gross failure of the system in protecting Victoria:

> *Not one of the agencies empowered by Parliament to protect children in positions similar to Victoria's, funded from the public purse emerged from this inquiry with much credit. The suffering and death of Victoria was a gross failure of the system and was inexcusable. It is clear to me that the agencies with responsibility for Victoria gave a low priority to the task of protecting children. (*Lord Laming in the Victoria Climbié Inquiry Report*)*

1.4 This guidance will attempt to identify ways of overcoming the inherent difficulties of working with such cases and build on the good practice identified within some of the case reviews.

1.5 Neglect will often differ in its presentation from other forms of abuse, though its outcomes can be equally pernicious. There is rarely an incident or critical event, as neglect is generally a chronic long-term problem. It is unlikely that neglect will be fully recognised by a single professional working in isolation from other professionals.

1.6 Therefore multi-agency discussion based on full information is crucial to both the identification and appropriate management of these cases. This is particularly important when working with families from ethnic minority groups and children with disabilities.

1.7 In these situations workers sometimes lack knowledge and skills to understand the child's context and may fail to recognise that culture and its significance varies from family to family. Workers should always consult with families about their specific needs.

2. CONTEXT

2.1 What Is Neglect?

"Neglect is 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:

Provide adequate food, clothing or shelter (including exclusion from home or abandonment)

Protect a child from physical or emotional harm or danger

Ensure adequate supervision (including the use of inadequate caregivers)

Ensure access to appropriate medical care or treatment

It may also include neglect of or unresponsiveness to a child's basic emotional needs (Working Together 2010 1.36).

Neglect frequently co-exists with other forms of abuse, and occurs among children who are regarded as children in need as well as those at risk of harm. Neglect occurs across all social classes.

2.2 National and Local Context

The evidence that there are grounds for concerns about the situation of seriously neglected children is to be found in statistics, in serious case reviews, and local and national practice experience.

Serious case reviews highlight the extreme consequences of neglect. Cases such as that of the death of Paul from Islington reveal both inadequacies of family care and of the services designed to support it (the Bridge Consultancy 1995).

In addition, in a recently published judgement by Mrs Justice King at the summation of care proceedings in respect of Khyra Ishraq's siblings, she noted:

K's death was caused by and is the responsibility of her mother and the Intervenor (mother's partner), but on the evidence before the court I can only conclude that in all probability had there been an adequate initial assessment and proper adherence by the educational welfare services to its guidance, K would not have died. Merely looking at the photographs of the house and the conditions in which the children were living confirms in my mind that had social services even seen the bedroom in which the children lived or the manner in which they were fed, they would undoubtedly have intervened"

(The judgement can be read in full at:
http://www.bailii.org/ew/cases/EWHC/Fam/2009/B36.html)

3. WHAT EFFECT DOES NEGLECT HAVE ON CHILDREN?

3.1 The Effects of Neglect on Children's Development

The Framework for the Assessment of Children in Need and their Families identifies seven elements of child development: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills. Neglect can adversely affect any or all of them.

At the most basic level of development, persistent neglect has significant **neuro developmental consequences.** Research suggests that it has a profound effect on the developing brain of the young infant, potentially affecting all areas of cognitive, social and emotional functioning. Further, the inattentive or unresponsive parenting often found in neglectful families can affect a child's **physical well being**.

This kind of parenting has been linked to failure to thrive in babies and young children and to injuries, even fatalities, resulting from a lack of supervision. The literature highlights a significant and enduring connection between neglect and a child's **cognitive ability and educational performance**. Neglected children not only do less well in terms of performance but also have more discipline problems, school exclusions and repeat years. These difficulties may begin in primary school and both persist and deteriorate in secondary school.

The **internal world of the child**, which underpins emotional development, identity and relationships, is also rendered vulnerable by neglect. Parental apathy and lack of stimulus can result in children developing an internal model of powerlessness and lack of belief in self-efficacy. Children who experience neglect are likely to develop **insecure attachments** and show impaired social competence. They may be smelly and scruffy; this can lead to social isolation.

Making links with research into **resilience** we can see that, while some children are more resilient than others, the experience of neglect is likely to undermine the key factors that foster resilience and that act as a buffer to adversity, namely: a secure base, good self esteem, and a sense of self efficacy. (Understanding and Working with Neglect, Research and Practice Briefings, DFES 2005)

4. FACTORS WHICH CAN CONTRIBUTE TO NEGLECT

4.1 Certain circumstances may make children more vulnerable to neglect. This may include:

i. Family violence, modelling of inappropriate behaviour
ii. Alcohol and substance abuse

iii. Poor experience of caring behaviour in parents own childhood
iv. Experience of physical, sexual, emotional abuse in parents own childhood
v. The child who is perceived as different (e.g.: associated with the loss of a partner or a difficult birth)
vi. Neglect is often present with other forms of abuse.
vii. In situations where as a result of illness or disability, parents may be struggling to look after themselves as well as their children e.g. where there is learning difficulty/disability or mental illness. This is more likely to occur where there are a lack of supportive family networks around the parents.

5 WHY DO WE FIND THESE CASES SO DIFFICULT TO MANAGE?

5.1 Cases of neglect may mean long-term work with often little apparent result, and professionals can experience a sense of hopelessness. These feelings may mirror the emotions, experiences and sense of chaos that is evident within the family. Families may have long term entrenched difficulties that may reach back over many generations and they may need long term work and support to effect any change.

5.2 Some of the factors evident in the management of these cases are:

5.3 Uncertainty Re: Thresholds of Harm and Lack of Agreement on What Constitutes Neglect

There are many different ways of being a 'good enough' parent and styles of parenting vary considerably. Expectations about what constitutes good childcare are influenced by social and cultural factors like age, gender, class, ethnic origin and so on. Some professionals appear to tolerate neglect or accept a low standard of care within certain families, e.g. within certain geographical locations or ethnic origins and are unwilling to challenge poor standards of care.

The causes of parental neglect are multifaceted and this can cause debate and confusion amongst professionals and delay in actions. Local reviews have highlighted disagreement between professional groups regarding acceptable standards of care, causes of neglect and the need for and type of intervention necessary to keep the children safe.

