

## Neglect Strategy



**A partnership approach to tackling neglect in  
Hounslow**

**2017 – 2019**

## 1 Introduction

- 1.1 The impact of neglect on children is significant. As well as being potentially fatal, neglect causes great distress and leads to poor health, educational and social outcomes in the short and long-term (*NSPCC, 2014*). Consequences of neglect can include health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life (*Taylor and Bridge, 2005*), thereby repeating the cycle of neglect and consequential abuse.
- 1.2 It can be difficult to define neglect and research shows that it often co-exists with other forms of abuse and adversity. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the maltreatment and on what support mechanisms, resilience strategies and protective factors are available to the child (*From Pathways to harm, pathways to protection. A triennial analysis of serious case reviews, 2011 to 2014*).
- 1.3 Nationally, neglect is consistently the most common reason for being subject to a child protection plan as well as being a serious factor in the majority of serious case reviews.
- 1.4 Neglect is the most prevalent child safeguarding issue in Hounslow and tackling neglect is a key priority for the Hounslow Safeguarding Children Board (HSCB) because of the serious impact it has on long-term outcomes for children. Our joint response to neglect has been driven by the HSCB and has included: a multi-agency conference on neglect, the development of a Quality of Care Assessment Tool (QoC Tool); consultations with social workers, their managers and health partners; and delivery of multi-agency training on neglect. These actions continue to aid the development of our practice in this area.
- 1.5 This multi-agency strategy has been developed in response to our improving knowledge and understanding of the causes and effects of neglect; learning from local case reviews within Hounslow and from the Ofsted Thematic Inspection Report: *In the child's time: professional responses to neglect (March 2014)*.
- 1.6 This strategy should not be viewed in isolation and should be considered alongside other key documents including early help policies and procedures, Hounslow's Thresholds Guidance and Assessment Protocol 2016 and the Child and Family Assessment Notification ([Hounslow Threshold Guidance & Assessment Protocol](#) and [Hounslow CFAN Referral Form.pdf](#)).

## 2 Definition of neglect.

- 2.1 Neglect is defined in *Working Together to Safeguard Children 2015* as:

"the persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect the 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.
- 2.2 Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.
  - 2.3 Neglect can also be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.
  - 2.4 The impact of neglect of children is often accumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm.
  - 2.5 Evidence of neglect may present through signs and symptoms noticed by different agencies in relation to different children in the family at different points in time. It is important that all agencies feel confident in identifying emerging problems and potential unmet needs and seek to address them as early as possible.
  - 2.6 It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome

### 3 Purpose and Scope

- 3.1 The overarching aim of the Neglect Strategy is to promote the welfare of children and young people and to improve their outcomes. The strategy sets out our approach to tackling neglect and outlines three strategic priorities to improve the quality, reach and scope of our response.
- 3.2 The strategy was developed through Hounslow Safeguarding Children Board and applies to agencies across all sectors. The strategy is relevant to practitioners, supervisors, managers, educators, commissioners and providers of services for children and parents including adult services. Organisations who are expected to understand, recognise and respond to signs of neglect include:

Adult Services Ambulance Service Children's Services Clinical Commissioning Group CAMHS Community Rehabilitation Company	Dentists Education providers Environmental Health Fire Service GPs Metropolitan Police Housing	NHS Providers Opticians Probation Services Youth Offending Service Voluntary and Community Sector organisations
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- 3.3 Universal and early intervention services have a critical role in identifying and addressing the safety needs of the child, alongside child protection services.
- 3.4 The accompanying Delivery Plan identifies areas of work that take account of both local priorities and the findings from Ofsted's thematic inspection of neglect.

### 4 Risk Factors

- 4.1 Risk factors help understand the child's experience and help agencies determine priorities for offering support, however, they should be used and interpreted with care. Factors associated with an increased risk of neglect may also act as risks for a range of adverse outcomes, not just neglect or maltreatment.

