

Shropshire Safeguarding
Community Partnership

Neglect Strategy 2020 – 2023

Strengthening Families – putting children first



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Neglect is the most cited reason for children to be referred to Children's Social Care and for becoming Looked After, the principal purpose of this strategy therefore is to prevent and reduce neglect across Shropshire. It is also for this reason that the Shropshire Safeguarding Partnership has childhood neglect as one of its key strategic priorities.

We know that when children are neglected it impacts on their development through childhood, adolescence and into adulthood, and that it is highly likely that the consequences of childhood neglect will endure through a person's whole life course.

Through this strategy we will secure a better understanding of and more strategic and joined up multi-agency approach to tackling neglect.

This strategy has been developed through the sheer hard work of a number of professionals across agencies, drawing on their experience and expertise, and as such we will be well placed to improve the lives of children and families affected by neglect. I would like to take this opportunity to formally thank all of those who have contributed to the development of this strategy.

Ivan Powell – Chair, Shropshire Safeguarding Partnership

Background

The experience of neglect during childhood can have significant, long lasting and extensive consequences, affecting all aspects of a child's development. Sadly, for some children the consequences of neglect are fatal. Whilst the harm resulting from neglect can be especially damaging in the first 18 months of a child's life, it has a cumulative impact across childhood and into adolescence and so affects all our children and young people. The effects of neglect include cognitive and other physical development, educational achievement, children and young people's emotional wellbeing, and behavioural difficulties. 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. Consideration needs to be taken into individual development and context, including social and economic factors such as poverty and deprivation, family, environment and community resources. In addition, practitioners should be aware that neglect is an area which can be open to personal and moral judgements.

'To address fully the impact of neglect in our society we cannot look at changing parenting alone. Children's lives must be understood within the context of both the strengths and difficulties within families... and the wider structural issues, such as poverty and unemployment, within our society.'
(Scott and Daniel, 2018)

A key message is that neglect is preventable and can be tackled if agencies work together to develop the range of responses required for intervening at a number of levels.

Defining Neglect

Working Together to Safeguard Children (2018) 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 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 caregivers)
- 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:

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

Further information regarding these classifications can be found in Appendix 2.

Experience of Neglect at different ages

Howarth also noted that children and young people experience the impact of neglect differently at different ages, identifying different main impacts at different stages of a child or young person's life:

- Infancy (birth to two years)
- Pre-School (two to four years)
- Primary (five to eleven)
- Adolescence (twelve to eighteen)

It is important for neglect to be seen in the context of the experience of each individual. Therefore, consideration should be given to whether neglect began in this age group or has in fact been occurring for a longer period.

Further information regarding the potential impact of neglect at these ages and stages can be found in Appendix 3.

Whilst it is good practice to see neglect through the experiences of the child or young person prenatal neglect can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately.

The definition of neglect in Working Together (2018) lists neglect during pregnancy as a result of maternal substance abuse. In addition to this in Shropshire we acknowledge that parental mental health and domestic abuse, both of which may impact the way in which a baby develops in the womb, and failure to attend prenatal appointments and/or follow medical advice will also contribute to prenatal neglect.

Understanding how many children are affected by neglect is difficult as data is limited to formal reports and assessments of neglect in children's services and in addition much neglect is not reported, known or recorded.

Throughout England, neglect is one of the most common reasons for children to be assessed as in need of a social care intervention.

Nationally, in 2017/18, neglect was identified as a risk factor in 18.8%, or just under 1 in 5 of all Social Work Assessments.

Within Social Care, children who are subject to neglect make up a significant proportion of all cases. For children on Child Protection Plans, Neglect is the most prevalent category of abuse, with benchmarking data showing that at the end of March 2018 47.5% of all Child Protection Plans nationally were categorised as Neglect. This was followed by Emotional Abuse (36.8%), Physical Abuse (3.6%) and finally Sexual Abuse (3.9%).

What does the data tell us about Neglect in Shropshire?

Shropshire has, in the past, seen higher levels of neglect identified at assessment than the England average. In 2017/18 (the latest benchmarking data available) Neglect was identified in 27.5% of assessments (against the England average of 18.8%). However, it should be noted that these factors are subjective, and considerable variance is seen in the data – with a high of 37%, and a low of 5%.