5.4 Start Again Syndrome

The Biennial Analysis of Serious Case Reviews 2003-2005 identified a practice that is termed the 'Start Again Syndrome'. This appeared to be a common way of dealing with the overwhelming information and feelings of helplessness generated in workers with families when neglect was an issue and especially where there had been long-term intervention and contact from agencies.

Practitioners would put aside knowledge of the past and focus on the present. The danger of this approach is of losing the benefits of previous working and

denying the inter-agency group any clear and systematic understanding of the case informed by the knowledge gleaned from past history. Where a fresh perspective on a case is needed this should be gained by jointly and thoroughly reconsidering earlier judgements in the light of what is known and/or by sensitive audit or review that supports reflective practice. Previous patterns of behaviour and concerns about children are crucial data in joint planning.

Lack of child focus

There is often an over-emphasis on parental difficulties and material needs, rather than the consequences of parental behaviour. Professionals are at times also reluctant to intervene in families where there are concerns around neglect because they may identify with the struggling parent or carer and believe that

Poverty and deprivation

The relationship between poverty and neglect is problematic and the link is not a straightforward one. Not all families that experience material poverty and deprivation neglect their children and it is not always the case that additional resources will necessarily alleviate neglect.

Prosecution/legal issues

Neglect can be a complex problem because it is, at times, difficult to evidence significant harm in such cases, as the evidence is often cumulative rather than incident based. Practitioners will need to identify patterns of behaviour and their impact on children as well as demonstrating that they have offered support and assessment of change. Furthermore, they must then evidence how such patterns induce significant harm. This means that there are few prosecutions around wilful neglect.

6 CHILDREN MORE VULNERABLE TO NEGLECT

The majority of children are not subject to neglect; however certain circumstances may make them more vulnerable to it. In some of the following instances greater vigilance may be required:

Children born to parents with special needs

Parents with a disability or long term illness may face particular challenges in life, some of which may impact on their parenting capacity. Such parents should be assessed as parents in their own right as well as an assessment of their child's needs being undertaken where appropriate. Joint working between Adult and Children's Services should occur.

Children born to mothers who use drugs during pregnancy

Children suffering from withdrawal syndrome may exhibit distressed or restless behaviour which parents find difficult to manage. The child may also

be difficult to comfort. Parents with little confidence in their parenting skills and who may lack motivation because of drug use may find meeting the needs of their children a real challenge. Actively substance misusing parents may place their needs before those of the child and family resources may be used to procure drugs or alcohol resulting in insufficient money to spend on basics e.g. rent, food, fuel for heating and hot water. Neglect is more commonly associated with chaotic use of street heroin and amphetamine based substances.

Low birth weight babies and prematurity

Coping with a child in a special care unit may be very stressful and the physical environment of a high dependency unit may have a negative effect on the ability of the carer to form attachments to the baby. These children are more likely to have feeding difficulties, chronic illness, and neurological, behavioural and cognitive disabilities than other children. There is a link between low birth weight babies and socio economic disadvantage, poor housing conditions and depression.

Children with disabilities

Children with disabilities can equally be subject to abuse and neglect but are mostly unrepresented within child protection figures. However, research from the National Working Group on Child Protection and Disability (2003) reveals that they may be more vulnerable than non-disabled children. A 2000 study by Sullivan and Knutson in America indicated that children with disabilities were 3.4 times more likely to be abused or neglected than non-disabled children. Reasons for this are varied and complex. However, children with disabilities may be less able to communicate their needs or their concerns, or to access help and support outside of their families.

The stresses of caring for a disabled child are ongoing and parents may not receive all the services and support they require to meet the needs of their child. As a consequence the child may become the real or perceived source of frustration for the carer. Disabled children may be cared for in families where there are parental mental health problems, domestic violence, and substance misuse.

These stresses may be projected onto the disabled child resulting in scapegoating and / or abuse, and neglect of the child. This may be exacerbated when the professional network focuses on the child's disability rather than the parent's difficulties. In some cases the child's disability may be the result of child maltreatment, and they may be vulnerable to further neglect because of their disability.

The child perceived to be different

These may be children associated by the parent(s) with a difficult birth, the death or loss of a partner, or a change in life circumstance. The negative feelings about the situation may be projected onto the child. An unplanned

child or new stepchild may lead to resentment in the carer. These children may be treated differently within the family.

7 WORKING WITH NEGLECT

Neglect differs from other forms of abuse because it is:

1. frequently passive
2. the intent to harm is not always present
3. often overlaps often with other forms of maltreatment
4. is rarely assessed on one particular incident, but upon the cumulative effect of harm.

Careful and thorough inter-agency assessment of needs and risks is a prerequisite for appropriate planning and provision of services for children and families.

Assessment at any stage, whether single agency prior to referral, or multi-agency, should take information from as many sources as possible. There is no substitute for high quality assessment based on professional judgement of all the available information.

I. EFFECTIVE MANAGEMENT

Professional values can inhibit the ability to recognise neglect and intervene appropriately. Research indicates that these professional values and assumptions can lead to "professional inertia" because families are viewed as "needy" and "doing their best", resulting in a failure to consider the impact of neglect upon the child.

ii. INTERVENTION STRATEGIES

Within the literature there is growing agreement that no single method of intervention is likely to be sufficient. The chronic and multiple nature of the problems experienced by neglectful families necessitates an integrated ecological approach, in which a blend of practical and therapeutic services is delivered to families, on a sustained basis.

Intervention must be preceded by an in-depth assessment of the child and family that identifies the specific nature and source of their difficulties and their strengths. Crittenden argues that the characteristics of neglectful families also require a careful coordination of services, delivered by as small a number of individuals as possible. She suggests that the limited social competency of family members can easily be overwhelmed by the introduction of too many services and professionals.

The role and function of the practitioner and the relationship with the family has received attention in the literature. Loosely defined contact is identified by families as unhelpful, and easily degenerates into unfocused surveillance. Interventions underpinned by a partnership between the practitioner and the

family are seen as much more constructive. This partnership may have most to offer when it is not constructed purely in terms of case management but involves direct work with parents and families.

