

Neglect Strategy

2017-2019



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Halton's Vision

“Halton’s ambition is to build stronger, safer communities which are able to support the development and learning of children and young people so they grow up feeling safe, secure, happy and healthy, ready to be Halton’s present and Halton’s future”

Introduction

Halton’s Neglect Strategy is a two year strategy that aims to set out the strategic aims and objectives to preventing and reducing neglect in Halton.

A better understanding and more strategic approach to neglect is essential for everyone with responsibilities for safeguarding because we know that when children are neglected this impacts on their development through childhood, adolescence and into to adulthood.

Our efforts today to prevent and reduce neglect in Halton will not only serve to protect individual children, but also have the potential to anticipate and avoid a wide range of health and other potential problems cascading down through future generations, as a result of neglect.

This strategy has been developed in conjunction with multi-agency partners working across the Halton partnership and should be considered alongside other key strategies and plans such as the Children and Young People’s Plan 2017 – 2020, Halton’s Health and Wellbeing Strategy 2017 – 2022. It has also been developed as a response to both national and local knowledge regarding the causes and effects of neglect. This includes learning from serious case reviews and thematic reviews at a national level as well as local learning in Halton.

Halton Multi-agency partnership is committed to raising awareness, prevention, identification and intervention in respect of neglect and its negative impact on children and young people and identifies a practical delivery plan for local implementation which addresses the key priority areas of work in order to improve our collective response to neglect.



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What do we mean by Neglect?

Neglect is defined in Working Together to Safeguard Children (2015) 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 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.

Six classifications of neglect

Horwath (2007) identified six different classifications of neglect:

- 1 **Medical neglect** – the child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.
- 2 **Nutritional neglect** – the child is given insufficient calories to meet their physical/developmental needs; this is sometimes associated with 'failure to thrive', though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
- 3 **Emotional neglect** - this involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- 4 **Educational neglect** – The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
- 5 **Physical neglect** – The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
- 6 **Lack of supervision and guidance** – The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

The impact of neglect

The experience of neglect during childhood can have significant and long-lasting consequences, affecting all aspects of a child's development. These effects include cognitive and other physical development, educational achievement, children and young people's emotional wellbeing, and behavioural difficulties.

Early impacts of neglect include:

Insecure attachments	Delayed/declining cognitive development	Decreased language function	Low self-esteem
Low confidence	Negative self-representations	Withdrawal, difficulty in making friends	Acting out / aggression / impulsivity
Poor coping abilities	Poor problem-solving skills	Disorganised attachments	Low achievement in school

For Adolescents:

- Depression, anxiety
- Dissociation
- Poor affect/emotion regulation
- ADHD symptoms
- Running away
- Anti-social behaviour
- Violence and delinquency
- More likely (than peers) to be arrested for violent offences
- Substance misuse and addiction
- Social withdrawal, social isolation
- Conflict and hostility in relationships
- Poor educational achievement
- Longer-term mental health problems, including PTSD and personality disorders, such as 'borderline personality disorder'
- Suicide attempts
- Physical health problems, such as increased risk of hypertension and chronic pain

It can also result in children and young people having difficulties making and keeping relationships, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect.

parent/carer in order to mitigate the associated parental risks. It is important that mental health workers including G.P.'s consider the potential impact on their patient's ability to meet the needs of their children in these circumstances. Likewise parents experiences with depression reduce parental responses to recognise the child's needs for comfort, warmth and understanding. The possible impact on older children should not be underestimated as it can impact on the parent's response to the child's behaviour with fewer positive and reinforcing reactions.

Parents suffering from **anxiety disorders** were found to be less responsive to their child, more likely to be critical or accepting of differences in opinion, less affectionate, smile less, and be more likely to overreact

Substance and alcohol misuse are serious risk indicators for child maltreatment across the full range of potential mechanisms for abuse. Prior to birth, the effects of alcohol and drug use can impact of the baby's growth and will probably result in withdrawal symptoms and neonatal distress. The longer term effects for the child are likely to impact on their health and wellbeing. The impact of substance and alcohol misuse on parenting capacity is likely to reduce the parents ability to focus their energies on fulfilling the basic parenting tasks which are replaced with a preoccupation in serving their own needs. Living standards may be affected, income may be misappropriated, parental relationships may be negatively affected and criminal activity may become a feature of their lives. Supervision standards may become lackadaisical, which considerably increases the child's vulnerability to neglect and other forms of abuse.



