



Northamptonshire
Children's Trust

Northamptonshire Children's Trust

Northamptonshire Multi-Agency Neglect Strategy 2022-25

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Introduction

In Northamptonshire we are committed to making a difference to the lives of children and young people in our county. We want Northamptonshire to be a great place to be young, where all children and young people thrive and feel safe from harm and neglect.

Northamptonshire Children's Safeguarding Partnership (NCSP) understands that neglect/ abuse is the most cited reason for children to be referred to Children's Social Care and for becoming Looked After. We know that when children are neglected it impacts on their development through childhood and adolescence and that it is highly likely that the consequences of childhood neglect will endure through a person's whole life course

This Neglect strategy (2021 – 2024) builds on the previous Northamptonshire Children's Safeguarding Partnership Neglect Strategy (2018) It provides an update on what work has taken place since that time and provides further information about the continuation of work to identify and address issues relating to neglect taking into account relevant research and evidence based practice

In the latest triennial review of serious case reviews (2019), neglect was found to be a significant factor in the lives of the children who died or were seriously harmed; neglect featured in 208 of 278 cases (75%) and was the primary factor in 19% of the cases reviewed. In addition, the report highlighted neglect was the category of abuse in 50 out of 84 children who were (or had been) subject of a child protection plan.



Introduction (cont)



The report 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. (rip.org.uk, March 2020)

It is clear from the above key learning points that this strategy needs to be underpinned by a strengths-based, family focused approach to partnership work. This strategy has been written with the acknowledgement of existing good practice. However, it must be acknowledged that this strategy will focus on early intervention through effective partnership working across the public and voluntary sector as this has the greatest potential for achieving positive change for children and young people effected by neglect.

This strategy is applicable to all professionals who work with unborn babies, children and their families across Northamptonshire.

The purpose, Aims and Impact of this Strategy

The purpose of this strategy:

is to ensure that all agencies work together so that anyone who comes into contact with children and young people, is able to recognise and respond to cases where a child or young person may be at risk of emerging neglect or at risk of harm from neglect.

The aims of this strategy:

is to reduce the number of children suffering from neglect and its impact on them, listening and observing children, young people and their families and respond to what we hear and see by focusing on key areas we think will make the most difference to improving the lives of our children and young people

In order to ensure children are at the heart of everything we do and receive high quality care, we will work towards meeting the quality statements as set out in the NICE Quality Standard statements – Child Abuse and Neglect 2019:

Statement 1: Children and young people who display marked changes in behaviour or emotional state are encouraged to talk about their wellbeing.

Statement 2: Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

Statement 3: Children and young people who have experienced abuse or neglect have their words accurately represented in notes summarising their conversations with practitioners.

Statement 4: Children and young people who have experienced abuse or neglect agree with practitioners how they will communicate with each other.

Statement 5: Children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic needs.

In Northamptonshire our practice framework, Signs of Safety is our way of working with families. This model of practice is based on therapeutic thinking that encourages working with children, young people and families to build on their strengths, empowering them to better manage the risks and challenges they may face now and in the future. The Signs of Safety approach underpins this strategy and supports the NICE Quality Standards Statements.

Introduction (cont)

The Impact of this strategy:

We will consider meaningful outcome-based measures to understand the impact our strategy is having on the lives of children. We will use both quantitative and qualitative information to provide evidence.

