3.0 Recognising Signs and Indicators of Neglect

Neglect can impact on children in numerous ways and children can show signs of neglect in a variety of ways – dependent on their age, the severity, frequency and duration of the harm, their resilience, the availability of alternative sources of care and support. Children may exhibit many, some or none of these indicators of neglect.

By themselves, many of these signs do not necessarily prove the existence of neglect but they do indicate that all is not well for the child, illustrating a need for further exploration and assessment into the child's circumstances. Being inquisitive, talking with and listening to children, observing them and their interactions with their parents and seeking a multi-agency perspective are key to gaining a wider understanding of what may be happening in the child's life. Recognition and a prompt response to indicators of neglect are crucial if the neglected child is to be safeguarded. The longer a child is exposed to neglect, the more difficult it will be to reverse the adverse effects.

It is important to recognise that many neglected children may also be exposed to other adversities such as the effects of poverty, poor housing, isolation from sources of support, parental mental ill-health etc. The interaction of multiple adversities including abuse and neglect impact negatively on childhood development. When assessing neglect, the child's age, stage of development and specific needs (e.g. those relating to disability) should be a focus.

The National Institute for Health and Care Excellence (NICE) has produced guidance *When to Suspect Child Maltreatment* which has sections on *Neglect; Emotional, Behavioural, Interpersonal and Social Functioning*; and *Parent - or Carer - Child Interactions*; including indicators of harm. The link to this guidance can be found at https://www.nice.org.uk/guidance

Disabilities:
Disabled children are 3-4 times more likely to be the victims of abuse and neglect (Sullivan & Knutson, 2000). Of course disabled children are not an homogenous group and careful assessment of their unique circumstances is required. However some of the increased risk factors for disabled children are:

- They have a prolonged and heightened dependence upon their carers which may make them more susceptible to neglect and a range of other issues, for example, isolation.
- The caring responsibilities for parents may increase stress levels and lower their capacity to parent effectively.
- Disabled children may be less likely to be able to protect themselves or be less able to speak out about their experience of being parented.
- Professionals may relate the signs and indicators of distress or harm to the disability and not necessarily to the possibility of maltreatment.
- Professionals can accept a different or lower standard of parenting for a disabled child than for a non-disabled child (Brandon et al, 2012).

Culture:
There are many differences in patterns and methods of parenting across cultures. However there are no cultures that accept abuse and neglect of children.

Parents may explain their approach to parenting in terms of cultural factors and it is important to explore and seek to understand their perspective. However caution is required in placing too much emphasis on cultural factors – the main focus has to be about the impact on the child's health and development.

4.0 Risk and Protective Factors Associated with Child Neglect

Risk factors raise concern that the care given by parents and carers may be compromised. Risk factors do not inevitably mean that parenting capacity is reduced but do need to be assessed: if care given to the child is deemed to be good, then concerns about risk factors may be dispelled. However, some risk factors may still affect care adversely in the future if the severity worsens or if the care required becomes more demanding, for example when the child is unwell. Some risk factors (e.g. substance abuse, mental illness) may mean that the care the child receives is inconsistent or unpredictable, such that their health and development are affected. The priority and focus when assessing risk factors is that the safety and well-being needs of the child are ensured.

Factors which indicate strengths in parenting capacity are also important to acknowledge and build upon. As noted above when relating to risks however, strengths in parenting do not always relate to good care being provided to the child in a consistent and predictable way.

Research (from reviews into serious cases) suggests that certain family and environmental factors may be seen as predisposing risk factors in child neglect. These include:

Factors in Parents/Carers:

- History of physical and/or sexual abuse or neglect in own childhood; history of care
- Multiple losses
- Multiple pregnancies, with many losses
- Economic disadvantage/long term unemployment
- Parents with a mental health difficulty, including (post natal) depression
- Parents with a learning difficulty/disability
- Parents with chronic ill health
- Domestic abuse in the household
- Parents with substance (drugs and alcohol) misuse
- Early parenthood
- Families headed by a lone parent or where there are transient partners
- Criminal convictions
- Strong ambivalence/hostility to helping organisations

Factors in the child:

- Birth difficulties/prematurity
- Children with a disability/learning difficulty/complex needs
- Children living in large family with poor networks of support
- Children in larger families with siblings close in age