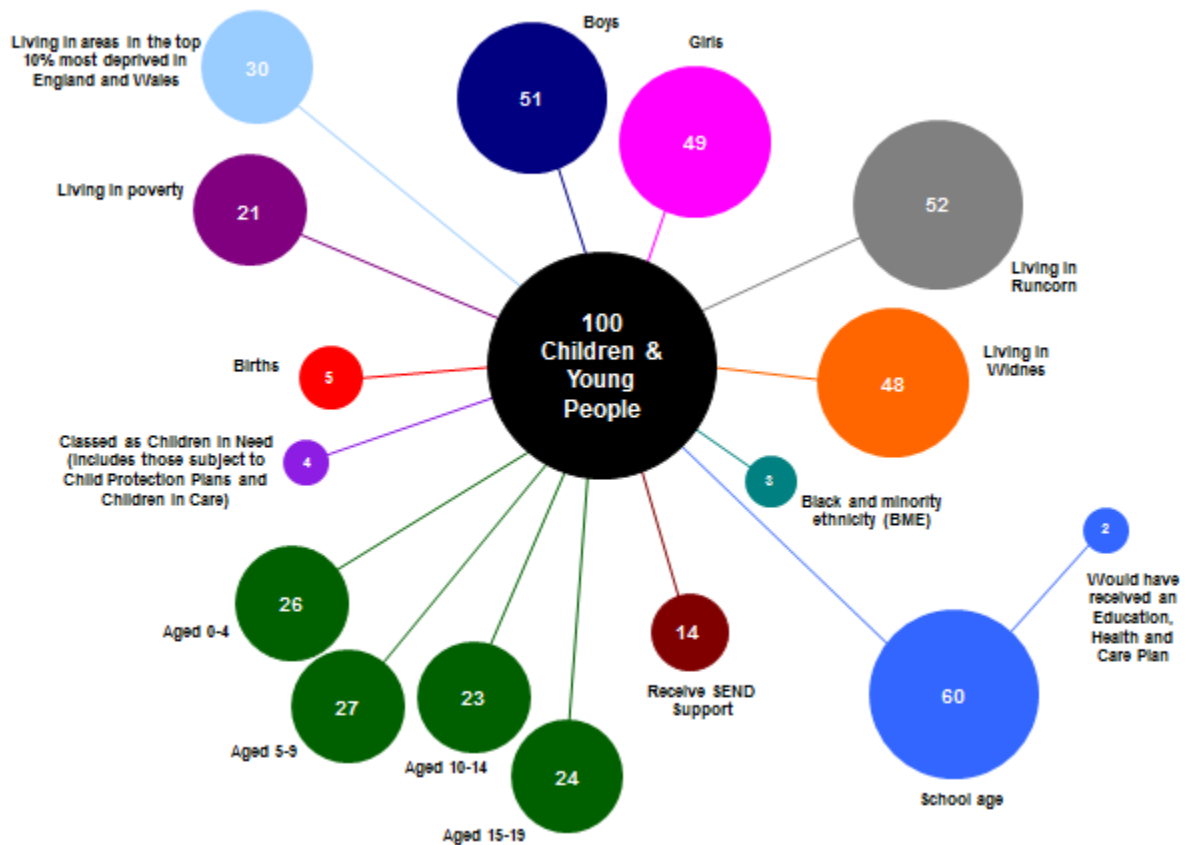
Living in poverty damages physical and psychological health in children and their families and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress. In spite of the extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects, the majority of poor families do not neglect their children. Yet the increased stress associated with poverty can make coping with the psychological as well as the physical and material demands of parenting much harder. In this respect poverty can add to the likelihood of poorer parenting and neglect and be one of many cumulative adversities a child experiences.



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Local Context

Halton has population of 126,900 (Office for National Statistics 2016), which was an increase of 380 from the previous year and an increase of 1,180 since 2011. If Halton was a village of 100 people:

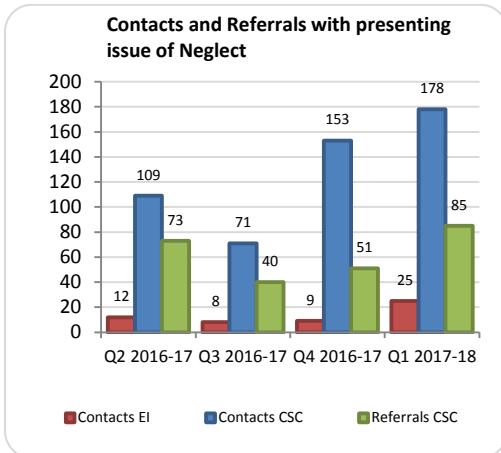


In the last 12 months

- **54** contacts have been received in relation to Early Intervention where the presenting issue was neglect.
- **511** contacts have been received in relation to social care where the presenting issue was neglect.
- **249** referrals have been received by social care where the presenting issue was neglect.
- Of the children who are open to children's social care at child in need level in July 2017, 274 have some recording in relation to neglect historic or current. This is **41%** of the cases open.

