



NEWHAM
SAFEGUARDING CHILDREN
PARTNERSHIP



Neglect Strategy

April 2020 - 2022

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This strategy will be reviewed by the partnership annually or when changes are presented

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Foreword by

Independent Chair of Newham Safeguarding Children Partnership

Neglect remains **the most prevalent form of child maltreatment in the UK** (Action for Children 11 July 2016). Neglect cause great distress and harm to children and leads to poor health, educational and social outcomes in the short and long-term. In some case, neglect will be a causal or contributory factor in childhood deaths.

Neglect impacts adversely on children's ability to thrive. It is harder for children to make secure attachments, attend and achieve at school and enjoy good health and wellbeing. There may be an impact on adult life and subsequent parenting.

The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the neglect and what support mechanisms, resilience strategies and protective factors are available to the child or young person.

National research presents a mixed picture in terms of the quality of professional's responses to neglect. While parents can be supported to change their behavior and improve their parenting skills, professionals can be unsure about how best to intervene and there can be a lack of timely intervention to protect children from neglect.

This strategy is intended as a practical guide for tackling child neglect and it identifies four strategic priority areas for improvement. The strategy recognizes the four types of neglect identified by Howe. D (2005) as the basis for understanding what causes neglect in order to work with children and their families effectively.

- Emotional neglect
- Disorganised neglect
- Depressed or passive neglect
- Severe deprivation

A key part of the strategy is to ensure that the workforce continues to understand the significance of neglect for children and are equipped to work effectively with families. The NSCP promote the use of the NSPCC Graded Care Profile (GCP2), as it is a standardized and evidenced based assessment tool for evaluating the quality of parental care. The use of this tool is a vital component to the successful implementation of this strategy. GCP2 will continue to be embedded across the borough as part of the NSCP priority to improve the quality of professional assessment which is referenced in the 2020-2022 development plan.

Julia Stephens-Row
Independent Chair Newham Safeguarding Children Partnership
March 2020

Author NSCP April 2020

Purpose & Vision

The purpose of this document is to set out the strategic objectives and targets of Newham's approach to tackling Neglect. This strategy also identifies key risk factors and vulnerabilities of adults with parental responsibilities and children that can have an impact on neglect. It in addition identifies key priority areas of work in order to improve Newham's response to Neglect. Key to the strategy is the importance of identifying Neglect and supporting children and families through Early Help Arrangements.

The NSCP's vision is to reduce the incidence of Neglect of children in the Borough and further to reduce repeat incidents of Neglect for individual children. We want to get it 'right first time' and then help families to keep the improvements going.

The way forward is that everyone has an agreed understanding of what Neglect is, how it affects the development of children and young people and that together we establish an agreed and effective approach to reducing levels of Neglect in childhood. In all our work with children, we want to reduce the number of assessments experienced by children and their families and so work with the family has to involve listening to the child and, whenever possible, making sure the child's wishes are followed within the plan. We want to provide parents with the tools and techniques which help them to make changes for the better, and to maintain the improvements. Key to the vision is the importance of encouraging and supporting positive parenting and enabling those caring for children to make sufficient and sustainable changes.

Scope of the Strategy

Universal and early intervention services have a critical role to play in identifying and addressing the safety needs of the child, alongside statutory safeguarding services. No single agency is able to address the complex elements of neglect alone and effective interventions depend on professionals working with children and families across Newham in the statutory, private and voluntary areas to work closely together to identify and support families.

All agencies have a duty to view the safety and wellbeing of children as paramount and to share relevant information and collaborate and work together to keep children safe from harm. This has been consistent in the learning from Serious Case reviews in terms of shared information and relevant intervention where neglect is a feature.

This strategy should be read in conjunction with the Pathways to Help and Support, 2020. [Click here for the document](#)

Definition of Neglect

What is Neglect?

Neglect is the most common reason for a child to be the subject of a Child Protection Plan in the UK. It happens when parents or carers can't or won't meet a child's needs. Sometimes this is because they don't have the skills or support needed, and sometimes it's due to other problems such as mental health issues, drug and alcohol problems or poverty. It may involve a child who is not being protected from sexual harm, Child Sexual Exploitation or the impact of Domestic Violence and Abuse.