We would expect to see:

- An increase in Early Help Assessments that identify when neglect is the key concern
- Improved contact information to Children Social Care about neglect concerns, contacts supported by Early Help Assessment, Team around the Family Plans and Neglect Tools (GPC)
- Reduction of the number of contacts made to social care for concerns about Neglect
- Reduce the number of re-referrals to Children's Social Care for Neglect
- A decrease in the number of children subject to child protection plans for neglect
- A decrease in the number of children subjected to subsequent child protection plans due to repeated concerns of neglectful parenting.
- A decrease in the number of children who become looked after because of neglect
- Multiagency Feedback from frontline practitioners demonstrating consistent and confident knowledge and skills to tackle neglect and a view of their impact
- Evidence of improving practice in relation to neglect from multi-agency audits



Definition



Neglect is 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); and
- Ensure access to appropriate medical care or treatment.
- Ensure the child is given appropriate education

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

(Working Together to Safeguard Children, 2018)



Categories of Neglect

Howarth (2007) identified six types of neglect. This breakdown of categories of neglect is helpful for practitioners to begin considering where and how the child's needs may be being neglected

Medical

minimising or denying illness or health needs of children; failure to seek medical attention or administer treatments.

Nutritional

not providing adequate calories for normal growth (possibly leading to failure to thrive); not providing sufficient food of reasonable quality; recently there have been discussions about obesity being considered a form of neglect.

Emotional

unresponsive to a child's basic emotional needs; failure to interact or provide affection; failure to develop child's self-esteem or sense of identity.

Educational

failure to provide a stimulating environment; failure to show interest in education or support learning; failure to respond to any special needs related to learning; failure to comply with statutory requirements regarding attendance.

Physical

failure to provide appropriate clothing, food, cleanliness, living conditions.

Lack of supervision and guidance

failure to provide for a child's safety, including leaving a child alone; leaving a child with inappropriate carers; failure to provide appropriate boundaries.

Categories of Neglect (cont)

Adolescent neglect

There is significant evidence to suggest that the neglect of young people in the adolescent years is widespread and has far reaching impacts upon their health and wellbeing (Raws, 2016).

The complexities of adolescence multiply the challenges of understanding and responding to parental neglect which may be compounded by professionals believing that teenagers have more resilience to neglect than younger children. However, research indicates that neglect which begins in the adolescent years is as damaging as other types of abuse and is more damaging than neglect which begins and ends in early childhood (Thornberry, 2010). Adolescent neglect is associated with problems such as substance misuse, going missing, poor school attendance and exposure to extra familial harm as well as to poor emotional wellbeing.



A more in-depth understanding of neglect

Howe (2005) offers a conceptualisation of neglect which has implications for the type of intervention offered:

Emotional neglect: ignoring the child to complete rejection. Children suffer persistent emotional ill treatment, they feel worthless and inadequate.

Severe deprivation neglect: a parent not providing food and other basic requirements in order for the child to thrive. This includes access to health and education.

Disorganised neglect: inconsistent parenting to chaotic parenting. The parent's feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.

Depressed or passive neglect: Parents can present as exhausted or depressed. Chronic poverty, poor housing, alcohol use or other substances, Emotional Health and wellbeing effected, The children will have no Boundaries and general care for the children is limited. There will be a greater focus on themselves than the children and they may appear uninterested in and unresponsive to professionals.

Categories of Neglect (cont)

Age Group	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Infancy; 0-2 years	<p>Includes failure to notice that a baby is unwell, and failure to seek medical treatment.</p> <p>Not attending routine health screening appointments may be indicative.</p>	<p>Under-nourishment leads to restricted growth and brain development.</p> <p>There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.</p>	<p>Lack of stimulation can prevent babies from 'fixing' neural connections.</p> <p>Infant attachments are damaged by neglect, which makes learning skills more difficult</p>	<p>Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop.</p> <p>Language relies on reinforcement and feedback from carers.</p>	<p>Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.</p>	<p>Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.</p>
Pre-school; 2-4 years	<p>May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.</p>	<p>Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.</p>	<p>Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.</p>	<p>Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.</p>	<p>Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.</p>	<p>Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.</p>

Categories of Neglect (cont)