2018/19 data suggests this identification of Neglect in Shropshire has increased to 33%, which may be attributable to the increased profile of neglect, having once again been selected as a Shropshire Safeguarding Partnership priority. The roll out of the NSPCC Graded Care Profile 2, learning from Serious Case Reviews and the setting up of a task and finish group looking to refresh and relaunch the neglect strategy has also raised awareness.

Overall 52% of children where neglect was identified at assessment were age 7 or under, with the largest proportion (16%) of children identified at risk of neglect being those aged under 1, or pre-birth. The remaining 48% of the children are aged between 8 and 17 years with each year averaging at a proportion of 5% of the total number of children where neglect is an assessed need.

Where neglect is identified, there is a strong connection to associated risk factors. The most commonly identified factors identified alongside Neglect in Shropshire in 2018/19 were:

- Parent Mental Health 57%
- Parent Domestic Abuse 53%
- Emotional Abuse 48%
- Parent Drug Misuse 43%
- Parent Alcohol Misuse 38%

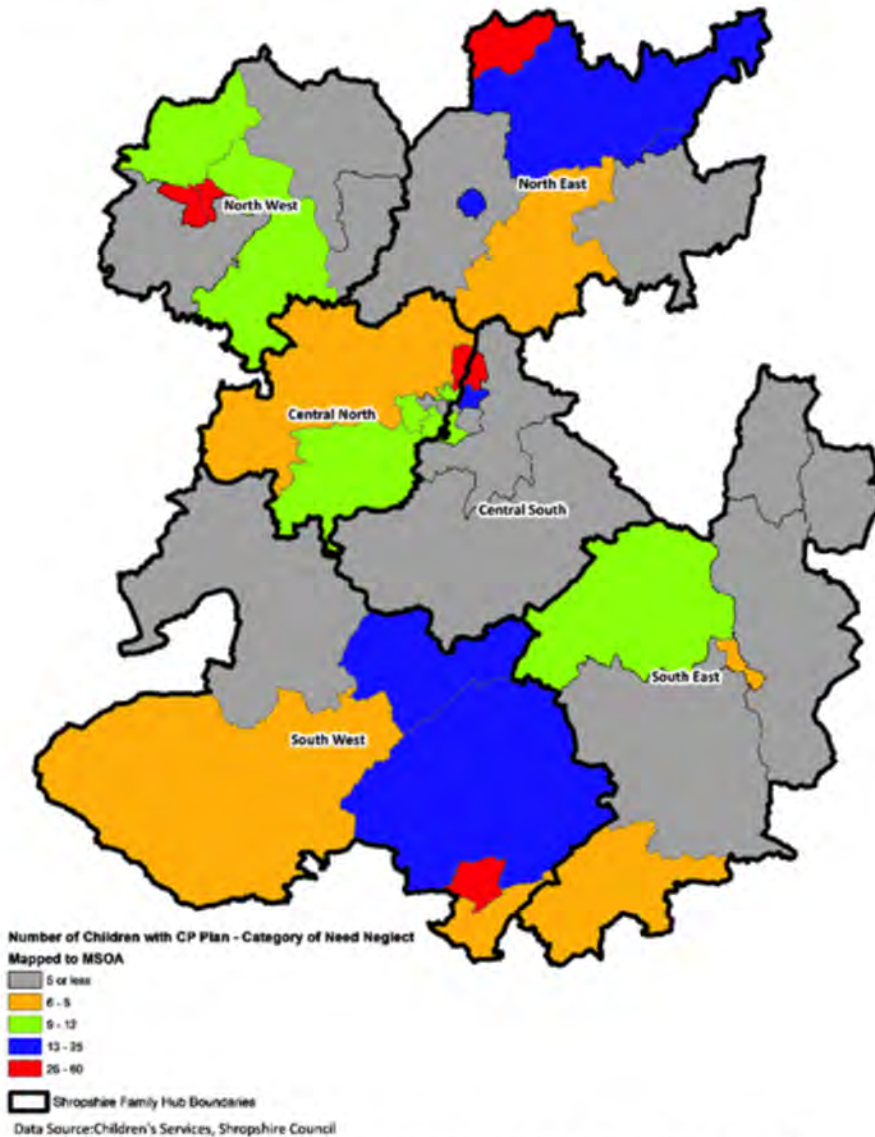
This highlights that compromised parenting remains a significant risk to the safeguarding and care of children.