It is a form of child abuse that can have serious and long-lasting adverse impact on a child's health and development - and for some children it can result in death. Neglect is attributable to the care given to a child it can be an active act or as a result of omission.

Statutory guidance defines neglect as:

'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born neglect may involve a parent or carer failing to:

- a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b) Protect a child from physical and emotional harm or danger
- c) Ensure adequate supervision (including the use of inadequate care givers)
- d) Ensure access to appropriate medical care or treatment

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

(Working Together to Safeguard Children (HM Government, 2018))

Types of Neglect

Neglect can take many forms and the main categories are as follows:-

Physical neglect: not meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety

Educational neglect: failure to ensure a child receives an education

Emotional neglect: failing to meet a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them, witnessing the harm of another.

Medical neglect: not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations.

Nutritional neglect, for example, obesity and failure to thrive; and lack of supervision and guidance, for example, monitoring online activity or whereabouts when out alone.

A more in-depth understanding of neglect

Howe (2005) offers a conceptualisation of neglect which has implications for the type of intervention offered:

<i>Emotional neglect:</i> ignoring the child to complete rejection Children suffer persistent emotional ill treatment, they feel worthless and inadequate.	<i>Severe deprivation neglect:</i> a parent not providing food and other basic requirements in order for the child to thrive. This includes access to health and education.
<i>Disorganised neglect:</i> inconsistent parenting to chaotic parenting. The parent's feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.	<i>Depressed or passive neglect:</i> a parent being withdrawn or detached to suffering from severe mental illness. There will be a greater focus on themselves than the children and they may appear uninterested in and unresponsive to professionals.

Impact of neglect

At the early help stage we are aware that we need to recognise the emerging signs of physical and emotional neglect much sooner. As a partnership we are committed to reducing the numbers of children and families experiencing difficulties arising from neglect. We are also working towards preventing those early difficulties from escalating and becoming 'chronic and entrenched', which lead to families regularly requiring interventions from statutory services.

Children of all ages can suffer neglect and it will cause a detrimental impact on health and development whatever their age. To illustrate this, point a snap shot of impact across different age groups is given:

Pre-birth – for example if a mother neglects or harms her own health during pregnancy this could affect the development of the unborn child.

Infancy (birth to two years) – a baby's growth and development is critically linked to their basic physical needs (milk, food, clothing, etc.) being met. Without which in grave circumstances the death of a baby could be caused. During this period rapid emotional and cognitive development occurs and this requires consistent social and emotional interaction with and from caregivers. Stimulation plays a vital role in the development of neural connections. A care giver's lack of engagement or failing to provide stimulation will limit the child's development and growth. Alongside this children need meaningful and safe relationships with their significant caregivers as this is the emotional roots from which children to learn to trust others and explore the world around them.

Pre-school (two to four years) – most children of this age are mobile and curious about the world around them and it their lack of understanding of dangers that means they need close supervision to ensure their physical protection without which a child could suffer serious harm.

When children in this age group suffer neglect they, for example, may not be toilet trained at all or only partially; or physical care may be inadequate resulting in extremely poor diet and

malnutrition (be it failure to thrive or obesity) and or a lack of teeth hygiene and unnecessary dental decay.

There may be a dearth of interaction and encouragement causing communication, motor skills, behavioural, cognitive, social and emotional development delays

Primary age (five to eleven) – developmental challenges for this group of children could be exhibited through poor attendance at school, which in turn could exacerbate developmental delays resulting from neglect such as cognitive, social, behavioural and emotional. Outward signs of neglect such as clothing and physical cleanliness may for some children leave them isolated or have barriers to engaging with peers and learning. Moreover, the lack of clear and consistent boundaries at home can spill over to create further challenges and unhappiness for a child who then struggles to understand and engage with school rules.

Adolescence (twelve to eighteen) – neglect is likely to have an impact on the young person’s ability to form and maintain friendships and positive relationships. Early childhood will have moulded the types of food an adolescent wishes to consume. In those who have suffered neglect there is a likely greater pull towards solely eating convenience foods. The result could be immediate or later life health complications due to tooth decay, vitamin deficiencies and weight related issues such as obesity.

Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risk of exploitation, risky sexual behaviour or criminal activity.