Timescales for intervention are considered in the literature. Distinction is made between 'reactive' neglect in response to a new stressor, and chronic neglect. The former may respond fairly quickly to intensive support, and clearly there is an argument for rapid, flexible, preventative family support services in these situations to avoid entrenched patterns of neglect developing. In this context, Children's Centres may have a lot to contribute in supporting parents and promoting their confidence and competence in parenting.

In cases of chronic neglect, however, the picture is of long-term intensive support. In the absence of sustained, targeted work, a 'revolving door' syndrome develops in which families repeatedly return to agencies with the same unresolved difficulties. Frequently, long-term work is associated negatively with the idea of dependency, however this may be managed positively for the child when combined with clearly defined, agreed and reviewed outcomes and goals.

iii. ASSESSMENT SKILLS

Proactive assessment

Neglect is an issue in its own right. Practitioners need to respond to concerns about the standard or quality of care that a child is receiving, rather than waiting for a more clear-cut trigger – for example, an accident or incident of physical abuse – before intervening.

Professionals should undertake unannounced as well as announced visits in assessing and working with children where neglect is a factor.

Addressing causes not symptoms

A thorough assessment of the specific circumstances of each family where neglect occurs is needed in order to establish the nature of the difficulties that underpin the neglect in that case. A symptomatic response (for example, one that focuses on the domestic environment alone) is unlikely to be successful if other factors (such as relationship difficulties between parent and child or domestic violence) have not been attended to. Put simply, this means a move away from reacting to symptoms, towards an analysis of, and work with, the causes of neglect.

Ecological framework

Assessment and intervention need to be theoretically informed, and an ecological approach offers a framework within which to understand the different aspects of neglect. The causes of chronic neglect are complex, and are likely to involve a number of crosscutting or interacting factors in the intra-personal, inter-personal / family, social / community and societal domains.

All assessments should consider strengths and concerns within each of the domains and then how they interact.

Multidisciplinary assessment

Reder and Duncan identified the danger of professionals failing to share discrete pieces of information. The knowledge held by an individual agency may not, on its own, appear worrying, but when collated, the overall picture may indicate a more significant level of concern and risk. Effective intervention will draw on a range of professional perspectives and will require a co-ordinated response from all involved professionals and services. Clear co-ordination is also necessary to avoid overwhelming the family and to prevent confusion in the professional network.

Understanding family histories and patterns of interaction

It is important to locate assessments within the context of the family's history. Chronic neglect is not a single event but a process or way of life that often spans generations, it is necessary to establish a clear picture of the family's functioning, patterns of relationships and quality of childcare over time. Chronologies and genograms contribute to a baseline from which the severity of the problem and objectives for change can be established. In addition, direct observation of interactions between family members can generate valuable information about the actual care being offered to each child – which may not be congruent with the parent's own perception and self-report – and the overall emotional 'climate' of the home.

Matching interventions to identified needs

Intervention strategies need to be congruent with the findings of the assessment. This requires a flexible approach and the ability to match intervention to identified needs. A wide range of formal and informal responses may be needed in any one case to increase the family's ability to offer appropriate care to vulnerable children, and to support children to remain within their own family.

Ecological literature suggests that when statutory agencies provide the social support that is missing for neglecting families, the most helpful interventions are those that mirror the everyday relationships and networks that are taken for granted by many families. For example, the support available from organisations such as Children's Centres may include formal services such as counselling, alongside more informal opportunities for developing friendships and local networks. Developing a network of supportive relationships and services may also require 'thinking outside the box' of existing local provision: examples could include linking a more experienced parent, someone with strong local connections, with a younger isolated parent and setting up weekly contact for tea, or arranging an outing for a child with a 'social grandparent'.

Appropriate time scales

In cases of chronic neglect, long-term intervention may be necessary. However, in order to avoid drift, interventions need to be purposeful and focused – underpinned by in-depth assessment, measurable objectives for change, strategies for achieving these changes, and ways of evaluating whether the required changes have taken place. That is, practitioners need to be able to say what a successful or acceptable outcome for the child would look like in a particular case and how they would judge whether or not it has been achieved.

iv. Work with parents

Addressing causes rather than symptoms identifies the need for ongoing direct work with parents, using casework and empowerment skills to address whatever difficulties underpin the neglect.

Casework skills are important in terms of building and sustaining a relationship, within which parents can be helped to understand, learn from and ultimately change their responses to their children.

Research suggests that typically neglectful parents experience themselves as powerless: they often have difficulties with boundaries, problem solving and appropriate communication. It is important that the relationship between practitioner and parent involve interventions that empower the family to develop a sense of personal efficacy.

Parenting skills programmes may be helpful in addressing a range of family/parenting difficulties however some parents may need additional individual support to enable them to engage with, and make use of, such programmes.

Home visiting programmes, at the antenatal and early post-natal stage, can be effective in facilitating the development of a sensitive and empathic relationship between the parent and young child, which may forestall attachment and other relationship difficulties.

v. Work with children within a resilience framework

"Children are living the experience and can give a more accurate picture of what life is like in a family than any assessment made externally by a professional." (Bridge Childcare Consultancy Service 1995)

Communicating and engagement with children will provide an opportunity to monitor the children's progress in relation to the work with the parents.

Practitioners therefore need skills in age-appropriate communication, and the confidence to use these skills routinely as part of the assessment process.

Longer term, while work is being done with parents to bring about change, it is important that children remain at the centre of all activity. Positive work can be done with children to counter the adverse effects of neglect and promote resilience. Protective factors identified by research include: achievement at

school, the opportunity to develop talents and interests, the experience of an enduring supportive relationship in which the child feels valued.

Practice needs to be informed by an understanding of these protective factors and how they can be incorporated into the child's life. Communicating with children in these circumstances is important, and all workers have a responsibility to help children communicate difficulties, wishes and feelings.

vi. Supervision & Management

Research has identified a tendency for professionals to lose interest and clarity of focus in their management of neglect cases. Professional drift is particularly dangerous when combined with the rule of optimism: that is, the tendency of professionals to put the best possible construction on family circumstances, minimising concerns and overlooking worrying trends.