Environmental Factors:

- Families experience of racism/discrimination
- Family isolated/in dispute with neighbours
- Social disadvantage
- Multiple house moves/homelessness

The assessment of risks and strengths in parenting requires a holistic, multi-agency assessment using professional judgement. The table below indicates some of the risk and protective factors to support such professional judgement. Where neglect is suspected the list can be used as a tool to help assess whether or not the child is exposed to an elevated level of risk. This list is not exhaustive nor listed in order of importance:

Risk Factors	**Strengths (protective factors)**
Basic needs of the child are not adequately met	Support network / extended family meets child's needs; parent or carer works meaningfully and in partnership to address shortfalls in parenting capacity.
Age of the child	Child is of age where risks are reduced see section on Age of the Child (page 10) for consideration of adolescent neglect.
Substance misuse by parent or carer	Substance misuse is controlled; presence of another 'good enough' carer.
Dysfunctional parent – child relationship Lack of affection to child Lack of attention and stimulation to child	Good attachment. Parent-child relationship is strong.
Mental health difficulties for parent / carer Parent / carer learning difficulties	Capacity and motivation for change; capacity to sustain change. Support available to minimise risks. Presence of another 'good enough' parent or carer.
Low maternal self esteem	Mother has positive view of self. Capacity and motivation for change.
Existence of Domestic Abuse	Recognition and change in previous patterns of domestic abuse.
Age of parent or carer	Support for parent / carer in parenting task. Parent / carer co-operation with provision of support services; maturity of parent / carer.
Negative, adverse or abusive childhood experiences of parent / carer	Positive childhood. Understanding of own history of childhood adversity; motivation to parent more positively.
History of abusive parenting	Abuse addressed in treatment .
Dangerous / damaging expectations upon children Child left home alone	Appropriate awareness of a child's needs. Age appropriate activities and responsibilities provided.
Failure to see appropriate medical attention	Evidence of parent engaging positively with agency network (health) to meet the needs of the child.

Poverty:
Professionals should guard against the risk of excusing or minimising neglect because a family is in poverty. Neglect is about a child's needs being unmet through a parent or carers action or inaction to such a degree that there is impairment of a child's health and development. This can occur in families that are in poverty or in those who could be considered as well-off. It should be noted that many parents are able to bring up their children happily and effectively in spite of limited financial resources – the parenting task is invariably more difficult, but these parents are able to maintain a focus on meeting their child's needs.

Substance Misuse:
If parents or carers misuse either drugs or alcohol and this use is chaotic, there is a strong likelihood that the needs of the child will be compromised. Any concerns of substance misuse need to be assessed thoroughly and the household carefully checked for dangers and risk of immediate harm.

Parental addiction to substances including alcohol can alter capacity to prioritise the child's needs over their own and in some cases alters parenting behaviour so that child experiences inconsistent care, hostility or has their needs ignored.

It is essential that there is a collaborative and joined up approach between those working with adults involved in substance misuse and the Safeguarding Children Professionals so that there is a clear understanding regarding:

- The level and type of substance misuse, prognosis for change, commitment to reduce or control substance use.
- Whether the findings of any assessments are based on self-reporting or have been verified. It is essential that self-reports of reduction or cessation of substance misuse are verified before safeguarding activities are reduced. It is not effective safeguarding practice to take self-reports about substance addiction at face value.
- The impact that parental substance misuse is likely to have on parenting capacity, and the likelihood of the child receiving consistently good care under these circumstances.

The key message contained in *Hidden Harm - Responding to the Needs of Children of Problem Drug Users (2003)* was that parental problem drug use can and does cause serious harm to children of every age. The report states that reducing the harm to children should be the main objective of drug policy and practice and concludes that:

- Effective treatment of the parent can have major benefits to the child.
- By working together, services can take practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.
- Whenever substance misuse is identified as a concern, a thorough assessment of the impact upon parenting and potential implications for the child must be completed.

Mental Health Difficulties:
It is known that mental health problems in parents and carers can significantly impact upon parenting capacity. Type of mental illness and individual circumstances are factors that need to be taken into account in any assessments. The following may be possible contributory factors when assessing neglect:

- Severe depression or psychotic illness impacting upon the ability to interact with or stimulate a young child and/or provide consistent parenting.
- Delusional beliefs about a child, or being shared with the child, to the extent that the child's development and/or health are compromised.

