



# Herefordshire Safeguarding Children Board

## Herefordshire Safeguarding Children Board Neglect Strategy 2017 – 2019

Date written

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### 1. Introduction and Background

Neglect affects children of all ages. Neglect can involve a single catastrophic event or more commonly is the persistent failure to meet children's needs, leading to an accumulation of issues that undermines the child's resilience, leading to avoidable health and developmental problems, distress and unhappiness for the child, harm and poorer life chances. There is evidence that neglected children are less resilient, more likely to have lower self-esteem, be disengaged from school, find it more difficult to use the opportunities open to them and to lack a positive peer network. It is also recognised that these children are more likely to face difficulties in the future in providing adequate care to their own children.

Neglect is directly linked to the parent or carer's capacity to recognise and respond to the child's needs whatever their age, and a number of factors are commonly present in the lives of children experiencing neglect (Taylor & Scott 2009). Children living in households where there is domestic violence and abuse, parental alcohol or substance misuse or parental mental ill health are much more likely to experience both catastrophic single event and persistent neglect throughout their childhood. That likelihood increases where two or more of these factors are present simultaneously.

During 2015/16 as many as 37% of all children subject of a child protection plan in Herefordshire were recorded under the category of neglect. By the end of June 2016 neglect was the most common reason for a child to be subject of a child protection plan within the county.

The identification and response to childhood neglect is a current priority for Herefordshire Safeguarding Children Board. We know from the examination of cases within the county that neglect occurs within families and the reasons for that can be complex. Further we know that such situations can present complex challenges to practitioners, and that we still have work to do before we can be confident that all neglect is properly recognised and responded to at the appropriate level of need. This is evidenced by recent serious case review and audit activity, which has demonstrated the need for continued focus on this area, the need to develop our response to children with disabilities who suffer neglect, to embed the use of the Graded Care Profile, and in particular to address concerns about chronic neglect. Further, in order to ensure the best professional judgements in complex cases with minority communities in Herefordshire, the recent serious case review highlights the need to further develop culturally competent practice within our workforce.

### 2. Definition of Neglect

Working Together to Safeguard Children (2015) gives a definition of neglect as follows;

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 and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term 'failure to meet basic needs'. Professor Jan Horwath (2007) identified additional categories to consider. These include:

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

NSPCC research identified that some children are especially vulnerable to neglect, amongst them are:

- Children born prematurely, or with very low birth weight,
- Runaways and missing children
- Children in care
- Asylum seeking and refugee children.

Adolescents, children with disabilities, and children under one are highlighted as particular at risk groups. Domestic abuse, mental ill health and/or substance misuse are common features in families where children are neglected and could be used as proxy indicators for potential neglect.

Further, a report by Action for Children identified a combination of factors that define extremely vulnerable families, and those that increase the likelihood of neglect, such as maternal mental health difficulties, material deprivation, poor-quality housing, and parental illness.

The Joint Strategic Needs Assessment 'Understanding Herefordshire' (July 2016) highlights the prevalence of factors associated with neglect in Herefordshire, so reinforcing the need for robust and effective systems of early identification and response to childhood neglect within the county.

It is also recognised that young people may expose themselves to significant risk of harm through self-neglect, for example neglecting to take essential medication, or through alcohol and drug abuse. Young people may also become victims of domestic abuse within their own intimate relationships. It is important that agencies are able to identify these instances, and provide appropriate support to the young person involved.

### **3. Purpose**

The purpose of this document is to set out the strategic aims and core objectives of the Herefordshire Safeguarding Children Board in relation to the prevention, identification and response to childhood neglect, and how the broader partnerships support and contribute to those. This strategy also sets out the key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to improve our collective response to neglect. The strategy forms part of Herefordshire's approach to Early Help, which is led by the Children and Young People's Partnership, and should be considered alongside other key strategies including Herefordshire's Health and

#### **4. Key Principles**

The strategy rests on the following key principles;