The proportion of Child Protection Plans with Neglect as a primary category of need at year end remained stable in 2018/19 at 51%, which is close to the England average (47.5%). This was a slight increase from Shropshire’s 2017/18-year end (49%), though the proportions have been relatively stable since 2016/17’s peak of 61% of all Child Protection Plans at year end.

It should be noted that since year end 2018/19, the number of children and young people in Shropshire who are subject to Child Protection Plans has fallen, and the proportion of these plans with neglect as their latest category of abuse has fallen from 51% to 46.7% (at 01.08.2019), which is lightly lower than the England average.

This map shows the numbers of children with a Child Protection Plan with the category of Neglect mapped geographically by Early Help Hub area over a three-year period between 2016-2019.

Number of Children with a CP Plan (2016-2019) with Category of Need Neglect Mapped to Middle Super Output Area (MSOA) with Family Hub Boundaries overlaid.



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This evidences that the highest concentrations of children with Child Protection Plans for Neglect live in the market towns of Oswestry (North West Early Help Hub area), Whitchurch (North East Hub area), Shrewsbury (both North and South Shrewsbury Hub areas) and Ludlow (South West Hub area). There are also significant numbers of children living in Market Drayton and Wem (North East) and Church Stretton and Craven Arms (South West).

A number of factors could be attributed to why there are more children on Child Protection Plans in these areas including the towns being more densely populated than the rural areas of Shropshire and there being a higher concentration of services working with children and families in these areas. These areas also align with those identified in the Index of Multiple Deprivation (IMD) 2015 as some of the most deprived areas nationally and in the Income Deprivation Affecting Children Index (IDACI) 2015 which measures the proportion of children under the age of 16 that live in low income households.

Numbers are comparatively low in the South West of the county; this is consistent with the numbers of children on Child Protection Plans under all categories of need in Shropshire.

Summary of key facts from Shropshire Children's Services data

- During 2018/19 1 in 3 Social Work Assessments in Shropshire were identified neglect as a risk factor;
- During 2018/19 there were 163 children on a Child Protection Plan due to Neglect in Shropshire;
- In Shropshire concerns around Neglect are related to similar concerns about compromised parenting, particularly due to parental mental health and domestic abuse
- During 2018/19 just over half of cases where Neglect is cited as a key factor at Social Work Assessment in Shropshire were for children age 7 years or under, with most concern being raised for infants under 1 or at pre-birth. This is in contrast to the national picture
- Within Shropshire, 38% of such assessments are closed at this stage without further intervention or support from social services.
- Many children subject to Child Protection Plans for Neglect live in deprived areas, but neglect can and does occur in affluent areas of Shropshire
- During 2018/19 38% of Child Protection Plans for Neglect which ceased had an end reason of 'child became a Looked After Child'.

Neglect continues to be an area of focus in Shropshire and is a Shropshire Safeguarding Partnership (SSP) priority for 2019 - 2022. Prior to being an SSP priority Neglect has been a Shropshire Safeguarding Children Board priority since 2016.

What we've achieved so far in Shropshire

This is Shropshire's second Neglect Strategy, having first developed a strategy in 2016. So far, we have:

- Introduced the NSPCC Graded Care Profile 2 (GCP2) in November 2016 to support multi-agency professionals in their recognition of neglect and inform support. GCP2 provides a consistent evidence-based assessment tool for practitioners to use with families. Between November 2016 and April 2019, 364 multi-agency front-line practitioners have been trained in GCP2. These practitioners are from Targeted Early Help, Social Care, Housing, schools and colleges, Early Years providers, Police, Youth Offending Service, Health and Voluntary and Community Sector. Despite multi-agency training being provided the use of the GCP2 is still low in Shropshire. One reason for this has been given around the assessment being time consuming. This feedback, and the low use of the GCP2 is consistent with the national findings identified in an evaluation of GCP2 carried out by NSPCC in 2018. Research also suggests that full implementation of a new model can take two to four years (Fixsen et al, 2005).

"I think the negatives for the practitioners, it does take a long time to complete, but then if you're talking about a child's welfare then what is time?"

(Detective Inspector)

Implementation Evaluation of the Scale-up of GCP2, NSPCC, March 2018

The Graded Care Profile 2 (GCP2) is a reliable and validated assessment tool, designed to help practitioners identify when a child is at risk of neglect (Johnson et al, 2015) which has been proven to be effective in identifying neglect and supporting parents to recognise neglect, and the associated risks, and make positive changes for their child's future. Therefore, the GCP2 will be re-launched and promoted as part of this strategy, alongside a Neglect Screening Tool which will be used to identify signs of neglect at an early stage and alert the need for further action, assessment and intervention.