Adolescent Neglect and Complex Needs

Neglect is the most commonly used category on child protection plans for children aged 10 to 15 (as is also the case for younger children) (DfE, 2014). In serious case reviews (SCRs), neglect features more prominently for 11 to 15-year-olds than for any other age group (Brandon et al, 2013) and one study of seven youth suicides resulting in SCRs found that neglect and rejection were prominent in all of the young people’s histories (Brandon et al, 2014). In the most recent prevalence study of child maltreatment in the UK (for the NSPCC – Radford et al, 2011) 0.4% of 11 to 17-year-olds reported experiencing neglect from their parents within the past year. This figure is likely to be an underestimate due to the methodology employed, but even so indicates that large numbers of adolescents experience neglect.”

That Difficult Age: Developing a more effective response to risks in adolescence Dr Elly Hanson and Dez Holmes
www.rip.org.uk

Complex Exploitation:

Exploitation and neglect often go hand in hand when working with adolescents at risk. An assessment should provide a history and analysis as per the assessment framework, and endeavour to seek triggers whilst managing the current risk behaviour. The exploitation screening tool should be completed for **every child 11 years and over** where there are concerns regarding **family functioning, behaviour , criminality , truanting, missing from**

home/care/education, neglect and other forms of harm/abuse , beyond parental control, and where there are concerns regarding all types of exploitation.

Risk factors

Risk factors can aid an understanding of the child's experience and help agencies to determine priorities for offering support. However, they should be used and interpreted with care as in the majority of families where risk factors are found, children will *not* be abused or neglected. It is important for practitioners to be able to distinguish between a risk of neglect *occurring* and *actual* neglect in their assessments and interventions.

Child risk factors - Pre-term or low weight baby, Runaways and missing children, children in care, Asylum seeking and refugee children, children missing education.

Parental risk factors – Domestic Abuse, Mental Health, Substance Misuse, Parental illness
Children not taken to health appointments, Maternal low self-esteem and self-confidence
Poor parental level of education and cognitive ability, Parental personality characteristics inhibiting good parenting (including social behaviour), Parent neglected/abused in own childhood, Social and emotional immaturity, Offending

Health & development - Disabled children, Children under one year, Adolescents, Mental health needs, Learning needs

Environmental- Poverty, Poor living conditions & unstable housing, Social isolation & lack of community support, Violence in communities, Grooming and peer pressure

A combination of these risk factors can increase the likelihood of neglect. As the impact of neglect is likely to be cumulative it is essential that agencies intervene early and together to prevent harm to children.

Who is this strategy for?

'Neglect can erode and child's resilience, value and sense of worth'

Professor Olive Stevenson (2004)

In Newham we are determined to reverse the current trend of children being referred to statutory services as a result of experiencing chronic and entrenched neglect and all our partners have made a joint commitment to tackling neglect by identifying and intervening to support at an early stage.

This strategy is for;

- Every child and young person living in and being cared for in Newham
- Parents, carers, family members
- Members of the community
- Child-minders, day-care providers, nurseries, primary and secondary schools, academies, education establishments and further education colleges.
- Midwives, Community Paediatricians and Accident and Emergency
- Children and Young People Services.
- Health Visitors, School Nurses, GP's

- CAMHS
- Adult Services, Mental health and Substance Misuse services.
- Staff working in Youth and Community settings
- Police, Fire and Rescue and Ambulance Service.
- Council employees in refuge collection, housing, libraries, revenue and benefits, parks and gardens, and licensing.
- Early Help providers
- Voluntary Sector providers.

In Newham we need to ensure that everyone who works with children and families understands their role in providing early help. We need to promote accountability so that professionals take responsibility to build relationships with children and families to provide direct support and not just routinely signpost to other services. We need to work together to pool our skill, knowledge and resources to achieve the best we can for children and young people and ensure that professionals receive quality supervision, strong management oversight of the work and support that enables them to do their job well. We also need to be confident to challenge one another when we think we are not getting it right for a child or young person in the borough.

Schools have specific statutory duties in Keeping Children Safe in Education (2019) to play a key role in the prevention and identification of abuse and neglect. Schools provide a safe environment for children and often know a child's circumstances better than most. KCSIE (2019) should be read in conjunction with Working Together to Safeguard Children (2018).

