Neglect Strategy

Tackling neglect in the Royal Borough of Greenwich
1. **Introduction**

1.1 Neglect is the most prevalent child maltreatment issue in Royal Greenwich. Tackling neglect is a key Greenwich Safeguarding Children Board priority. The Greenwich *Children and Young People Plan 2014-17* sets our ambition to break the cycle of multi-generational neglect. 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 through time that accumulates undermining the child’s resilience, leading to avoidable health and developmental problems, distress and unhappiness for the child, harm and poorer life chances.

1.2 We are seeing 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. In Greenwich we are seeing the link between early childhood neglect and later childhood exploitation and abuse by peers or adults and multi-generational poor parenting.

1.3 Neglect is directly linked to the parent or carer’s capacity to recognise and respond to the child’s needs whatever their age. Poverty, poor housing and economic deprivation can themselves undermine parental resilience but are not the primary cause of childhood neglect. Children living in households where there is domestic violence and abuse, parental substance misuse and parental mental ill health are much more likely to experience both catastrophic single event and persistent neglect throughout their childhood.

1.4 Neglect is a serious factor in the majority of serious case reviews (60%), and for children of all ages. Domestic abuse, mental ill health and/or substance misuse were common in households where children were neglected. Department for Education statistics show that neglect was the most common reason attributed to children
becoming the subject of a child protection plan, accounting for 43% of cases (2014-15). A prevalence report *How safe are our children* published by the NSPCC in 2015 found neglect to be the most prevalent type of maltreatment in the family for all age groups. This is reflected in case reviews.

1.5 The strategy is relevant to practitioners, their supervisors, managers, educators, commissioners and providers of services for children and parents including adult services. The strategy is also about making best use of resources - there is some evidence that there is a cohort of children experiencing neglect who are subject to a lot of professional assessment, planning and activity that does not achieve sustainable change for them.

2. **Definition**

2.1 The definition below is from *Working Together to Safeguard Children* (2015):

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<th>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:</th>
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<td>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</td>
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<tr>
<td>• protect a child from physical and emotional harm or danger;</td>
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<tr>
<td>• ensure adequate supervision (including the use of inadequate care-givers); or</td>
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<tr>
<td>• ensure access to appropriate medical care or treatment.</td>
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<td>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</td>
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2.2 The reference in the definition to failure to “protect a child from physical and emotional harm or danger” links the prevalence of domestic violence in households where neglected children live. It is important to note that domestic violence affects children of all ages and as well as the risk of physical harm it is associated with long term emotional harm.

2.3 The reference in the definition to failure to “ensure adequate supervision (including the use of inadequate care-givers)” is about children of all ages. Parents are responsible for setting boundaries with their teenagers and providing age appropriate
supervision and communicating to their teenage children the importance of knowing that they are safe and taking action when they are not.

2.4 The reference in the definition to failure to “ensure access to appropriate medical care or treatment” means there are limits to parental choice about the care and treatment their child receives. Safeguarding intervention will be informed by the consequences for the child not accessing medical care or treatment.

3. **The challenge**

3.1 Locally neglect continues to be the most prevalent form of abuse and neglect. It is strongly associated with parenting capacity problems associated with the ‘toxic trio’ of domestic violence, parental substance misuse and parental mental ill health. The challenge is the scale and prevalence of neglect and, taking effective action in both preventing it through education and targeted help, and in tackling it in a way that achieves sustainable change for children. There continues to be a challenge in achieving sustainable change in families where there is multi-generational neglectful parenting.

3.2 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. 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 their parenting behaviour.

4. **Key principles**

4.1 In working together to tackle neglect we have adopted some shared principles. These will inform our actions and provide a reference point to evaluate quality of practice and impact.

4.2 **Rights of the child.** All children have rights as set out in the UN Convention. All agencies have a duty to safeguard and promote the welfare of children. It is our responsibility to act where there are concerns about neglect. We will be proactive and follow through concerns about possible neglect in a timely proportionate way.

4.3 **Shared understanding of neglect and its impact on children.** Children irrespective of their background can experience neglect and be damaged by it. Neglect does not only affect children living in poverty. Neglect is about emotional neglect as well as physical neglect.

4.4 **Promoting positive parenting that meets children’s needs.** Positive parenting prevents childhood neglect and a key approach to this strategy is to focus on what can parents and those around them can do, sometimes with support, to provide positive parenting throughout the whole childhood of their child.
4.5 **Swiftly identify and respond to neglectful parenting behaviour to prevent persistent neglect.** Early intervention prevents children experiencing persistent neglect. Parents are more likely to engage with help before problems become embedded. We know that motivating and supporting parents to address their neglectful behaviour and the harmful impact for their children works. Parents can gain an understanding of what their children need and learn skills that enrich their relationship with their child. The Secure Base model provides a useful framework for understanding our work with parents to help them achieve sustainable change in their parenting behaviour.

4.6 **Where there is persistent neglect there must be timely change in the behaviour of parents / carers**
Rigorous child centred assessment informs effective intervention and tracking of children’s progress. Parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained.