- 4.2 It is important for practitioners to be able to distinguish between a risk of neglect occurring and indicators of actual neglect.
- 4.3 There are different categories of risk factors that increase the likelihood of neglect in some families: child risk factors; parental risk factors; and wider determinants of health.

Vulnerable families may have a combination of the following risk factors:

Child risk factors	Parental risk factors	Wider determinants of health
<ul style="list-style-type: none"> <li>• Disability</li> <li>• Chronic ill-health</li> <li>• Pre-term or low birth weight baby</li> <li>• emotional and behavioural problems</li> </ul>	<ul style="list-style-type: none"> <li>• Poor mental health</li> <li>• Domestic violence and abuse</li> <li>• Alcohol and substance abuse</li> <li>• Maternal low self-esteem and self-confidence</li> <li>• Poor parental level of education and cognitive ability</li> <li>• Poor experience of caring behaviour in parents own childhood</li> <li>• Depriving physical and emotional environment in parents own childhood</li> <li>• Experience of physical, sexual, emotional abuse in parents own childhood</li> <li>• Health problems during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Unemployment</li> <li>• Poor living conditions</li> <li>• Social isolation and lack of community support</li> </ul>

Whilst poverty is a recognised feature, not all of the above risk factors are exclusive to children and young people living in poor households.

- 4.4 The QoC Tool has been introduced to support workers to assess the quality of parental care. In families where concerns about parental care are substantiated, the tool supports balanced and considered professional judgement of the extent to which children may be harmed. This clarity helps to develop appropriate and specific plans to assist parents to change. Assessing the full spectrum of parental care is complex and multi-faceted; national serious case review research has shown professional practice is often hampered by:

- The overwhelming nature of neglectful parenting particularly if intergenerational.
- Hopelessness in families with multiple difficulties - domestic abuse, substance misuse and mental illness.
- Families exerting an emotional ‘pull’ creating a reluctance to judge.
- An impulse to take a fresh approach and failure to take full account of family or case history. (So-called ‘start again syndrome’).

Hounslow social workers are required to use this tool in cases where neglect is the primary concern.

## **5 Understanding the local context and measuring impact of the strategy**

### **5.1 Local context**

Hounslow's population is growing and changing, with high levels of international migration and a high birth rate creating an increasingly diverse and young population. 2015 mid-year estimates calculate the child population (0 to 17 years) as 62,600, approximately 22.9% of the total population in Hounslow.

According to Government measures, Hounslow has more local areas (measured as Lower Layer Super Output Area or LSOAs) in the 20% and 10% most deprived in 2015 than it did in 2010. There is also a wider issue of financial hardship, with many people who are 'working poor', where despite being in employment they are still reliant on welfare support. It is often these people who are housed within the private rented sector because of the lack of available social rented and affordable housing stock.

In 2015/16 the rate of children who became the subject of a CP Plan per 10,000 population was lower than the rate for England and Outer London. Of the 243 children who became subject to a CP Plan in 2015/16, 52% were initially identified with concerns of neglect. This was 7% higher than the national rate.

46 of the 243 children in Hounslow on a CP plan during 2015/16, were previously subject to a CP Plan. The category of abuse for 22 out of the 46 was neglect.

### **5.2 Performance indicators**

There are a wide range of performance indicators which will provide local context as well as provide insight into the effectiveness of the neglect strategy and the implementation of the action plan. Performance against these indicators will be reported to the HSCB through the HSCB dataset or through the Early Intervention dataset currently being developed by the Strategic Management Oversight Group for Early Intervention. Examples of these indicators include, but is not limited to, the following:

- Proportion of children subject to a child protection plan where the category of abuse is neglect.
- The number of re-registrations under the category of neglect.
- Reduction in persistent school absenteeism.
- Families First: number of families where outcomes have improved.
- Number of domestic abuse factors identified at the end of a Child and Family Assessment

## **6 Key principles in tackling neglect**

The following shared principles have been adopted to tackle neglect in Hounslow. These will inform our actions and provide a reference point to evaluate quality of practice and impact.