High quality supervision and consultation are crucial in helping the practitioner remain objective and child focused. Good supervisors should explore the concept of ***'good enough'*** parenting and challenge professionals who are inconsistent or appear unclear in their ability to identify harm to children. Formal and adhoc supervision should be recorded in line with the agency supervision policy.

Exploring the concept of ***low warmth, high criticism*** during supervision sessions can help develop a hypothesis of neglect. Supervisors should also ensure that workers are not drawn into over-identifying with the parents or becoming too familiar with them preventing the worker from focusing on the child and assessing risk adequately.

vii. Professional Challenge

Differences of view amongst those working together in these circumstances are to be expected. Professionals working towards the resolution of these differences should remain child focused and be aware that a certain amount of debate is healthy. Differences of perception should always be tested against observable facts; any resulting discrepancies should be investigated, remembering that families may present differently to different agencies, in a way that may be confusing to professionals. The KSCB Child Protection Procedures contain guidance on how to resolve professional differences. http://www.clusterweb.org.uk/UserFiles/KSCB/File/Policies/K_M_Procedures_for_updating_2009_CB.pdf

8. GOOD PRACTICE INDICATORS

8.1 A shared multi-agency perspective of what constitutes neglect is essential.

Workers should take the opportunity to understand each other's perspectives and ways of identifying cases of neglect, and resources to address them.

8.2 Areas of disagreement should be explored, with a child-focused perspective, and consideration given to engaging managers and supervisors in the resolution of difficulties.

8.3 Supervision should proactively consider case planning and review

8.4 On-going management oversight and review of cases of neglect within all agencies is essential.

8.5 Professionals must agree ways of sharing information and communicating with each other whilst in contact with the family. Difficulties in communication must be discussed during supervision and if necessary taken up with line managers within the appropriate agency.

8.6 Professionals must always work in partnership with parents. This does not however exclude them from taking action when necessary.

8.7 Good quality interagency assessment is the basis of good practice in neglect cases.

PART 2 – THE ASSESSMENT PROCESS

1. FACTORS TO CONSIDER IN ASSESSMENTS

In order to assess a parent's capacity to meet their child's needs, it is important in cases where neglect is suspected to examine and gain an understanding of both the current circumstance and the parents own early experience. This should form the basis for any assessment undertaken. The key issues to be addressed are:

Identifying risks:

In what specific ways are parents unable or unwilling to meet their child's physical and emotional needs?

Which identified risks are likely to lead to significant harm?

Identifying necessary changes:

What must change in order for physical and emotional needs to be met? And who needs to make these changes?

Identifying desirable changes:

What changes are desirable, though not crucial? And who needs to make them?

Establishing potential for change:

Is necessary change a real possibility?

Achieving change:

What needs to happen to bring about both necessary and desirable changes?

Contingency planning:

What needs to happen if parents cannot or will not make necessary changes, for whatever reason?

ACTION UNDER CHILD PROTECTION PROCEDURES

The thresholds for action under child protection procedures are outlined in the KSCB Child Protection Procedures. These require a formal response as and when there is "reasonable cause to suspect that a child is suffering or is likely to suffer significant harm". It is vital that this threshold is appropriately identified.

Indicators of neglect are shown in the KSCB Child Protection Procedures (Section 4.4: http://www.clusterweb.org.uk/UserFiles/KSCB/File/Policies/K_M_Procedures_for_updating_2009_CB.pdf

The assessment framework offers a system of gathering information in relation to the three main domains.

Practice Points

1. Focus on the impact of the circumstances on the child

2. Look at the whole picture – not only what has happened to the child, but also the child's health and development, and the wider family and environmental context.

3. Build on families' strengths, while addressing difficulties

4. Be specific in relation to the changes you expect and clear about the timescales in which you expect the changes to be achieved.

5. Be aware of the many factors that may affect a parent's ability to care for a child, and that these can have an impact on children in many ways

6. Guard against over optimism, adopt a balanced approach; beware of overemphasising positives at the expense of negatives especially in situations where the standard of care fluctuates.

7. Make full use of existing sources of information, e.g. own agency files and computer databases, others who know the child, the child protection register, the family themselves.

2. ADDITIONAL AREAS TO CONSIDER

2.1 Visitors to the Household

"Visitors" may be of concern if they are "strangers" - i.e. adults or young people who have no significant relationship with the child – or are unrelated adults or young people who live or spend significant time at the child's home.

Is the child's home often frequented by "visitors" – i.e. adults or young people who have no significant relationship with them?

Is the child effectively left in the care of "visitors"?

Does the presence of "visitors" disrupt the child's normal routines, or result in inappropriate routines? Do "visitors" stay overnight?

Do "visitors" needs take precedence over the child's needs?

Are "visitors" genuinely friends of a parent, or are they exploiting or abusing a parent?

Does anyone pose a risk to children?

2.2 Parent's Emotional Involvement with Child

Parent expects comfort from child when parent distressed?

Child is denigrated or subject to punishments or sanctions that cause damage or pain?

Child is not rewarded / praised for effort to achieve? Or no pride taken by parent in child's achievements or efforts? Or parent emphasises and/or punishes failure?

Parent has limited physical and emotional contact with the child? Affection is not shown and expressed?

Parents' have negative attitude toward the child?

Parents lack emotional maturity?

Sense of belonging and togetherness and security in the family?

Consider also the way in which the parent interacts with the child in the following terms:

STYLE OF INTERACTION	INDICATORS
Controlling – overt hostility	• Physically abrupt • Physically rough • Angry • Impatient
Controlling – covert hostility	• Ignores child's moods and wishes • Demonstrates pseudo-sensitivity • Child's wishes not seen as important, or are devalued by parent.
Unresponsive	Parent distant and emotionally unavailable Parent disinterested in child
Sensitive	Parent is alert to child and child's needs, and attuned to them.
Inept – all of the above	Parent unable to maintain coherent pattern of sensitivity, or sustain over time.

2.3 Parents' Attitudes to Professionals

Are parents likely to refuse (actually or effectively) to be involved with professionals?