Specialist advice about the impact of mental health difficulties on parenting capacity must always be sought from an appropriate mental health practitioner in these cases. It is essential that there is a collaborative and joined up approach between those working with adults who have mental health difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff about:

- The degree and manifestation of the mental health difficulty, treatment plan and prognosis.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the mental health difficulty.

The NHFT's *Adult Mental Health Pathway* leaflet can be found here which will help you as a practitioner understand the services available and how you might access them.

Learning Disabilities:
Many parents and carers with a learning disability have an instinct to parent their child well, whilst others may not. However, even with a good caring instinct, parents and carers with a learning disability may have difficulty in acquiring the skills to care (e.g. feeding, bathing, cleaning and stimulating) or being able to adapt to their child's developing needs. The degree of the learning disability as well as their commitment and capacity to undertake the parenting task are key areas to assess.

It is a priority that the child's health and development needs are met both now and as those needs change in the future; and that the child is not exposed to harm as a result of parenting which deprives them of having their physical and emotional needs met. Thus any interventions will also need to consider the level and length of time that support for parents will be required to assist them to parent adequately, and to ensure that plans made in this regard are viable and robust.

Specialist advice about the nature and severity of the learning difficulty is required as well as the impact of the difficulties on parenting capacity. It is essential that there is a collaborative and joined up approach between those working with adults who have learning difficulties and the safeguarding children professionals so that there is a clear understanding between both sets of staff regarding:

- The degree and manifestation of the learning difficulty, support and services available and prognosis.
- The implications for parenting capacity and good care being offered to the child consistently in relation to the learning difficulty.

Domestic Abuse:
Growing up in a violent and threatening environment can significantly impair the health and development of children, as well as exposing them to an ongoing risk of physical harm. Chronic, unresolved disputes between adults, whether these involve violence or not, have an adverse impact on the child's emotional wellbeing and hence emotional neglect is a relevant concern. Professionals need to remain alert to the indicators of neglect whenever domestic abuse is raised as an issue and equally consider whether the child is exposed to domestic abuse when working with cases of neglect.

Age of the Child:
Babies and toddlers depend almost exclusively on their parents or carers to meet their basic physical and emotional needs. Babies who are not fed cannot compensate by eating at school and babies who are not cleaned do not have the capacity to do this themselves. Generally speaking, the younger the child, the greater the vulnerability and the more serious the potential risk in terms of either their immediate health or the longer-term emotional or physical consequences.

The neglect of adolescents is an area that has received less attention, both in practice and research terms, but it is essential that the health and development needs of adolescents are considered by professionals. Adolescence may well be a time when young people experience abandonment by their parents or carers or where they are forced to leave home (acts of commission). This is particularly worrying as it may be likely that these young people have experienced long term physical and emotional deprivation (persistent neglect) such that their resilience and ability to fend for themselves is impaired (although it may be over-estimated by young people themselves as well as their parents and professionals). It also leaves young people potentially exposed to harm such as sexual abuse, sexual exploitation and the risks to their health and development as a result of homelessness, lack of education etc.

The table below provides some points for consideration and also some of the issues around defining and working with adolescent neglect.

Themes from Research Review	**Issues for Practitioners**
Neglect is usually seen as an act of omission	For adolescents in particular, some acts of commission should be seen as neglect, or contribute to young people being neglected e.g. being abandoned by parents, being forced to leave home, being exposed to others who may exploit the young person.
Neglect from different viewpoints	There may be different viewpoints, for example between the views of Social Workers, other professionals, parents and young people themselves. Awareness of these different viewpoints and what may contribute to them (e.g. culture, parents' own experiences of being parented, beliefs, values and so on) is a starting point for establishing a working consensus.
Young people may underestimate neglect	This may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to families.
Neglect is often seen as a persistent state	It is necessary to look at patterns of neglect over time and recognise the impact both acute and chronic neglect.
There is a difficulty in making a distinction between emotional abuse and neglect	These are inevitably associated, especially when neglect is seen as an omission of care. What matters is not the label but the consequences for the young person's health and development.
Neglectful behaviour and experience of neglect	Defining neglect should consider both the maltreatment itself, as well as how the young person experiences neglect i.e. the consequences for them.