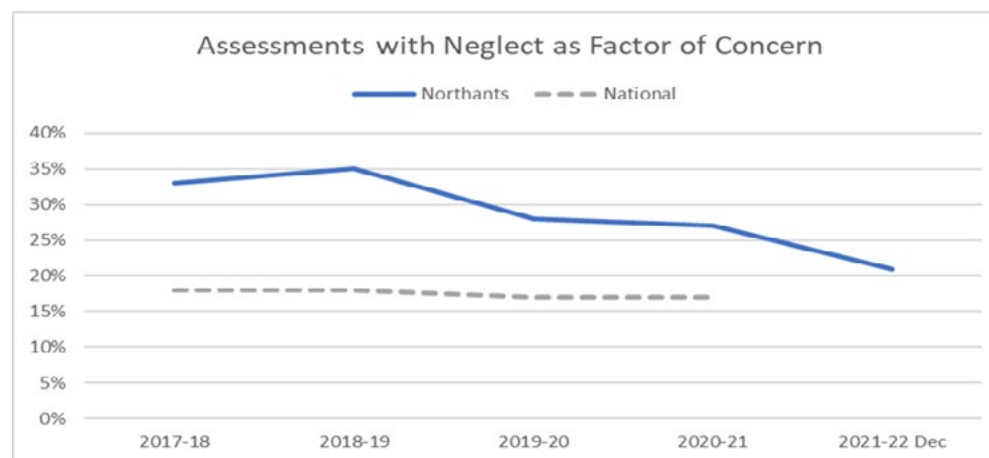
Age Group	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision
12+ years Old	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Young People may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Young People social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Lack of supervision may lead to exposure to extra familial harm, such as from exploitation and grooming. This may also relate to lack of supervision of online activity.

Neglect as a local issue

As shown in the tables below, since The Neglect Strategy in 2018, Northamptonshire Safeguarding Partnership have been working hard to close the gap between the local number of children assessed with Neglect as a presenting concern and those on CP plans due to neglect/abuse in comparison to the National average the tables below shows that we have improved our position however we recognise there is still work to be undertaken in Northamptonshire regarding neglect.

The figures below relate to the assessments completed by social care after a referral has been accepted. Each assessment records any factors of concern that the social worker finds present for the child and family. Below is the information relating to assessments where neglect has been flagged as a concern, which show that Northamptonshire has a much higher prevalence of neglect in assessments compared to National average:

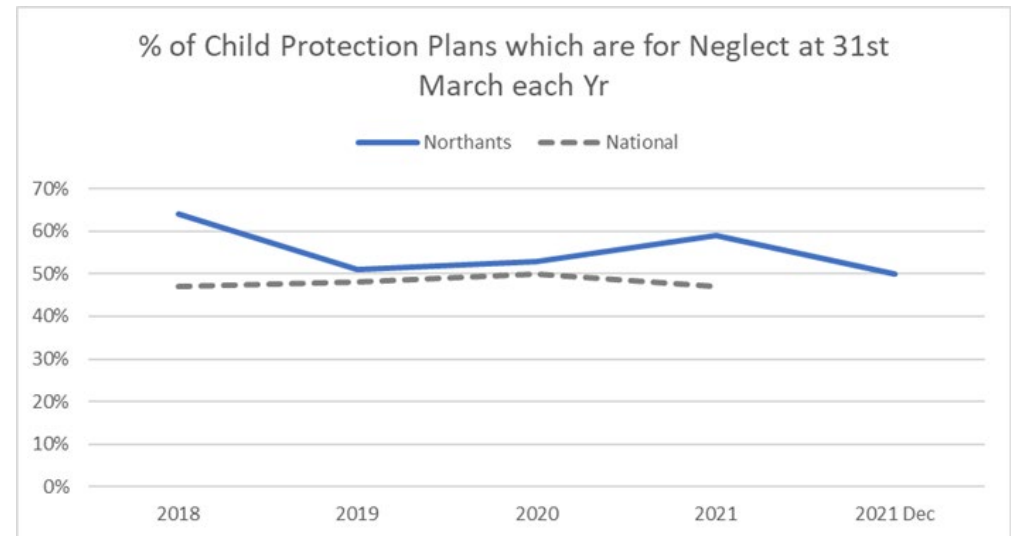
	Assessments Completed with Factors Highlighted	Assessments with Neglect flagged as a factor	% Assessments with Neglect -Northants	% Assessments with Neglect -National
2017-18	4545	1520	33%	18%
2018-19	4326	1508	35%	18%
2019-20	7104	1988	28%	17%
2020-21	6878	1880	27%	17%
2021-22 To end Jan	6914	1479	21%	