"I used CCP2 with a family who were showing signs of emerging neglect. By completing the assessment with the family, it highlighted that although some areas required some support overall the family were doing ok with 4 of their children. GCP2 did highlight though that the attachments between the parents and one child were damaged and that they were treating him differently which was having an emotionally neglectful impact and impairing his development. the assessment was effective in helping the parents recognise that they were not meeting their child's emotional needs fully and helped them to make positive changes for their children."

(Early Help Family Support Worker)

- Developed a programme of multi-agency audits and child journey audits across Social Care and Targeted Early Help to identify good practice and challenges. Key learning from audits has been embedded into the learning culture to improve the safeguarding system.
- Shropshire adopted a generic risk assessment framework in 2017 (SRAF – Shropshire Risk Assessment Framework) designed to guide all agency assessment. Its strength lies in it balancing risk, resistance and resilience from the Early Help field through to reunification. It sits alongside, but does not replace, more specific tools such as the Graded Care Profile 2 used to assess the impact of neglect on children's development. The SRAF extends the value of the GCP2 by embracing the parental risk factors and environmental risk factors that create the impact for the children and young people concerned. It also offers a matrix to indicate outcomes which is cross-referenced with the Safeguarding Partnership threshold document as whilst staff are significantly more aware of neglect there is still inconsistency in deciding which system and services is best served to undertake the work indicated. The need to embrace the potential for parental change is also encompassed by the SRAF and links it to motivation and resistance. Resilience is a significant part of any assessment especially if there is no current correlation between the parental deficits and the child's developmental impairment. The SRAF offers a matrix to examine whether harm has occurred or is imminent/anticipated so staff can act in a timely rather than a tardy fashion.
- Specialist Lead roles have been introduced in both Midwifery and the Public Health Nursing Service (PHNS). These include:
 - Midwifery - Safeguarding and Improving Women's Health Midwife;
 - PHNS - Emotional Health and Well-being lead, SEND (Special Educational Needs and Disabilities, including other vulnerable groups), Safeguarding lead based at Compass. All Public Health Nurses have regular safeguarding supervision
- Introduction of the Safeguarding and Supporting Women with Additional Needs (SSWwAN) Group. This is a multi-agency group which is led by Maternity Services to promote the health and well-being of mother, baby and her family, identifying any risk factors or safeguarding concerns.

What does audit tell us about Neglect in Shropshire?

A focused multi-agency audit of cases where children and young people were experiencing neglect was carried out in January 2019 by the Shropshire Safeguarding Children Board (now known as Shropshire Safeguarding Partnership).

Of the sample of cases audited all had parental substance misuse and/or domestic abuse as a risk factor.

Elements of good practice were identified and included positive engagement between agencies and record keeping. The audits also identified that there is more work required across the partnership to develop a consistent and fully effective response to neglect.

- Greater and more consistent use of the Graded Care Profile 2 is required to ensure that the needs of children are assessed effectively, and the impact of any intervention is measured. Where GCP2 is carried out by an individual worker it needs to be routinely shared with other agencies working with the family;
- Core group minutes are not routinely distributed to all agencies involved in the support of a family;
- The benefit of multi-agency chronologies is not being realised by professionals.

Through embedding learning from case audits in Shropshire we will aim to improve the safeguarding system.

Early Help

Early Help has a key role to play in supporting parents and preventing children becoming at risk from neglect or abuse. Shropshire offers a wide range of targeted Early Help support, parenting programmes and commissioned provision as part of our Early Help offer. Six Early Help hubs are located in the market towns where the greatest levels of need have been identified and offer access to a range of support available to meet the needs of each locality. Effective Early Help has the potential to reduce pressure and future demand on Children's Social Care by reducing child maltreatment and neglect, however this is in the long term, rather than the short term.

What children and young people say about Neglect?

National research undertaken by Cossar et al in 2013 & 2016, says that children think that:

- of all maltreatment, neglect is the least easy for them to recognise;
- it's hard to tell someone or talk about neglect;
- loyalty to family is a barrier;
- forms of neglect include:
 - food deprivation
 - being shut out of the house
 - being left alone for extended periods
 - having to take responsibility for caring for siblings
 - parent's not being interested in them.