5.0 Effects of Neglect

Practitioners and Academics are agreed that all forms of abuse including chronic and serious neglect can have disastrous effects upon childhood and child development. The persistent nature of neglect is corrosive and cumulative and can result in irreversible harm (Hildyard and Woolfe, 2002; Davies and Ward, 2011). Research clearly identifies that if babies and young children are exposed to neglectful care giving and poor stimulation in the first 3 years of life, the neural pathways requiring stimulation are likely to wither and children may never achieve their full potential (Perry, 2004).

The impact of neglect upon a child's development is uniquely experienced by each child depending upon their individual circumstances, the nature of the neglect and their degree of resilience.

Amongst the challenges that may be encountered by children who are exposed to neglect are:

- Development delay and failure to thrive.
- Hunger and thirst.
- Low weight.
- Being overweight, obesity.
- Lack of appropriate medical care, missed medical appointments and pain caused by untreated condition(s).
- Inadequate protection from emotional, physical or sexual harm.
- Pain/embarrassment caused by ill fitting or inappropriate clothes.
- Difficulties concentrating and making friends at school.
- Lack of opportunities for socialisation.
- Elevated likelihood of poor mental health and low self-esteem.
- Feelings of isolation and rejection.
- Additional challenges are faced by children living in neglectful circumstances where parental alcohol or substance misuse are a feature (see *Hidden Harm*, 2003).
- Addiction to substances at birth.
- Anxiety about the wellbeing of carers/parents.
- Exposure to dangerous adults and frightening or inconsistent adult behaviour.
- Exposure to dangerous substances.
- Expectation to keep secrets.
- A feeling of isolation from within the family home and wider community.
- Involvement in the supply of substances.
- Early involvement in use of substances.

Neglect can have a significant impact on a child's emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child's health and development including their learning, self-esteem, ability to form attachments and social skills.

The Impact of Failure of Poor Standards in Home Hygiene:

Presentation	Immediate impact on the child	Possible long term impact on the child
• Persistent dirty carpets, bedding, chairs, clothing.	• Child smells. • Itching and scratching leads to loss of sleep. • Irritability and crying. • Skin lesions which may become infected.	• Others reluctant to interact with the child – affects social, emotional and development progress. • Family stress levels raised. • Spread of infection, may need repeated antibiotics over a long period of time.
• Polluted air in the home – accumulated dust, cigarette smoke, animal hair. • Curtains permanently/ frequently drawn. • Windows permanently/ frequently closed.	• Repeated inhalation of second hand cigarette smoke, dust, animal hair.	• Repeat chest infections, bronchiolitis, asthma attacks (can be life threatening), chronic lung disease. • Babies may require frequent hospital admissions.
• Food left on the floor/counter tops that become mouldy. • Food that is a long way past its sell by date. • Keeping food at incorrect temperature. • Inadequate cleaning of/dirty utensils, crockery, feeding bottles. • Floor/counter tops contaminated with dirt and/or animal faeces/urine.	• Stomach upsets, Salmonella, Botulism. • Toxoplasmosis and Toxicara	• Frequent gastroenteritis causing damage to intestinal tract reducing effectiveness of function. • Widespread damage to tissues can result in impaired vision.

The Impact of Failure to Provide an Appropriate Diet for Children:

Presentation	Immediate impact on the child	Possible long term impact on the child
• Insufficient food intake for growth needs.	• Deficiencies of essential nutritional elements. • Reduced energy levels. • Miserable and lethargic. • Poor concentration.	• Impaired brain development (if severe in under 2 years old). • Learning difficulties, development delay, delayed neurological development. • Anaemia, poor bone growth, poor absorption of essential vitamins. • Poor participation in social activities. • Social isolation. • Poor academic achievement.
• Restricted/rigid diets/foods.	• Imbalanced diet – for example, excessive levels of fats /carbohydrates, insufficient vitamins or too little variety. • Mineral and vitamin deficiencies.	• Poor growth. • Dental decay.

• Early introduction of inappropriate solid foods to babies.	• Inbalanced diet. • Insufficient levels of nutrition for growth.	• Immature digestive system cannot cope; constipation, kidneys overload leading to failure.
• Low nutritional value food.	• High carbohydrates and fats.	• Poor growth but may be very overweight. • Dental decay. • Poor participation in social activities. • Breathing difficulties. • Low self esteem.