- The safety, wellbeing and development of children and young persons is the overriding priority, based on a shared understanding of neglect.
- Early indicators of neglect are recognised so intervention can be made as early as possible and at the appropriate level.
- Particularly important is the need for professionals to adopt a ‘whole family’ approach to understanding and considering the complexities presented by culture, diversity, neglect, chronicity and disability when working with families. It is recognised that the neglect of children and young people is a result of actions and/or inactions of adults and so addressing the causes of those is an essential element in tackling childhood neglect. Such understanding must also include awareness of the presence of multiple adverse factors impacting on parenting, and the potential for ‘disguised compliance’.
- There must be effective collaboration, including the sharing of information, amongst agencies to ensure timely identification, assessment and support. This must be underpinned by a shared and common understanding amongst agencies of thresholds and levels of need in relation to childhood neglect. Agencies must ensure that practitioners are trained to recognise and tackle neglect for children with special needs and disabilities, who may have additional and more acute vulnerabilities.
- Children and young people should expect consistency both in the practitioners and the support offered. The notion of ‘high support, high challenge’ should be the aim of engagement with families.
- Children and young people should expect to have a voice in the process and be listened to, and that outcomes are focused on improving their lives.
- To effectively safeguard children requires professionals to share information appropriately, to be curious about family circumstances and events and also to challenge each other about improvement made by families and its sustainability.
- Significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse, etc.
- Agencies recognise that the emotional impact of neglect on children and young people can be as harmful to them as other forms of abuse, and that effective services need to be available to help them in overcoming the harm caused.
- Work with children and young people will be measured by its impact on outcomes. Statutory enforcement action may need to be taken if insufficient progress is achieved, when other methods have been unsuccessful or the level of risk presented to the child becomes unacceptable.
- The measures of success will be focused on outcomes for children and prevention, and partners recognise that in the short to medium term this may well lead to an increase in referrals and associated demand on resources.
- Key to the prevention and identification of neglect is to properly consider historical information in relation to the child and family, and what this means in the current context in terms of the likelihood of achieving and sustaining change.

#### **5. Strategy and Objectives**

The strategic aims in Herefordshire are to ensure there is early identification and response to childhood neglect, and that the neglect of children and young people is prevented whenever possible. From early support to statutory intervention there should be appropriate, consistent and timely responses across all agencies working together. Work with children and families should be positive and empowering and keep a clear focus on the impact of neglect on the child or young person.

The Herefordshire Children and Young People's Plan 2015-2018 contains a range of activity to address neglect in different ways, particularly within the priority of Early Help. This strategy contributes to the objectives of this priority area, alongside improving the safeguarding of children, addressing challenges in adolescents, early years, and for children with disabilities.

The priorities of Herefordshire Health and Wellbeing Board also support the prevention of childhood neglect by focusing on the mental health and wellbeing, and in particular the development of resilience in children, young people and adults. Further the Health and Wellbeing Board has a focus on children starting well in life by working to improve areas such as immunisation, dental health, and smoking in pregnancy, breastfeeding, children with disabilities, and young people not in education and alcohol abuse in young mothers.

The Herefordshire Community Safety Partnership has tackling domestic violence and abuse as one of their key priorities, so contributing to ensuring children and young people are raised in a non abusive or neglectful environment.

Our core objectives as partners within Herefordshire in relation to neglect are;

**To improve awareness and understanding of neglect across all agencies and provide effective multiagency working between services working with children and adults;**

**To provide an effective response to those children, young people and their families who are identified as living with neglect, and promote resilience of children and young people in the context of adversity;**

**To improve the recognition, assessment and support of children and young people and their families where neglect has been identified but before statutory intervention is required;**

**To ensure the effectiveness of service provision;**

**To address specifically issues of neglect for children with disabilities and special education needs; To improve the assessment and intervention with children and young people once statutory intervention has become necessary; and**

**To ensure that the wishes and feelings of the child or young person are evident within the multiagency response.**

To achieve these seven core objectives Herefordshire Safeguarding Children Board will:

- Ensure the early recognition of neglect through the effective use of early assessment and intervention tools, including the use of the Graded Care Profile
- Provide targeted and specialist training on neglect.
- Support single agencies to provide single agency training on neglect.
- Monitor the effectiveness of targeted and specialist training on neglect utilising the Joint HSCB/ HSAB training evaluation protocol.
- Coordinate the work of partner agencies to identify the key changes required to achieve the necessary improvements, then develop and support the delivery of an action plan to achieve those key changes.
- Carry out multi-agency audits of neglect cases to ensure ongoing learning to drive continuous improvement of outcomes for children and young people.
- Promote the voice of the child in child neglect cases through Board structures such as existing sub-groups and practitioner forums.

All those who have contact with children and families have a role to play in the recognition of potential neglect. There continues to be a challenge in achieving sustainable change in families where there is multi-generational neglectful parenting. There is also a professional challenge in taking timely intervention to prevent neglect rather than waiting until the child is harmed or at risk of significant

harm, and to this end it is essential that universal and targeted services share information early and escalate promptly if they do not believe that needs are being recognised by the family and/or other services. The challenge is to stay focussed on the child, the pattern of parenting behaviour and working with the parent to enable them to make timely sustainable changes in that behaviour. This approach is supported by the use of the Graded Care Profile.

## **6. Assessment**

The importance of agreeing and delivering a consistent approach to the assessment of childhood neglect is recognised, and will form an important part of the delivery of this strategy.

## **7. Monitoring the Impact of the Strategy**

It is important that the measures of success are established and agreed.