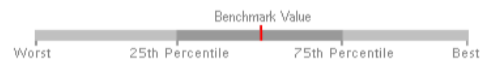
- Of the children who are subject to a child protection plan in July 2017, 105 have some recording in relation to neglect (historic or current). This is **71%** of the child protection plans.

The trend is that of **increase** with more contacts and referrals with the presenting issue of neglect, quarter on quarter.



The deprivation levels in Halton are higher than the national average.

Compared with benchmark: Better (green circle), Similar (yellow circle), Worse (red circle), Not Compared (grey circle)



Indicator	Period	Halton		Region England		England		Worst	Range	Best
		Recent Trend	Count	Value	Value	Value				
Deprivation score (IMD 2015)	2015	–	–	31.9	–	21.8	42.0		5.7	
Children in low income families (under 16s)	2014	↓	6,415	25.9%	22.8%	20.1%	39.2%		7.0%	
Statutory homelessness	2015/16	↑	81	1.5	1.0*	0.9	8.9		0.1	
GCSEs achieved	2015/16	–	781	55.8%	56.6%	57.8%	44.8%		74.6%	
Violent crime (violence offences)	2015/16	↑	2,169	17.2	17.3	17.2	36.7		6.7	
Long term unemployment	2016	↓	358	4.5*	3.9*	3.7*	13.8		0.7	

(Public Health England Profiles)

What is working well

Halton Safeguarding Children Board offers a range of training to the multi-agency partnership on safeguarding children. 'Working Together' training provides a comprehensive overview of the multi-agency levels of need, expectations and responsibilities.



In addition the Halton Safeguarding Children Board also offers Neglect training which supports professionals to; develop a clear understanding of the impact of neglect identifying Neglect, identifying Neglect and managing neglect cases including the use of the Graded Care Profile.

Multi-agency audits completed by the Safeguarding Children Board include the auditing of Neglect cases through the continuum of need. Messages from those audits have identified that positive outcomes for children rely on strong partnership working, clear and consistent support to families and innovative thinking.

Lack of Dental care for children can be the first signs of neglect for children In Halton there are a number of initiatives to reduce the risks associated with dental neglect. Poor rates of oral health tend to be higher in areas of high deprivation, however according to the DHNA for Merseyside it is identified that Halton's dental care for our young people is better than the national average although lower than the North West average. Within Halton the dental strategy is working to reduce the dental decay seen in other areas of similar deprivation. (DHNA Merseyside report).

Halton's Priorities

- To improve awareness of and the recognition of neglect so that families receive help at the earliest stage reducing the risks of neglect.
- Children and families receive effective support from a skilled multi-agency workforce.
- The work force and resources are developed to support early identification and consistency of approach across multi agency partnership.

The most effective interventions are often those that are preventive instead of reactive. Preventive interventions address risk factors likely to result in future problems for particular families, without waiting for those problems to emerge. We want to ensure that there is early recognition and response to child neglect in Halton and that multi-agency intervention from early help to child protection is consistent and focussed on strengthening parental capacity and enabling children to thrive.

The NSPCC reports that Neglect is the most common type of abuse experienced by children and young people in England; it is highest reason for referrals to Children Social Care Services and Child Protection planning across Britain.

<https://www.nspcc.org.uk/globalassets/documents/statistics-and-information/child-protection-register-statistics-england.pdf>.

The statistics identify that:



- 1 in 10 children in the UK are effected by Neglect (NSPCC 2016)



- 29% of children contacting the NSPCC in 2016 related to Neglect.
- 60% of serious case reviews involved Neglect
- Some children are particularly vulnerable. At risk groups include children born prematurely, Children with Disabilities, adolescents, Children In Care, runaways and asylum seeking children.

Whilst the impact of neglect on children within the first 18 months is well documented, neglect at later stages of life is just as damaging. Studies have highlighted that were neglect is continual for a child; practitioners can become accustomed to it and therefore may not respond quickly enough in order to limit the impact.