The Impact of Failure to Supervise, or Provide a Safe Environment:

Presentation	Immediate impact on the child	Possible long term impact on the child
• Household cleaners accessible. • Plastic bags accessible. • Baby left alone propped on cushions. • Matches/lighters accessible. • Levels of supervision inside and outside the home are inappropriate for the age of the child.	• Ingestion of poisons/toxic substances. • Suffocation. • Potential for fire in the home which could accelerate rapidly. • Road traffic accidents. • Abduction. • Exposure to adults/children /young people who pose a potential risk.	• Death. • Damage to vital organs. • Permanent brain damage impacting development. • Serious injury. • Lung damage caused by smoke inhalation. • Loss of home/possessions. • Inability to trust adults. • Mental health issues. • Low self esteem. • Self harm. • Poor school attendance.
• Unsupervised meal times/ proper feeding.	• Choking. • Nutritional intake inadequate. • Burns/scalds.	• Death. • Irreversible brain damage. • Weight loss.
• Unsupervised bathing. • Unsupervised exposure to unprotected areas of water e.g. garden pond.	• Drowning or near drowning incidents. • Hypothermia. • Burns/scalds.	• Death. • Irreversible brain and lung damage. • Frequent hospital visits/ operations
• Left home alone or with unsuitable children/ young people that cannot provide appropriate supervision. • Exposure to violent/ pornographic images/films/ games/media. • Exposure to domestic violence and abuse.	• Sibling abuse/bullying. • Emotional trauma. • Emotional and sexual abuse. • Physical injury.	• Acute life threatening neglect. • Developmental delays. • Emotional trauma. • Mental health difficulties. • Sexually inappropriate or problematic behaviour.

The Impact of Failure to Obtain Appropriate Health Care:

Presentation	Immediate impact on the child	Possible long term impact on the child
• Failure to obtain vaccinations.	• Risk of contracting potentially serious childhood illnesses: Measles, Mumps, Rubella, Meningitis, Polio, Whooping Cough.	• Death. • Irreversible brain damage. • Damage to major organs. • Chronic lung conditions. • Repeat absences from school. • Frequent hospital visits/stays.
• Failure or delay in obtaining medical treatment when the child is ill.	• Risk of poisoning from inappropriate medication. • Hospitalisation.	• Death. • Prolonged suffering. • Chronic ill health. • Prolonged medical intervention. • Frequent absences from school.
• Failure to enable child to access developmental/health promotion opportunities.	• Delayed/failure to detect treatable conditions.	• Squints. • Hearing loss. • Congenital hip dislocation. • Undescended testicles. • Heart abnormalities. • Delayed development/growth. • Low self esteem. • Visual/hearing impairments. • Impairment of mobility. • Dental decay. • Delay in providing appropriate resources to maximise potential learning. • Frequent absences from school. • Poor academic achievement.

The Impact of Failure to Provide Personal Hygiene for the Child:

Presentation	Immediate impact on the child	Possible long term impact on the child
• Persistent failure to adequately wash/ change nappy. • No/poor potty or toilet training and hygiene.	• Pain and discomfort cause • Irritability and crying baby. • Nappy area becomes red and sore. • Soreness around anus. • Constipation/reluctance to open bowels. • Skin folds become moist.	• Increased stress levels. • Future inattention to bodily functions. • Pain and discomfort. • Infection, septic spots, fungal infection, appearance of 2nd degree burns (dramatis), fissures. • Urinary tract infection in females. • Pain associated with constipation may cause behaviour difficulties in toddlers and children. • Dietary problems. • Isolation/poor social skills. • Low self esteem. • Bacterial growth, infection which may be difficult to clear and require local systematic treatment.

• Persistent failure to ensure hands and nails are clean and nails are cut.	• Transmission of threadworms. • Sharp broken nails cause damage to the skin. • Nail tears.	• Infection. • Gastroenteritis, toxoplasmosis, toxocariasis. • Widespread damage to retina or eye. • Pain, infection.
• Persistent failure to ensure hair is regularly clean/brushed/combed.	• Head lice, excessive scratching, broken skin. • Hair knotted/tangled/smells.	• Infections. • Social isolation/stigma. • Victim of bullying. • Low self esteem. • Poor academic achievement. • Poor self care skills that do not develop as they grow.