- Is there any history of false or non-compliance?
- Do parents accept that professional involvement is appropriate?
- Necessary? Violence or aggression towards professionals?

2.4 History and Context

Is there a history or context regarding current concerns in terms of?

- Abuse or neglect?
- Mental ill health?
- Learning disability?
- Drug or alcohol misuse?
- Poverty or financial problems?
- Homelessness?

- Frequent changes of home and/or school?
- Child going missing – with or without parents?
- Addictive behaviour by parents?

3. THE CHILD

3.1 General

Is the child perceived as “difficult”? (crying, refusing to engage with parents or in play etc)

Is the child “passive”? (i.e. vacant facial expression, failing to respond to adults, reluctant to play)

- Does the child have special needs or disabilities?
- Does the child display challenging behaviour at home? Out of home?

Is the child able to enjoy social relationships, take turns, respond to adult interest etc?

- Does the child have a secure attachment to parent?
- Does the child have strong feelings of self-worth and self-confidence?

If there are concerns re: the child’s behaviour, demeanour, development, and/or emotional well-being – consider the following areas in more detail. These checklists are intended for use by professionals who are involved in identifying possible issues for a child and parent(s).

3.2 Attachment Relationships:

Consider any concerns re the child in the following terms:

TYPE OF ATTACHMENT	INDICATORS
Secure attachment	Child has strong feelings of self confidence and self worth.
Insecure / avoidant attachment	Child does not seek out physical contact Child is generally wary. Child's play is inhibited. Child indiscriminate re who they interact with Parents fail to recognise or are indifferent to child's signals and needs.
Insecure / ambivalent or resistant attachment	Child seeks contact, but does not settle when receives it. Child resists attempts at pacification. Child demands parental attention, but angrily resists it. Child nervous of new situations This behaviour often reflects parents' behaviour that is inconsistent and insensitive, rather than hostile and rejecting.
Insecure / disorganised attachment	Child is confused and disorganised Child experiences parent(s) as frightening and/or frightened, and not as a source of safety and comfort.
Non-attachment	Child is profoundly developmentally impaired Child has difficulty controlling feelings of aggression Child has difficulty controlling impulses.

3.3 Conscience Development

- Does child show normal anxiety following aggressive or cruel
- behaviour? Does child show guilt on breaking rules?
- Does child project blame onto others?

3.4 Impulse Control

Does child exhibit poor control? And/or depend on others to provide external controls on behaviour?

Does the child exhibit a lack of foresight?
Does the child have a poor attention span?

3.5 Self Esteem

Does child get satisfaction from tasks well done?
Does child see self as undeserving?
Does child see self as incapable of change?
Does child have difficulty having fun?
Does child not attempt new tasks?
Does the child have any / appropriate aspirations?

3.6 Interpersonal Relationships

- Does child show inappropriate affection and trust?
- Does child lack trust in others?
- Does child demand affection but lack depth in relationships?
- Does child exhibit hostile dependency?
- Does child need to be in control of all situations?
- Does child have impaired social maturity?
- Does child not make demands of parents?

3.7 Emotions

- Does child have trouble recognising their own feelings?
- Does child have difficulty expressing feelings appropriately – especially anger, sadness and frustration?
- Does child have difficulty in recognising feelings in others?
- Is the child fearful, severely inhibited, or unduly
- apprehensive? Is the child soiling and/or wetting?
- Does the child have unusual fantasies, or escapes from reality?

3.8 Cognitive Problems

Does child have trouble with basic cause and effect?
Does child have trouble with logical thinking?
Does child appear to have confused thought processes?
Does child have difficulty thinking ahead?
Does child have an impaired sense of time?
Does child have difficulties in learning?

3.9 Child's Behaviour

- Is the child non-compliant or overly compliant? (e.g. at
- school) Is the child self-destructive or self harming?
- Does the child have poor self-control and/or short concentration
- span? Is the child unresponsive and/or attention seeking?
- Does child have atypical sleep patterns?
- Is the child aggressive to parents or siblings? (or threaten aggression)
- Is the child aggressive (or threatening) to other children? Or other
- adults? Does the child set fires?
- Does the child steal?
- Is the child aggressive to animals?
- Is the child bullied? Or a bully?
- Is the child's behaviour abnormal, or abnormally challenging?

3.10 Information Direct From Child

Risk assessments should always include the child's views regarding their experiences. They may need help in doing this from teachers, health professionals and/or social workers. Multi agency working is vital to all assessments.

4 ANALYSIS

4.1 Ways of Describing Neglect

Neglect can be described in three ways. The following table may help to facilitate the planning and management of neglect cases to provide the most effective professional response.

i. disorganised neglect
ii. emotional neglect
iii. depressed neglect

(From *"Child Neglect: Causes and Contributors"* by Patricia McKinsey Crittenden in Dubowitz, Howard (editor) Neglected Children: Research, Practice and Policy Sage Publications 1999 pp 47 – 68).

4.2 Establish Whether the Parent has Tried, or been Asked to Make, Similar Changes Before

- To what extent were they successful?
- Why were they unsuccessful?
- Why might they succeed now if they didn't before?
- Bear in mind that unless something crucial changes, the best indicator of future behaviour is past behaviour.

4.3 Evaluate Strengths and Weaknesses

Do this in respect of the family as a whole and of individuals within it. Bear in mind this is not simply a matter of listing positives and negatives, but rather of weighing them and balancing them.

4.4 Identify Prospects for Successful Change

Of the necessary changes, which ones can realistically be achieved within timescales that are meaningful for the child?

And which ones probably can't be achieved, and why?

4.5 Identify How Achievable Changes Will Be Made

- By whom?
- By when?
- With what help and support?
- Using what resources?
- And what will success look like?

Bear in mind that "achievement" in this context means "sustainable achievement".

4.6 Identify How Necessary Changes Will Be Made If Parents Cannot Or Will Not Achieve Them?

- Who needs to do what?
- By when?
- With whom?
- Using what processes?
- Using what resources?