Each establishment and agency should have a designated safeguarding lead. This role should be clearly set out and supported with regular training and development in order to fulfil child safeguarding and welfare duties.

Together we are committed to creating stronger communities, using a relational approach, which strengthen our practice and effectiveness at helping families at an early stage. However, we recognise that there is still much to do to achieve this aim.

Responsibility to Share information.

All agencies within Newham, whether statutory or voluntary sector have a duty to share information about children who are suspected to be at risk of harm from neglect. To understand their role and contribution, where appropriate, to the assessment process, whether as part of an 'early help assessment' or statutory assessment.

If you are unsure about the grounds upon which you are sharing information, seek advice and support from your supervisor or manager, nominated person for safeguarding within your organisation, or from a professional body.

Principles underpinning Neglect Strategy

In order to effectively tackle neglect NSCP is committed to embedding the following key principles in this strategy and consistently to be realised within operational practice across the agencies:

PRINCIPLE 1 - Whole Family Approach which is owned by all partners

- **Child Focussed** within the **Whole Family Approach** -
This means the overriding priority is that of children's safety, wellbeing and development
- **All children are visible when it comes to neglect.** Partner agencies will ensure equality of service to all children regardless of ethnicity, culture faith and or age. With a particular focus on ensuring children with additional needs such as disability or special educational needs are recognised and addressed.
- **Historical scripts** to be taken into account in order to better understand present day live of a child and his or her family. Patterns of inter-generational neglect must be identified and implications understood. This whole family approach will include absent and new partners.
- The use of **Chronologies** and **Genograms** will assist in better identifying and understanding patterns of neglect.

PRINCIPLE 2 - Outcomes Matter

- To have meaningful impact and reduce or eradicate neglect in the lives of children as well as to avoid drift and delay, it is imperative to have **good quality assessments and plans**. This requires partner agencies to **set and measure the impact** of potential outcomes.
- In Newham we have adopted the Graded Care Profile 2, an evidenced based tool that has been tested and designed to help child care professionals when working with neglect. We believe that if professionals consistently incorporate the use of this tool into every day practice with families to identify areas of strength and areas that need support and improvement, it will enable us to identify the early signs of neglect, be specific and clear about what needs to change, consistently measure quality of care given to a child over time and to assess whether change is occurring. This will support the right families being stepped up into statutory services and assess whether neglect remains and is creating risk for the child's future outcomes.

Neglect is most damaging in both the early stages of life and in the teenage years. Neglect can be far-reaching in its consequence for a child. In not only making life miserable and challenging for the child but in affecting all aspects of development and its impact upon relationships that the child makes with others both in early and later life alongside having an impact upon how children may go on to parent their own children (Howarth 2007)

PRINCIPLE 3 - Shared Understanding

- Early recognition of the signs and symptoms of neglect with effective collaboration between agencies in response. **Shared understanding will occur across the continuum of thresholds** from universal to Child Protection. Partner agencies will be assisted by the Early Help record and use of the Graded Care Profile 2 Tool (see above).
- Sharing and making sense of **relevant information** by partner agencies to inform assessments, plans and evaluation of risk.
- Embedding a culture of **respectful challenge and scrutiny** between partners in order to help families to meaningfully improve quality of care given and in sustaining change.

PRINCIPLE 4 - Building resilience

- Providing **bespoke help** and over a period of time to ensure that any improvements in parental capacity are profound and sustainable. To work with children and young people and **reduce the negative impact** of neglect on their **future health and development** so that they may **thrive**.
- **Meaningful collaboration and empowerment** requires that the **views of families** about what works or what will help them will be taken into account in the development and implementation of effective interventions.

PRINCIPLE 5 – Analysis and Risk management

- Awareness of the potential for the **overlap between neglect and other forms of child maltreatment**.
- **Decisive action** (suitable statutory action) needs to be taken when improvements are not made. This includes timeliness and evidenced rationale for stepping up concerns.

The Objectives of Newham's Neglect Strategy

NSCP have created this strategy in order support its aim of preventing neglect, effectively identifying early signs of neglect and improving partner agencies response in reducing neglect and its impact on children.