5. **Building resilience and prevention**

5.1 Priority 1.3 in our *Children and Young People Plan 2014-17* is that by 2017 children and young people are healthy and active. There are a range of health and other services for babies and their mothers that contribute to very young children having a good start in life. Early registration for maternity services, breastfeeding, immunisation, health and dental checks are all important in building resilience to neglect. Our children’s centres and schools are a base for the local delivery of a range of services that strengthen parenting and supporting families.

5.2 Where parenting problems emerge our *Early Help Strategy* sets out how practitioners will work with families to prevent problems from escalating. The Royal Borough of Greenwich provides and commissions a range of services to provide family support, help parents overcome parenting capacity issues and improve their parenting skills. There is evidence that early help is successful in preventing problems from escalating – only around 1 in 20 children subsequently are referred to children’s social care.

5.3 Resilience is linked to parents being part of a supportive network who can provide support, advice and guidance. There is a good range of faith, community and voluntary services that work with children and their families and contribute to building resilience and prevent parenting capacity problems from harming children.
6. Protection

6.1 The GSCB ‘Deep Dive’ quality assurance report identified a number of strengths in the network’s ability to identify and respond to neglect:

- there is good provision of effective early help and when concerns need to be referred those referrals are of a good quality to enable Children’s Social Care to make a decision about the next steps.
- in most cases there was evidence of good multi-agency working and good working relationships with the parents.
- practitioners receive good support through supervision and there is effective management oversight.

6.2 The report identified areas for improvement:

- reducing the number of children subject to repeat referrals to Children’s Social Care - in part this is about addressing the variable quality of assessments about the risk of neglect take sufficient account of family history and the parent’s capacity to change
- all professionals need to be able to recognise and ‘name’ neglect as this will support the understanding of the cumulative harmful impact of neglect
- Although practitioners are more aware of and able to challenge ‘disguised compliance’ further improvement is needed in this area of practice, particularly when the family is supported through an early help process.

6.3 Most respondents to the GSCB staff survey were confident that they understood the signs and symptoms of neglect, were aware of the research findings and had good access to good quality training which supported them in their work. A significant proportion of respondents (64%) agreed that they may become desensitised to neglect.

6.4 This confirms the importance of supervision which can support and challenge practitioner’s views, perceptions, mind-sets when working with neglected children through providing ‘another pair of eyes.’ One of the most powerful ways to think about neglect is to reflect on the day to day lived experience of neglected children and this was recognised in the vast majority of respondents confirming that they speak directly to children about their day to day life.
7. **Our objectives**

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<th>What we want to consistently do</th>
<th>We will know we have achieved this when…</th>
<th>Key areas for improvement to be achieved by 31 March 2017.</th>
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<td>1. Provide timely targeted help to children and their parents where there is a greater risk of children experiencing neglect.</td>
<td>Fewer children are referred to children’s social care where there are concerns about neglect.</td>
<td>Promote an understanding of neglect with our local communities within the context of what positive parenting looks like and where to get advice, guidance and support. All agencies to promote the understanding of what neglect is and what the risk factors are so people whose work brings them into contact with children are better able to recognise and respond to children at risk of neglect.</td>
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<td>2. Identify and respond appropriately to the needs of children when a pattern of neglect is identified before children become or are at risk of significant harm.</td>
<td>Fewer children are the subject of child protection plans under the category of neglect.</td>
<td>Improved quality of early help assessments that address the parent’s capacity to change and determine whether early help or referral to children’s social care is the right response. Improved quality of plans that focus the Team Around the Child on achieving measurable behavioural change in parenting behaviour. Augment early help practice guidance and tools to support professional judgements and practice where neglect is a concern.</td>
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<td>3. Intervene effectively where children are at risk of significant harm.</td>
<td>Fewer children are re-referred to children’s social care where neglect is a concern. Fewer children are the subject of repeat child protection plans within the last 2 years of the previous plan ending.</td>
<td>Children’s social work assessments address the root cause of parental neglect and inform plans that tackle this within a timescale that meets the child’s needs. Develop practice guidance and tools to support professional judgements and practice in working with neglect in relation to: • Pre-school children • Younger school age children • Teenagers</td>
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Fewer children become looked after children because of neglect.

Known risks to effective practice ('common pitfalls in working with neglect') are mitigated by effective supervision, management oversight and workforce development.

Develop quality assurance tools for agencies in relation to the quality and impact of their work in preventing and tackling neglect.

8. **What we will do to achieve our objectives**

8.1 Our time limited Neglect Action Plan sets out what we will do make the key improvements.

8.2 The GSCB ‘Toxic Trio’ Task & Finish Group will steer the implementation of the Neglect Action Plan and report back to the GSCB Business Group.

**Key reference documents**

*Working Together to Safeguard Children*  
HM Government 2015  

*In the child’s time: professional responses to neglect*  
Ofsted 2014.  

*Neglect and Serious Case Reviews: A report from the University of East Anglia commissioned by NSPCC* - Marian Brandon, Sue Bailey, Pippa Belderson and Birgit Larsson  
University of East Anglia/NSPCC January 2013  