In Shropshire we value the importance of engaging with children and young people. Therefore, a selection of children and young people who are on safeguarding and Early Help plans where neglect is a factor will be consulted with to find out what neglect means to them. This feedback will help us to inform improvements and ensure that the journey of children and their lived experiences are understood and responded to appropriately.

Serious Case Review findings

The “2019 Triennial Analysis of Serious Case Reviews” identified that neglect was the category of abuse in 50 out of 84 children who were (or had been) subject of a child protection plan. The report which analyses serious case reviews covering the period 2014-2017 identified the following key learning points:

- The links between domestic abuse, substance misuse and poverty are complex and often interdependent. Addressing a single issue will not deal with the underlying cause or other issues present; children were left at risk when short-term solutions addressed only the immediate issues followed by case closure.
- Professionals can become accustomed to working with children living in areas of high deprivation; this can lead to normalisation and desensitisation to warning signs such as poor physical care, smelly and dirty clothes or poor dental care. Supervision/case management has a crucial role in enabling practitioners to identify poverty and work proactively with families.

- Housing services are not generally seen as a safeguarding agency but may have valuable information. Many families were living in unstable and inadequate housing. In the rare instances when housing services did feature in SCRs, their involvement did not result in decisive action. Involvement is made more challenging with the rise of private sector housing where there is no safeguarding point of contact.
- Professionals can be reluctant to name neglect, especially if this could be a barrier to family engagement. This points to the importance of a multi-agency approach to identification and assessment through which differing views and perspectives can be robustly triangulated.
- Parents living in poverty often have fewer social, emotional and physical resources to call upon; feelings of shame and hopelessness may hinder their seeking or accepting help.

Preventing Neglect – a new way for working

Guiding principles

This strategy sets out our approach to tackling neglect in Shropshire. For the strategy to be successful it needs to be embedded in the culture and ethos of the Shropshire Safeguarding Partnership (SSP). The following principles form a strategic framework for professionals across Shropshire:

- 1. Shared understanding** – All professionals and agencies, including those who don't predominantly work with children, must have a shared understanding of neglect and the safety, well-being and development of children and young people as an overriding priority.
- 2. Voice of the child** – in all of our work on neglect it is vital to hear the child's voice and focus on their lived experiences and the impact neglect has had – and is having – on their lives. The safety and wellbeing of the child or young person is paramount, and they should be kept at the centre of our support. Obtaining feedback from children and young people is an important part of hearing and responding to their voice. The views of children and young people who have experienced neglect will be used to inform and develop practice and to refresh this strategy prior to its next review.
- 3. Effective Early Help** – The early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration and intervention amongst agencies is essential. Preventative and Early Help responses to neglect are critical to avoid issues from escalating and children experiencing further harm. Early Help, of a type and duration, should be provided that both sustains the safety and recovery of children and young people into the future by reducing risk factors and increasing protective factors in a child or young person's life supporting them to reach their full potential.

4. **Restorative practice** – Our approach to working with families in Shropshire is a restorative one and our work with families to address neglect must maintain a focus on investing in the relationships we have with children, young people and their families, and with colleagues and partners to improve outcomes and prevent or resolve harm. Professionals and agencies have a duty to offer both support and challenge to families and to each other in order to respond robustly and effectively to neglect, whilst appropriately utilising the strengths of families and using restorative language.
5. **Whole family approach** – Children live in families therefore our approach to neglect must recognise and respond to the needs of all family members holistically. The neglectful environments that some children and young people live in are often linked to the chaotic lives, needs and difficulties of their parents. We cannot lose sight of the child in addressing the needs of their parents or provide children and young people with short-term responses to neglect without addressing underlying causes. Participation of both children and their parents supports the restorative approach and enables the whole family to contribute to assessments and plans in relation to them. Historical information (about the child and the parents' upbringing) should be sought to inform the present position and identify families at risk of inter-generational neglect and professional drift. This approach must be owned by all stakeholders within the Safeguarding Partnership. Shropshire are developing a system wide trauma informed approach across the Sustainable Transformation Partnership (STP) to increase the skills and knowledge of professionals working with families to better identify and support children and young people when they experience adversity and trauma. This approach will go across the life course to also help to identify adults who may have experienced adversity and provide appropriate support as required.
6. **Collaborative approach to communication and information sharing to improve outcomes** – A shared commitment to effective communication and appropriate information sharing between professionals, agencies and families must be adopted to inform assessments and evaluation of risks and to improve outcomes for children, young people and their families.
7. **Commitment to workforce development** – A shared commitment to training professionals in the early identification and assessment of neglect across agencies will develop a learning culture. This includes all agencies engaging with the evidenced based tools used in Shropshire which include the Neglect Screening Tool, GCP2, Substance Misuse Family Matrix, Barnardo's Domestic Violence Risk Assessment for Children (DVRAC) and Child Exploitation Initial Assessment. This will ensure that concerns about families and children are well understood, for example; risks and resilience factors and are consistently recognised and responded to ensuring children are safeguarded and have the best possible opportunity to reach their potential. Shropshire are developing a system wide trauma informed