The purpose of the strategy is to ensure that neglect is widely understood and responded to within the partner working arrangements. The NSCP will therefore deliver the following three objectives:

- 1. To enhance the commitment, awareness and understanding of neglect across the whole partnership by:**
 - A workforce development offer for partnership staff
 - Highlighting childhood neglect within our early help offer and Strengthening Families approach
 - Using the website, newsletter and partnership events

- 2. To improve the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required by:**
 - Training staff to intervene effectively
 - Appropriate and timely use of the Early Help Record and Graded Care Profile 2 tool for children at risk of neglect

- 3. To ensure that early help and statutory services are delivered in a meaningful and timely way and one which mitigates the effects of childhood neglect by:**
 - Ensuring that staff know how and when to use step up and step down procedures to manage cases
 - Implementing a performance and quality assurance framework to measure the effectiveness of services

Neglect in Newham

Nationally, approximately 50% of Child Protection Plans are for neglect.

Statutory Services

Newham currently has 43% of children subject to a plan as a result of Neglect, 44% emotional abuse, 6% physical and 6% categorised as at risk of Sexual abuse.

- The number of children with child protection plans for neglect has remained consistent over a 3-year period at just under 50% and is in line with national figures

Early Help

What is not yet known and will be examined, is how many referred children previously have received an Early Help offer in response to low to medium level concerns regarding neglectful care. Further work will be undertaken in respect of understanding early help outcomes. Early help and child in need statistics may need some reconfiguration to be in line with the GCP2 in order to better understand the data for neglect concerns which sit beneath child protection threshold.

Conclusion

The Newham data over the last two-year period shows that the number of children subject to a Child Protection plan on the grounds of neglect as previously stated is in line with the national picture.

However, NSCP is keen to assist partner agencies to explore and establish hidden neglect that is to say where neglect features in families' lives but is eclipsed by what professionals may consider more pressing safeguarding issues such as child CSE, CE, DV etc. Hence, the identification of neglect may well increase as a consequence of this strategy.

Other key elements that will bring further continuity and a unified approach to neglect across the agencies:

- Improved identification and recording as consequence of using the Graded Care Profile 2. Tool.
- Training of the Graded Care Profile 2 to be robustly marketed and driven by leaders of all partner agencies.
- Testing impact of the GCP2 tool within Newham will be undertaken.

What we have achieved so far

There has been consistency in Newham in our approach to tackling neglect.

Use of the Graded Care Profile 2 (GCP2)

A main objective over the last three years has been to train staff to use the tool and embed its use in cases of neglect with senior level commitment to making this mandatory for practitioners in Children's Social Care and Child Health 0-19 services.

Number of staff trained to use the GCP2 in:

- 2017/18 137
- 2018/19 205
- 2019/20 127

NSCP have developed beyond GCP2 surgeries in response to partner practitioners request for support in effectively using the tool in practice.

Our Next steps-what we want to achieve:

	What We Want to Achieve	Who is Responsible	How will we know that we have achieved our aim? (Measurable)
1	Consistency across partner agencies so that all forms and levels of neglect are robustly dealt with	All Partners	-evidence of early identification of neglect -clear plans which avoid drift and delay
2	Child focused working that captures the child's lived experience	All Partners	-Number of CYP becoming LAC where Neglect is identified as the primary reason -Increase in practitioner's confidence and skills across the partnership
3	Child focused within the whole family approach	All Partners	-Early Help Strategy -evidence of Early help assessments being completed by Adult facing services.
4	All tools and assessments to be situated within a systemic approach	All Partners	-Evidence of embedded use of Graded Care profile 2 -QA audit.
5	Effective identification at earliest opportunity, assessment, robust measurable plans, interventions and sustainable outcomes	All Partners	- reduction of <ul style="list-style-type: none"> • % of CPP for neglect cases for 12 months or more • % of repeat CPP for neglect • % of CYP subject to a CIN plan for neglect for more than 6 months

			<ul style="list-style-type: none"> • % of CYP referred for social work assessment where neglect is identified as the
6	The foundation of working in partnership with families requires relational engagement	All Partners	Evidence of improved outcomes for children through audit of cases where neglect is a feature.
7	Ensuring challenge and scrutiny of partner agencies by partner agencies in order to avoid drift and delay	All Partners	Evidence of improved outcomes for children through audit of cases where neglect is a feature.

If are worried or concerned about a child, young person or family please contact

MASH TEAM

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