The Impact of Failure to Provide Personal and/or Environmental Warmth:

Presentation	Immediate impact on the child	Possible long term impact on the child
• Poorly heated environment.	• Hypothermia. • Chest infections / Pneumonia. • Premature babies may have difficulty in retaining their body heat. • Cold injury – swollen hands and feet, • Babies reluctant to feed.	• Death. • Repeated chest infections requiring frequent trips to a health setting. • Loss of function of limbs. • Dehydration and weight loss. • Malnutrition.
• Clothing inadequate for weather conditions.	• May 'stand out' from their peers. • Children may present with pallor and blueness of extremities.	• Victim of bullying. • Social isolation. • Low self esteem • Lethargic • Low academic achievement

Learning from Serious Case Reviews (SCR):

In Northamptonshire, neglect has been identified as an issue in a number of SCR's including that of Child R and Family R published in April 2016. The overview report can be found here and offers further insight into the issues identified in this review.

A number of reviews and analyses of Serious Case Reviews nationally have taken place seeking to summarise the learning from these cases. A summary of this guidance is listed below for practitioners' reference (the References section at the end of this document offers suggestions for further reading):

a. A large percentage of children who were subject of Serious Case Reviews involving serious incidents and death were known to agencies in relation to long-term neglect. This indicates the severe extent of the harm that neglect can do. It should be mentioned that whilst there are particular characteristics of children that make them more vulnerable to harm, children of all ages and spectrums of ability have been represented in Serious Case Reviews.

b. Reviews found that there had been insufficient challenge by professionals to parents and carers whose comments or explanations for injuries had been accepted at face value, even where those explanations seemed unrealistic. Often, there was a focus on the adult parent or carer in relation to their complex needs, allied with a desire to support them and to be optimistic about their parenting of their child. Many reviews have described the *rule of optimism* which is a tendency by professionals towards rationalisation and under-responsiveness in certain situations. In these conditions, workers focus on adults strengths, rationalise evidence to the contrary and interpret data in the light of this optimistic view. They confuse parental participation with meaningful engagement by parents.

c. The *rule of optimism* is at the cost of maintaining focus on the child who risked becoming invisible in their own safeguarding interventions. Reviews described professionals having a poor understanding of what life was like for the child now, or what life would be like for the child in the future if nothing changed. Steps were not taken to establish the wishes and feelings of children or young people or for their voice to be sufficiently heard.

d. Most of the Serious Case Reviews identified sources of information that could have contributed to a better understanding of the child and their family. This included information about or from fathers and extended family, historical knowledge, information from other agencies, the cultural background and research findings.

e. Many reviews commented on the issue of fathers or father-figures who either absented themselves or were not known to safeguarding professionals, but who had a significant influence in the family and on the welfare of the child. In a number of reviews, these male figures were not known or not engaged with by professionals and the risk they posed in the home was either not understood or misunderstood thus jeopardising safeguarding activities.

f. Most of the reviews noted difficulties in inter-agency information sharing and multi-agency working together. Some reviews noted 'silo' working whereby professionals did not look at the needs of the child beyond their own specific brief. There were also concerns that poor co-operation and information sharing meant that professionals assumed – incorrectly – that someone else was undertaking an important aspect of information sharing such as reporting a concern.

g. A number of reviews explored concerns about the 'start-again' syndrome or 'assessment paralysis', whereby assessment was viewed as a child protection intervention in itself rather than as a process by which the most appropriate intervention can be identified.

h. Recording – or rather the absence of clear records which can then inform planning and decision making – has regularly been a feature of learning from Serious Case Reviews. This includes chronologies which help in the management of neglect which involves harm experienced by the child over a prolonged time. It is imperative that chronic harm is not viewed as a series of single incidents or episodes but rather that a longer-term developmental perspective is taken.

i. Many reviews have highlighted short-comings in supervision and the lack of opportunities for practitioners to participate in reflective supervision and critical thinking in child protection cases. Such supervision can provide opportunities to question underlying assumptions – or fixed ideas – about the circumstances in the family; offer support from multi-agency working, guide the work with families presenting with complex difficulties, ensure holistic assessments and that the child's views are obtained and that they influence future decision making.