approach across the Sustainable Transformation Partnership (STP) to better identify and support children and young people when they experience adversity and trauma. This approach will go across the life course to also help to identify adults who may have experienced adversity and provide appropriate support as required.

- 8. Relationship and Strengths based practice** – developing our systems focusing on working with people, not doing things to people or doing things for people... or doing nothing at all. Building effective strong relationships with families is key to understanding their world and what needs to change. Assessments must recognise the concerns and risks factors but balance those with strengths and protective factors, to understand the impact to each child and family member. Parents and children are the experts of their lives often and can be enabled to develop robust plans working with us, the relationships we build are integral to this.

Strategic aims and objectives

We aim to be able to quantify the extent of neglect in Shropshire, ensure that all agencies are able to recognise neglect at the earliest opportunity and provide an appropriate and timely response, and evaluate our practice and its effectiveness so we can assure ourselves of its quality and can continuously improve. Achieving these aims will reduce the prevalence and impact of neglect within Shropshire.

Shropshire Safeguarding Partnership (SSP) has strategic oversight of the safeguarding arrangements for adults and children and brings together Shropshire Council, Shropshire Clinical Commissioning Group and West Mercia Police. SSP have identified Neglect as a priority area to focus on for the next three years.

The **SSP strategic plan** for 2019 – 2022 sets out the strategic objective against the priority which is:

To safeguard children by identifying neglect and intervening at the earliest opportunity

The **SSP strategic plan** details how this objective will be met and how success will be measured and monitored. Details of this can be found in Appendix 4.

Governance and accountability

This strategy is owned and overseen by the Shropshire Safeguarding Partnership (SSP) who will monitor progress against the strategic objectives on an annual basis. The effective delivery of the strategy will be reported to the Safeguarding Partnership, along with other interested Boards in Shropshire, through the form of an annual report.

The priority of Neglect is progressed through the work of the SSP sub-groups whose work plans detail specific activity, quality assurance and performance in relation to achieving this priority. Progress against the strategic plan, including the Neglect strategy, is monitored by the Executive group on a quarterly basis.

Key indicators for measurement of the effectiveness of the strategy

It is important that measures of success are established and agreed. The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

- a) Safely and appropriately reduce the number of children needing to become looked after as a result of neglect;
- b) Improve school attendance for children, especially those with an open social care plan for neglect;
- c) Reduce the number of young people who are NEET (Not in Education, Employment or Training);
- d) Reduce the number of missing episodes for children and young people;
- e) Reduce in the number of children subject to a Child Protection Plan under the category of neglect for a second time or more;
- f) Increase the number of children, young people and families supported with neglect through Early Help plans and assessments;
- g) Increase numbers of children who are school ready;
- h) Increase the % of 5-year olds experiencing neglect who achieve a good level of development in the Early Years Foundation Stage;
- i) Increase the numbers of multi-agency professionals trained in GCP2 and the neglect screening tool to assist early identification of neglect;

Whilst an overarching aim is to reduce the number of children and young people who are experiencing neglect and need statutory intervention, it should be recognised that in the short to medium term there may be an increase in the number of children subject to a Child Protection Plan and/or removed into care as a result of neglect, due to improved recognition and reporting of neglect.

Neglect Strategy action plan & Case tracking neglect

Action plan – A detailed action plan has been developed stating what is required to meet the aims and objectives of this strategy. The action plan can be found in Appendix 1.

Case tracking

As a quality assurance activity, a small sample of current cases where neglect is the primary concern have been identified and will be tracked over a 2-year period. The cases selected are for families where there has been more than one episode of neglect and where the children are subject of a Child Protection plan, Child in Need plan or where there is a whole family targeted Early Help plan. Some of the families will have been supported at some point or another across the levels of need and some will have had children who have been previously Looked After Children.