Neglect is also challenging for practitioners as it is frequently passive and not always intentional. It is more likely to be a chronic condition than crisis led and this impacts on how agencies respond. It is often combined with other forms of maltreatment.

Neglect can be difficult to define because professionals sometimes base their judgements on their personal perceptions and are influenced by their professional backgrounds. What is 'good enough' care is also sometimes difficult for practitioners to agree on and as a consequence there are occasions when vital information may be overlooked and communicated.

Families often need long term support and professionals may not agree about the threshold for intervention in the absence of a clear cut agreement about what constitutes neglect. Therefore it is important to have an agreed framework and a range of tools to support them to reflect on individual circumstances for children and to assess the impact to ensure appropriate actions.

Working across services

Children are at greater risk of experiencing neglect where they live with parents who have mental health problems, drug and alcohol issues and are in abusive relationships. Professionals working within organisations who come into contact with adults who experience these difficulties should be vigilant in how the presenting issue impacts on their capacity to care for their children. Communication with colleagues in children's services is essential in identifying earlier, issues of neglect and providing the right support at the right time. Professional's in the adult partnerships need to understand the signs of neglect on children and likewise support professions in the children's partnership to recognise increasing risks in adult's behaviour as a consequence of mental health, substance misuse or abuse.

The impact of experiencing a neglectful childhood can be seen as the young person moves into adulthood, increased likelihood of mental health difficulties, low self- esteem, criminality and substance misuse are all increased risks for the neglected child. By tackling neglect earlier together we reduce the prevalence of later difficulties and generational issues.

Monitoring, Review and Evaluation

An action plan has been drawn up which has taken account of where we are now, what we plan to do, milestones along the way and who has responsibility to drive the key priorities forward. Progress will be measured, challenged, supported and monitored through these forums.



- The Quality Assurance and Scrutiny Board will monitor progress of the Neglect Strategy and the desired outcomes.
- Agencies will undertake audits within their organisations and engage in multi-agency audits, whereby findings will support continued development and evidence impact and outcomes for children.
- Adults Safeguarding Board will support the recognition and identification of neglect ensuring attendance at safeguarding training.

Action Plan

	Priority	Action	Timescale	Outcome
1	Improve awareness of and the recognition of neglect	<ul style="list-style-type: none"> Quality training to be delivered to the multiagency partnership All agencies will ensure that their reporting systems include Neglect as part of their reporting framework. 	Annual and rolling Training programme	<ul style="list-style-type: none"> Practitioners will have a shared understanding of neglect and of the levels of need ensuring support is delivered at the right stage
2	Children will receive help at an earlier stage	<ul style="list-style-type: none"> To develop a range of assessment tools that support practitioners to inform decisions and support families to understand change. Improve links to Adult Services Tested at audit that Multi agency partnership working at all stages of the levels of need, know what services, commissioned and statutory, are available to families. 	<p>April 2018</p> <p>Sept 2018 Audit programme</p>	<ul style="list-style-type: none"> Increase in Common Assessment Frameworks undertaken. Reduction in numbers of children exposed to neglect Parents will have access to services that support their individual needs and understanding
3	Children and families will receive effective support from a skilled multi-agency workforce to ensure that protection is given.	<ul style="list-style-type: none"> To develop and make available a range of assessment tools (i.e.Neglect Protocol) and resources setting out the key lessons from research, local and national SCRs around the dangers of drift and the impact of neglect on child development, so that agencies can have a good understanding of the research base to inform the way they apply the threshold for intervention. To train Multi-agency partnership to understand what good looks like and the threshold for intervention Monitor quality assurance of multi-agency working to ensure standards of services continue to improve outcomes for children 	<p>April 2018</p> <p>Annual and rolling Training programme. Audit programme</p>	<ul style="list-style-type: none"> Increase in the number of assessments, informed by tools such as the homes check and Graded Care Profile Children's exposure to neglect and it's impact will reduce Families will understand expectations of care and what needs to change Plans for children will be informed by robust assessment, shared goals and appropriate support
4	Neglect will be seen as an across all services issue	<ul style="list-style-type: none"> To provide joint training with adult services Clear communication pathways between adult services and children's services Learning from Serious Case Reviews and Practice Learning Reviews will be disseminated to all front-line staff to inform their practice on messages learnt. 		<ul style="list-style-type: none"> Children's and adults needs will be met to reduce Neglect Reduced number of re-referrals for Neglect