Herefordshire Safeguarding Children Board has recognised that the Family Outcomes Framework which has been developed within Herefordshire as part of the Early Help Strategy also provides a strong performance management framework with which to measure our effectiveness in tackling childhood neglect in Herefordshire, as it provides information on many of the causal factors for childhood neglect. As such, the balanced scorecard against which the success of this neglect strategy will be measured has been based upon the Family Outcomes Framework.

This balanced scorecard can be found at Appendix A of this strategy.

These measures are focused towards measuring the impact of the implementation of the neglect strategy over the short to medium term. As such there is recognition that they will require review once the Board is satisfied that the core objectives within the strategy have been delivered.

In recognition of the interrelationship between childhood neglect and a number of other health and social factors, it is important that the information gathered against the balanced scorecard is appropriately linked with data collection for the 'Understanding Herefordshire' Joint Strategic Needs Assessment.

## **8. Governance**

Governance and oversight of the delivery of the strategy will be owned by Herefordshire Local Safeguarding Children Board. An action plan to ensure the implementation of this strategy within Herefordshire will be developed by an HSCB led 'task and finish' group. Progress against agreed measures will be monitored by the Performance and Quality Assurance sub-group of the board, through regular reporting of data and the use of multi-agency audits of neglect cases. The reporting and audit cycle will be set by the Quality Assurance sub-group and agreed by the Board.

All Board Members are responsible for ensuring proactive support of the Action Plan, and delivery as required. The Board will hold all members to account.

## Appendix A: Performance management framework

### CHILDHOOD NEGLECT

#### Assurance questions

- 1 How well do we understand the nature and scale of neglect in Herefordshire?
- 2 How far are children, young people, parents and carers able to seek and receive help?
- 3 How well are the public supported to report concerns about child neglect?
- 4 How well do staff in universal and targeted services recognise and work together to help children at risk of, or currently experiencing, neglect?
- 5 How well do staff in specialist services recognise and work together to help children at risk of, or currently experiencing, neglect?
- 6 How effective are local systems and mechanisms to assess a range of intelligence about concerns for a child and support informed decisions about when, how and who should intervene?
- 7 How well are practitioners equipped to recognise and intervene in cases of neglect; supported by local guidance and evidence based assessment tools; able to access reflective supervision?
- 8 How far do services commission/provide accessible, high quality, evidence based targeted support for children/young people and parents/carers with additional needs?
- 9 How is the neglect strategy and toolkit embedded in agencies that don't predominantly work with children?
- 10 How effective is the strategic leadership of the local response to neglect?

#### Balanced scorecard

How much?	How well?	So what?
Number of referrals of children due to concerns about neglect	<p>% re-referrals due to concerns about neglect</p> <p>% of referrals to Early Help/MASH regarding childhood neglect where a GCP assessment has been completed by the referring agency.</p>	
Number of children with early help plans * due to concerns about neglect.	<p>% of early help plans due to concerns about neglect closed following completed intervention</p> <p>% children have received age appropriate health immunisations / vaccinations</p> <p>% children registered with a local GP</p> <p>% children registered with a local dentist and attended a check-up in the last 12 months</p>	<p>%age of cases were children report improved health and well being</p> <p>% of cases where agreed outcomes were addressed and concerns about the child reduced</p> <p>%age of parents who report services have been helpful</p> <p>Children in the family are making good progress at school or a good / expected level of</p>

	% of families where all children aged 2½ years have had an ages and stages health assessment	development in early years
No. of children subject to a CPP under the category of neglect, and a %age of all children subject of a CP plan.	Rate of repeat CPPs where the current and previous category was neglect.	Six months after an intervention, parents report improved confidence and competence in parenting  %age of cases audited on a multi-agency basis judged as 'good' or 'outstanding'
Number of relevant staff completed neglect training, and training in the use of the GCP.	%age of staff trained who report high degree of confidence in (a) recognising and (b) intervening in cases of neglect	Evidence of impact of LSCB neglect training on practice
Number of fixed term exclusions within the last three school term of each school age child in the family	% attendance of each school age child in the family across the last three school terms	
Number of eligible families/ children taking up the two and three year old offer of nursery places	% families/ children who attended 85% of their sessions in the last six months	Six months after an intervention, the family continues to take part in a wider range of community activity
Number of Police prosecutions for childhood neglect.	% of successful prosecutions.	Ability of agencies to protect children and young people via the Criminal Justice system.

- Currently CAF Plan

#### Other data sources

- Go and see visits e.g. local substance misuse treatment provider or children's centre
- Feedback from practitioners
- Attendance data at relevant operational and strategic meetings
- JSNA and HWBB strategy
- MARAC annual report/performance data
- Case studies
- Feedback children, young people and parents/carers
- Presentation/report from provider/commissioner e.g. parenting programmes/Family Nurse Partnerships
- Single agency reports/audit findings