4.7 Identify The Impact Of Making Necessary Changes That Parents Cannot Achieve, On The Changes They Can Achieve?

4.8 Devise Plans to Manage Risk

Child protection work invariably involves making complex assessments, balancing risks, and determining the safest path. Professionals necessarily take risks in respect of children, families, themselves, colleagues and agencies. For such risks to be professionally defensible risk management strategies must have the following characteristics:

Be based on a structured and clearly argued risk assessment.

Be recorded – so that the conclusions reached and the thinking that underpins them is clear for all to see – including parents.

Clearly identify what must change (necessary change) and what might otherwise be beneficial (desirable change). The process of achieving change often requires a balancing of a) potential loss against potential gain, and b) support against intervention. There must be a realistic prospect of achieving

necessary change within a timescale and context that is meaningful in terms of the child's long term and short term needs.

Clearly identify who must change. This should be done in terms of who is responsible for making the changes, and who is going to assist them to achieve change.

- Be effective in mitigating risks.
- Clarify responsibility for making necessary changes – including responsibility of parents and family members.

Identify and implement contingency plans to achieve necessary changes in the event of poor compliance or lack of success (for whatever reasons).

Set timescales that are congruent with the child's developmental needs.

5. DETERMINING A PROGNOSIS FOR CHANGE

It is important to be realistic about the possibility of achieving a successful outcome. The following factors should be considered.

5.1 Poor Prognosis

- Parents substantially deny responsibility
- Abuse is sadistic or bizarre
- Help or treatment is refused – or parent fails to engage beyond expressed intent.
- Involved professionals are seen as "the problem", or the cause of problems.
- The child is subject to psychological maltreatment.
- Parents do not show empathy for the child, and/or attachments are poor.
- Contact is poorly attended.
- Parents have severe and chronic drug and/or alcohol
- problems. The child does not want to return to parental care.
- Change is unlikely to be achieved within a timescale that is meaningful for the child.

5.2 Doubtful Prognosis

- Parents are ambivalent about accepting their responsibility
- Parents are ambivalent about accepting professional help – e.g. by poor or inconsistent compliance with a Protection Plan.

Parents blame each other and are unable to resolve or move beyond this. Attachments are uncertain and/or anxious

Parents make child take, or allow, responsibility for providing significant nurturing etc to parents; or inappropriately involve child in dealing with adult issues.

5.3 Hopeful Prognosis

Parents accept need for change; and responsibility for creating and sustaining it.

Parents are able to accept help, and demonstrably and consistently make effective use of it.
Parents do not blame child, and put child's needs first.
Parents have realistic expectations of child.

Table 1: Physical and Behavioural indicators of child neglect

Question	Usually	Sometimes	almost never
Physical indicators			
1. Dressed inappropriately for the season or weather; exposure symptoms may include recurrent colds, pneumonia, sunburn or frostbite etc			
2. Extremely dirty and un-bathed i.e. dirty face, hair, persistent body odour, severe nappy rash or persistent skin disorders or rashes as a result of poor hygiene			
3. Inadequately supervised or left unattended more frequently or for longer than acceptable; may be left in the care of an inappropriate carer e.g. another child			
4. Not receiving adequate medical or dental care and has unattended health problems e.g. squint or tooth ache			
5. Not receiving adequate nutrition or sufficient quantity / quality of food – may result in child being constantly hungry			
6. Being given inappropriate food or drinks			
7. Malnutrition, manifested by being undersized, underweight or chronic lethargy			
8. Unsafe, inadequately heated or unsanitary house			
9. Evidence of child being locked in rooms or cupboards?			
Behavioural indicators			
10. Child ignored or pushed aside when trying to tell parent something			
11. Afraid to tell parents of minor accidents e.g. breaking a toy			
12. Role reversal where child assume a parental role of providing or emotional support			
13. Severe speech, motor or sensory developmental lags without obvious physical cause			
14. Child displays of extreme and often unpredictable behaviour ranging from being unusually aggressive and destructive to being extremely passive and withdrawn			
15. Demonstrates a lack of attachment to parent/s			
16. Excessively clingy to, or in absence of parents, may be inappropriately affectionate with strangers			
17. Exhibiting sudden behavioural changes e.g. regression. Wetting pants, thumb sucking, frequent crying or becoming disruptive or uncommonly shy and passive			

Table 2: Safety, protection and harm

Question		Usually	Sometimes	almost never
1.	Child has access to age inappropriate video, DVD, computer games etc			
2.	Child has access to adult pornography?			
3.	Child has uncontrolled access to the internet?			
4.	Child has unrestricted access to late night television?			
5.	Child is not supervised by responsible person during potentially dangerous leisure activities?			
6.	Child is allowed to undertake age inappropriate activities?			
7.	Is the child self-harming, or threatening self harm?			
8.	Does the child experience self-harming, or threats of self-harming by a parent or sibling as part of family life?			
9.	Child is left alone inappropriately?			
10.	Baby sitters are of an appropriate age, known to child and without obvious problems that may impact on child's care?			
11.	Child is protected from wandering from home and/or parents have clear ideas of limits of play areas?			
12.	Effective supervision in potentially dangerous situations – in and out of home?			
13.	Windows & doors cannot be opened by child if unsafe for them to do so?			
14.	Dangerous household substances kept safely? (bleach, cleaners etc)			
15.	Dangerous household equipment kept safely? (cookers, electrical appliances, knives)			
16.	Dangerous personal items kept safely? (medication, needles, drugs)			
17.	Any history of fire-setting in or out of home?			
18.	Are pets cared for adequately? Are pets needs prioritised over child's needs?			
19.	Are pets safe in terms of harm to child? (biting, smothering, poisoning etc)			
20.	Are animals harmed by any member of the household?			
21.	Is denial of access to or ill-treatment of a pet, used to control or punish the child?			