- 6.1 The safety, well-being and development of children is the overriding priority.
- 6.2 We will enable a shared understanding of neglect and its impact on children. The child's day to day experiences are understood.
- 6.3 We will promote positive parenting that meets children's needs. Parents are clear about their responsibilities and what is expected of them.
- 6.4 We will ensure a whole family approach is owned by all stakeholders.

- 6.5 Effective information sharing informs assessments and evaluations of risk. Historical information will inform the present position and identify families at risk if inter-generational neglect.
- 6.6 Rigorous child-centred assessment informs effective intervention and tracking of children's progress to ensure risk is reduced. The views of the child will be central to the work with the family.
- 6.7 We will intervene early to prevent children experiencing persistent neglect. Help needs to be of a kind and duration that sustains the safety of children into the future.
- 6.8 Decisive action will be taken when improvements are not made. Professionals challenge each other appropriately to ensure good practice.
- 6.9 Professionals and support staff will be well-trained, confident and knowledgeable.

## 7 Strategic Priorities

7.1 In its 2014 report into a number of thematic inspections (*In the Child's Time: Professional Responses to Neglect*), Ofsted identified that "the pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is well documented". Findings from both inspections and research highlight the following areas as being key components to a successful, multi-agency response to neglect.

- Early recognition
- Robust management oversight and supervision
- Specialist training
- Acknowledgement of complexity
- Effective and timely professional responses both for help and protection

7.2 Partners have agreed the following strategic priorities to tackle neglect in Hounslow:

### Priority 1: Leadership and Partnership

#### Secure a collective commitment to tackle neglect across the partnership and demonstrate effective leadership in driving forward changes required

- Early identification and the effective response to neglect is a priority across all organisations, both statutory and non-statutory.
- Develop a multi-agency strategy to support the delivery of an effective range of interventions to tackle neglect.
- Promote a clear local partnership response to neglect that takes a 'Whole Family' approach with Early Help Services available across the partnership which are focused on supporting those at risk of disadvantage.
- Leaders drive the importance of sharing information appropriately in order to tackle neglect effectively.
- Leaders ensure their staff are sufficiently trained (both single and multi-agency training) to recognise and tackle neglect and are particularly alert to the risks arising for children with special needs and disabilities.

## **Priority 2: Prevention**

### **Improve awareness, understanding and early recognition of neglect in Hounslow**

- The multi-agency workforce has a better understanding of neglectful parenting and its potential impact on babies, children and adolescents.
- The multi-agency workforce is better able to recognise neglectful parenting and the importance of early intervention. Practitioners are confident enough to identify early where sustained change in families cannot be achieved.
- Members of the community are better equipped to recognise neglect in all its forms and how to report it.

## **Priority 3: Intervention**

### **Improve the effectiveness of interventions to tackle neglect**

- Effective, multi-disciplinary assessment processes are in place and routinely used. The Quality of Care Assessment tool is used to enable a comprehensive consideration of the wide ranging aspects of parenting and risk factors.
- Timely, multi-agency services are provided to prevent problems getting worse so that fewer children and young people are being brought up in households suffering from neglect. Families are supported to develop the skills, knowledge, resilience and capabilities required to be self-reliant and thrive.
- Interventions match the assessed needs with clear achievable targets in realistic timescales.
- Professionals receive effective supervision to help them test, challenge and reflect upon their analysis of risk to children and young people, particularly in the context of neglect and the cumulative indicators of harm.
- Professionals challenge each other and escalate as appropriate when there are professional differences.

## **8. Review**

This Strategy was endorsed by HSCB members on 22<sup>nd</sup> May 2017 and will be reviewed on a two-yearly basis for relevance and effectiveness. The first review is due in May 2019.

The Delivery Plan will be subject to continual monitoring against identified outcomes by HSCB. The process and difference made to children, young people and their families will be reported in future HSCB Annual Reports.