The case tracking will provide an in-depth view of the experience of families where neglect is prevalent, measure challenges and successes and identify key areas of learning. Learning identified through the exercise will feed into the workforce development plan for Early Help and wider Children's Services.

As part of the case tracking the families will be encouraged to share their views and experiences. Their feedback will be valued and used to shape future developments and improve safeguarding processes.

Appendix 1:

SHROPSHIRE NEGLECT STRATEGY ACTION PLAN		Who will be working on this	When	Start Date	End Date	Comple ted RAG Status
Action Plan for the development of Neglect Strategy						
Meeting/updates		Task and Finish Group (T&FG)				
1	Ensure that there is a shared understanding of childhood neglect across all partners					
1.1	Wide dissemination of this strategy, which provides guidance and research on definitions, causes and impact of neglect. Newsletters; Council website; partner agencies communications to be utilised to widen the message. Relaunch January 2020 - in line with the SCR report being published.	SSP business manager with partner agencies communications				
1.2	Ensure that multi and single agency training on childhood neglect provides the important messages and information for a common understand across partner agencies	SSP Learning, Imp and training sub group				
1.5	Develop Adverse Childhood Experience strategy, action plan and workforce plan.	Mental Health cluster task and finish grp				
1.6	Update Neglect Strategy for the next three years to 2023.	Sharon Graham/Donna Chapman				

Action Plan for the development of Neglect Strategy		Who will be working on this	When	Start Date	End Date	Completed RAG Status
Meeting/updates		Task and Finish Group (T&FG)				
2	Implementation of the use of the Graded Care Profile 2, across all partner agencies and at all stages of assessment					
2.1	Programme of training trainers to be deliver GCP 2 training. NSPCC runs programme.	Corinne Chidley				
2.2	Multi-agency training for staff from across partner agencies to accredited GCP 2 users	Corinne Chidley				
2.3	Deliver a series of briefing sessions to groups of mangers and other staff across agencies to support the implementation of the GCP 2	Corinne Chidley				
2.4	Explore, design and implement neglect screening tool - and training programme	Corinne Chidley				
2.5	Provide GCP 2 review sessions to support staff in the use of the tool. Happens on quarterly basis.	Corinne Chidley				
3	Promote the use of the Family Webstar Assessment and whole Family Action Plan in multi-agency early help services					
3.1	Explore/design into Liquid Logic. Ensuring workflows help staff to record neglect interventions. Neglect screening tool will support this, being uploaded into Liquidlogic. Capture in reporting.	Karen Ladd - Liquidlogic task and finish grp p				

Action Plan for the development of Neglect Strategy		Who will be working on this	When	Start Date	End Date	Completed RAG Status
Meeting/updates		Task and Finish Group (T&FG)				
4	To provide continue longer term coordinated support post social care involvement to enable parents to sustain improvements in care of their children					
4.1	Child Protection Conferences and Child in Need meetings ensure there is a robust multi-agency “step down” plan where longer term support is required to prevent further occurrence of neglect. Production of step down guidance	Nina Kooner				
4.2	Review of threshold of need document to reflect “step down” approach to continued planned intervention where necessary. Supported by development of “step down” guidance. MARF needs to be updated in line with the Threshold document. Neglect may need to be clarified in the Threshold document.	Sonya Miller				
4.3	Training and support for the role of lead professional in early help/ step down cases.	Strengthening Families LDO's				
5	Promote the use of Chronologies in case recording by all partners					
5.1	Ensure that single and multi-agency training reflects the importance and skills in completing effective chronologies. Chronology training is delivered to single agency social care. Ensure effective historical chronologies are effective. Chronology template needs to be readily available to staff and partners.	SSP learning and training sub group. QA Neglect briefing - multi agency chronology				
5.2	Ensure that there is helpful, up to date, guidance on compiling chronologies on the SSP website	Lisa Charles				
6	Develop an outcomes framework to measure the effectiveness of partner agencies response to childhood neglect					
6.1	Agree a performance information score card for childhood neglect to enable regular review and reporting to the SSP (to include early help and targeted services data and from across all partner agencies) - where neglect is a feature (using the neglect screening tool)	Led by the Quality Assurance and Performance sub group of the SSCB John Foster / Neville Ward				