Notes for completion of table 1 and 2

A majority of '*usually*' may indicate the child is at serious risk, '*sometimes*' suggests there are problems to be investigated and '*almost never*' indicates generally good quality of care

Table 3: Physical care of child

Question		Usually	Sometimes	almost never
1.	Is the child regularly fed			
2.	Is the child given enough (age appropriate) food			
3.	Are the signals of hunger or being full up properly interpreted			
4.	Is the manner of feeding comfortable and anxiety free			
5.	Is food available			
6.	Is the child too thin, small or unwell – evidence that child is thriving? Or any reason to suspect that child is not thriving?			
7.	Is the child's medical care being seen to e.g. medical examinations, vaccinations, eye and ear tests etc			
8.	Is medical advice sought when the child is unwell			
9.	Are medical or other welfare related appointments being kept			
10.	Do the parents administer required medication			
11.	Is there recognition and concern about the child's well-being			
12.	Is the child appropriately dressed for the weather; does child have own clothes			
13.	Is the child changed and clean			
14.	Is home in general adequately clean and heated?			
15.	Are the sleeping arrangements adequate, is bedroom appropriately heated and bedding clean			
16.	Child plays with appropriate toys? And possesses toys of own?			
17.	Is the child supervised when playing outside			
18.	Is the child provided with fresh air and outdoor activities			
19.	Is the child protected from the use of alcohol, smoky atmosphere and other unhealthy and damaging substances			
20.	Is the garden (area immediately around home) safe?			
21.	Safety equipment in use? (stair-gates, fireguards etc)			

Table 4: Social & educational care of child

Does parent / carer		Usually	Sometimes	almost
1.	Encourage the child's ideas?			
2.	Listen carefully so as to understand?			
3.	Communicate clearly to the child?			
4.	Respect child's privacy?			
5.	Set an example for the child?			
6.	Provide guidance at appropriate times?			
7.	Share – family news appropriate decisions?			
8.	Respect child's views?			
9.	Acknowledge the child's efforts?			
10.	Offer emotional support (comfort etc)?			
11.	Child is comforted when distressed?			
12.	Make eye contact during conversation?			
13.	Address child by name?			
14.	Remember child's birthday?			
15.	Talk to child about family matters?			
16.	Discuss (when age appropriate) death, education, religion, sex or religion?			
17.	Teach child appropriate social skills?			
18.	Accept child's appropriate friendships?			
19.	Resolve (fairly) any conflict between children?			
20.	Set reasonable limits e.g. bed and meal times and stick to them?			
21.	Ensure that child receives compulsory education?			

Notes for completion of table 3 and 4

'*Usually*' indicates a generally good quality of care; '*sometimes*' suggests there are problems to be investigated and '*almost never*' indicates neglect and a lack of interest in the child. A majority of 'almost never' indicates the child is at serious risk.

Table 5: Psychological care of child

Adequate (good)	Inadequate (poor)
Affection Frequent physical contact, admiration, touching, holding, comforting, making allowance, being tender and loving, saying nice things about the child, showing concern, talking softly and warmly to the child	Limited physical contact, child seldom picked up and given attention, signals of distress ignored or dealt with harshly, seldom talked to in a warm and reassuring way, chill talked about in a negative way, lack of satisfaction and emotional commitment persistently shown to child
Security Continuity of care, predictable environment, consistent control, settled patterns of care and daily routine, fair and understandable rules, harmonious family relationships, stability and security of home and family	Tense and changeable environment, child cared for by different and unsuitable people, confusing and inappropriate rules and routines, hostile relationships between family members, frequent threats of being abandoned, sent away, disruptions in family functioning and unity
Guidance / control Discipline appropriate to child's stage of development, provision of models to emulate, indication of boundaries, insistence on concerns for others	Unrealistic expectations of child's ability to behave in a manner parents want, physical and emotional punishment applied in an inappropriate way, parental behaviour not a good model from which to learn, poor teaching of right and wrong, failure to establish fair and clear rules of behaviour, disregard of the feelings and needs of others
Independence Creation of opportunities for child to do more self, make decisions initially about small issues and building up, all requiring a balance between being laissez-faire and over protective	Failing to teach a child to acquire skills to function independently and appropriately,, prevention of child being able to make her/his own decisions – parent being dictatorial or over-protective **or** neglectful and paying no attention to developmental needs
Stimulation Encouragement of curiosity and exploratory behaviour, responses to questions, engagement in play, promotion of training / educational opportunities	Restriction of a child in exploration of environment, failure to engage a child in new activities and seeing new things, lack of response to a child's questions, failing to provide play materials, low interest in child's school performance, poor help and encouragement with homework, no help in development of interests, hobbies or talents
Expectations Parent's expectations of child are both age and ability appropriate, parents have realistic and consistent expectations that reflect the developmental stage of child	Poor awareness of child's needs and lack of awareness of child's developmental progress. Not only may awareness be lacking but also a lack of interest may be evident in regards to improving awareness. Child inappropriately expected or allowed to act as carer for parent or sibling

Table 6: Psychological maltreatment of child

Consider the possibility of **psychological maltreatment** in the following terms. These behaviours by a parent are likely to cause significant long-term damage to a child.

CONDITION	EXAMPLES
Spurning	• Belittling, degrading and other non-physical forms of hostility or rejection • Shaming and/or ridiculing child for showing normal emotions • Consistently singling child out for criticism and/or punishment and/or to do chores, and/or to receive fewer rewards • Public humiliation and/or private humiliation • Scapegoating • Blanking
Terrorising	• Placing child in unpredictable or chaotic circumstances. • Placing child in recognisably dangerous situations • Setting rigid or unrealistic expectations with the threat of loss, harm or danger if they are not met. • Threatening or perpetrating violence against the child • Threatening or perpetrating violence against a child's loved ones or objects. • Inconsistent application of rules so child does not know where the goalposts are
Isolating	• Confining or unreasonably limiting the child's freedom of movement within their environment • Placing unreasonable limitations on social interactions with peers or adults in community.
Exploiting and corrupting	• Modelling, permitting or encouraging anti-social behaviour (such as sexual exploitation or substance abuse) • Modelling, permitting or encouraging developmentally inappropriate behaviour (such as parentification, infantalisation, living a parent's unfilled dream)
Denying emotional responsiveness	• Restricting or interfering with cognitive development. • Being detached and uninvolved (through either incapacity or lack of motivation) • Interacting with child only when absolutely necessary Failing to express affection, caring and love for child.

Table 7 - A Model of Child Neglect

Type of Neglect	Description	Affect and Cognition	Case Management
Disorganised Neglect	~ Multi-problem, disorganised, crisis ridden families. ~ Mother/parent appears to need/want help, professionals made welcome	~ Affect is dominant, cognition minimised – feelings dominate behaviour. ~ Parental care is inconsistent & unpredictable. ~ Children become more demanding to get attention – increasingly dramatic	~ Develop trust, express empathy & be predictable ~ Mirror the feelings ~ Introduce alternative strategies ~ Long term
Emotional Neglect	~ Opposite of disorganised families ~Advantaged materially but failure to connect emotionally ~ Children know their roles, respond to clear rules, often do well at school – physical needs met but not emotional	~ Absence of feelings: lack of empathic responses from parents. ~ Results in learning to block expressions of feelings/awareness of feelings ~ Children may appear falsely bright, self-reliant, poor social relationships ~ Child may become the carer – role reversal	~ Families appear superficially successful – less professional involvement ~ Help parents learn to use other sources of support ~ Teach parents to engage with children emotionally ~ Must be structured with clear rules/roles
Depressed Neglect	~ Classic neglect: parents' withdrawn, uninterested in professionals, appear unable to understand, unmotivated. ~ Love their children but do not perceive their needs or believe anything will change. ~ Passive and helpless	~ Parents have shut down – both cognition & affect ~ Parents may feed, change & move children but rarely respond to signals from the child ~ Children may give up when no responses – become silent, limp, dull and depressed.	~ Children: benefit from access to responsive & stimulating environments ~ Parents need to learn to express feelings – practice smiling, laughing, soothing ~ Parent education unlikely to be successful if backed by threats or punitive strategies ~ Medication may help but beware side-effects ~ Needs longer term, more supportive approach.

References

Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J. & Black, J. (2008) *Analysing Child Deaths and Serious Injury Through Abuse and Neglect: What Can We Learn? A Biennial Analysis of Serious Case Reviews 2003-2005*. London: DCSF.

Bridge Childcare Consultancy (1995) *Paul: Death through Neglect*. London: Bridge Childcare Consultancy Services.

DFES (2005) Understanding and Working with Neglect, Research and Practice Briefings

Department for Education and Skills (2010) *Working Together to Safeguard Children.* London: The Stationery Office..

Framework for Assessment of Children in Need and their Families: guidance and family pack of questionnaires and scales.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

The Government's response to Lord Laming's Progress Report (2009) https://www.education.gov.uk/publications/eOrderingDownload/DCSF-Laming.pdf

The Judgement of Mrs Justice King in respect of the case of Khyra Ishraq and the care proceedings of her siblings (published March 2010) http://www.judiciary.gov.uk/media/judgments/2009/birmingham-city-council%e2%80%93v%e2%80%93ag-ia-ja.htm?wbc_purpose=Basic&WBCMODE=PresentationUnpublished

Lord Laming, 2003 Victoria Climbe Inquiry Report https://www.education.gov.uk/publications/standard/publicationdetail/page1/CM%205730

Lord Laming, 2009 The Protection of Children in England: A Progress Report https://www.education.gov.uk/publications/eOrderingDownload/HC-330.pdf

McKinsey Crittenden, P (1999) *Child Neglect: Causes and Contributors"* cited in Dubowitz, Howard (editor) Neglected Children: Research, Practice and Policy Sage Publications 1999 pp 47 – 68.

NSPCC (2003) *It doesn't happen to disabled children*, Report of the National Working Group on Child Protection and Disability (http://www.nspcc.org.uk/inform/research/findings/itdoesnthappentodisabledchildren_wda48257.html)

SET Child Protection Procedures 2011 www.escb.co.uk

Sullivan, P. M. and Knutson, J. F. (2000) Maltreatment and disabilities: a population based epidemiological study. Child Abuse and Neglect , 24(10): 1257-73.

Sources of Research

Calder, M editor (2008) *Contemporary Risk Assessment in Safeguarding Children* London RHP

Cleaver et al (1999) *Children's Needs – Parenting Capacity* London The Stationery Office

Gardner, R. (2008) *Developing an Effective Response to Neglect and Emotional Harm*. University of East Anglia and NSPCC.

Horwath, J. (2007) *Child Neglect: Identification and Assessment*. Basingstoke: Palgrave Macmillan.

Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention.* Basingstoke: Palgrave Macmillan.

Hughes & Owen (2009) *Good Practice in Safeguarding Children: Working Effectively in Child Protection* London, Jessica Kingsley Publishers

Stevenson, O. (2007) *Neglected Children and Their Families*. Blackwell Publishing (2nd Edition)

Appendix 1 – Genogram

Standard genogram symbols

Gender:

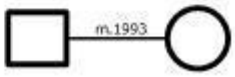
male female gender unknown

Name and other details such as date of birth, occupation, date and cause of death may be recorded within the gender symbol

If deceased, a cross is drawn over the gender symbol

Marriage or cohabitation:

An enduring relationship is indicated by a single solid line between the partners. It is useful to record the commencement date on the line



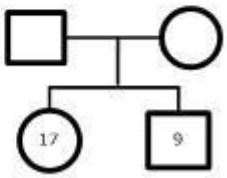
A transitory relationship is indicated by a broken single line between the partners. It is useful to record the commencement date on the line

Divorce is indicated by two forward slashes drawn across the connecting solid line

Separation is indicated by a single forward slash drawn across the connecting solid or dotted line

Offspring

If a couple has offspring this is shown with a vertical line descending from the line connecting the partners. Offspring are entered according to age, oldest to youngest, left to right. Siblings are joined with a horizontal line extending across the base of the vertical line denoting their parentage.



Households

a dotted line drawn around group of individuals may be used to indicate a household

Other symbols

Adding a key or note to explain the meaning of other symbols will avoid confusion

a double line may be used to indicate a strong or close relationship

a dotted line may be used to indicate a tenuous or distant relationship

a back slash may be used to indicate that a relationship is estranged or cut off

repeated small vertical slashes may be used to indicate a stressful or conflictual relationship