Action Plan for the development of Neglect Strategy		Who will be working on this	When	Start Date	End Date	Completed RAG Status
Meeting/updates		Task and Finish Group (T&FG)				
6.2	<p>Increased numbers of children who are school ready. Increase the take up of the 12 month health check. Increase uptake of the 2 - 2 and half year review</p> <ul style="list-style-type: none"> • End of EYFSP scores • Ages and Stages (ASQ's) at age 2 • Uptake of 24U places • Uptake of 3 & 4 year old early education places • Increase the number of children identified as meeting the FSM eligibility criteria at the time of their EYFSP. • Increase the % of FSM children achieving their expected EYFSP outcomes when measured against their peers. 	Led by the Quality Assurance and Performance sub group of the SSCB John Foster / Neville Ward				
6.3	<ul style="list-style-type: none"> • Gap narrowed between children in 20% most deprived areas and the rest • Improve school attendance • Reduction in % of 16-18-year olds who are NEET (not in employment, education or training) • Reduction in re-referral rates to Social Care, especially where Neglect is the primary concern • Reduction in the numbers of children having Child Protection plans for a second subsequent time where neglect is a primary concern • Increase in the numbers of multi agency Early Help assessments/plans – at Level 2 (low level) & Level 3 (targeted) - using neglect screening tool - embed form in design of Liquid Logic • The numbers of professionals trained in Graded Care profile and the neglect screening tool - and the number audits related to neglect are graded as good and outstanding • Decrease in the number of missing episodes for children and young people. • The numbers of step downs from social care with a risk factor of neglect 	Led by the Quality Assurance and Performance sub group of the SSCB John Foster / Neville Ward				
6.4	Identify qualitative measures including: single and multi-agency case audits; views of children and parents - tracked over a two year period	SSP QAP sub group and single agency auditors - Sharon Graham and Siobhan Hughes. Stella Pugh/Sharon Graham - identify 4 cases to audit/track - where neglect is a factor impacting on children.				
7	Communications					
7.1	Develop a communication plan to include a range of methods: podcast/SSP	Corinne Chidley				

Appendix 2: Classifications of Neglect (Horwath, 2007)

- **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.
- **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.
- **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.
- **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.
- **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.
- **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.

Appendix 3: Impact of Neglect (Horwath 2007)

The following summarises the main impacts of neglect at each stage;

- **Infancy (birth to two years)** – babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth, and damage infant attachments
- **Pre-school (two to four years)** – most children of this age are mobile and curious, but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.
- **Primary age (five to eleven)** – for some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.
- **Adolescence (twelve to eighteen)** – neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. 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, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

Appendix 4: SSP Strategic Plan 2019-2022 – Neglect excerpt

Priority 2: Neglect

Strategic objective: To safeguard children by identifying neglect and intervening at the earliest opportunity.

How we will do this:

- By strengthening the governance of partnership arrangements in our response to neglect.
- By strengthening strategic links through the engagement of the wider partnership, including those services that don't predominantly work with children.
- By improving our data capture in order to understand the nature and scale of neglect across Shropshire.
- By working in partnership to revise the Shropshire Neglect Strategy.
- By identifying children at risk of neglect at the earliest opportunity through robust assessment and identification of associated risk factors using a range of assessment tools.
- By effectively utilising resources to respond promptly and to effectively to address underlying factors.
- By maintaining our focus on the lived experience of the child and involving children and families in our work.
- By embedding learning from serious case reviews and case audits to improve the safeguarding system.

We will know we are successful when we can:

- Understand the profile of the different categories of neglect across Shropshire.
- Address neglect with early help and reduce the need for social care intervention.
- Demonstrate effective use of a whole family approach to assessing neglect and planning interventions.
- Effectively measure the impact of parenting programmes and other interventions.
- Understand the lived experience of the child and improve outcomes for children and families.
- Demonstrate an increase in public awareness of child neglect.
- Measure the impact of the Neglect Strategy.

We will monitor our success measures through:

- Interrogation of a robust children's dataset and performance information that measures the impact of our work to safeguard children from neglect.
- A reduction in numbers of children subject to a child protection plan under the category of neglect, numbers of children subject to a second or subsequent child protection plan and a reduction in the length of time children are subject to a plan.
- A reported higher degree of confidence amongst our workforce in recognising and responding to neglect.
- Feedback from children and families that demonstrates we have worked with them in making safeguarding personal and building their resilience.



Shropshire Safeguarding
Community Partnership

Neglect Strategy 2020 – 2023

Strengthening Families – putting children