Neglect as a local issue (cont)



End of March	No. on CP Plan	No. due to Neglect	% due to Neglect	England Average %
2018	734	470	64%	47%
2019	661	340	51%	48%
2020	840	441	53%	50%
2021	725	425	59%	47%
2022 Dec	609	305	50%	-



Neglect as a local issue (cont)

It is recognised that the neglect strategy needs to be a priority of the Northamptonshire Children's Safeguarding Partnership and requires a Partnership Subgroup to steer the priorities of this strategy within all agencies.

The Northamptonshire Children's Trust Children and Families Support Service and Partners have made a concerted effort to ensure the use of the Graded Care Profile and improve the understanding of the presenting issues that result in neglect and poor outcomes for children in order to significantly reduce the numbers of children who need to be referred to Social Care.

A significant piece of work undertaken by service managers in our Safeguarding and Support teams in the autumn of 2020 and again in January of 2021 has revealed a significant improvement in the way long term cases are being managed and monitored. The number of cases open for more than 15 months reduced from 29% all cases on a plan for neglect to 23% between September 2020 and January 2021. Of the total number of 269 on a plan of 9m+ duration for neglect in September 2020, 108 were due to step down in the ensuing 12 weeks and a further 41 (16%) were going into PLO. Figures in the attached report demonstrate that of all cases open for 9m+, those open for neglect were no more likely to be open longer than other cases with different presenting issues with the duration of long term cases representing a similar proportion of all cases across the categories of neglect; emotional abuse; sexual abuse and physical abuse.

Where cases remained open at 15m+ with no clear strategy, Child Protection chairs met with the Child Protection Manager to agree a way progress cases with a variety of outcomes ranging from moving into legal proceeding to stepping down to Early Help services. In the analysis of the findings of this piece of work, learning was identified in terms of

the speed with which legal proceedings were considered. A tendency to 'start again' still persists in cases where workers have changed in both Social Care and Early Help and some children remain open due to neglect for long periods, not just when open to Child Protection as was the focus of this piece of work, but while receiving support from Early Help and CIN teams and where the threshold for legal intervention is not met.

Neglect has been a feature in several NSCP CSPRs and rapid reviews since 2019.

Case reviews show that the use of the graded care profile is not yet fully embedded in multi-agency practice in Northamptonshire. In some of the cases we looked at, use of the graded care profile would have provided



Neglect as a local issue (cont)

greater clarity about which cases meet the threshold for a statutory intervention and would have better supported a shared professional understanding of the level and impact of neglect, and how this might change over time.

Reviews have highlighted the particular importance of understanding parental risks, vulnerabilities and additional needs as factors which could be contributing to neglect. These include parental mental health difficulties, alcohol misuse, and learning needs. Reviews suggest that in some cases there is not enough historical analysis of how these risks or additional needs may have affected parenting capacity and judgments were not always realistic about capacity to make and sustain the change needed for children to thrive.

Some of our reviews have highlighted the risk of very severe adverse outcomes for babies and very young children if their essential needs, which includes emotional responsiveness and developmental stimulation as well as physical needs, are not well met. Children who experienced severe deprivation in infancy are at risk of poor long term outcomes because of the potential impact on brain development at this critical stage, and in some cases need an urgent response.

One review demonstrated that children with disabilities are at greater risk of neglect. The findings in this case were in line with National thematic analysis of this issue, for example the focus on a family needing support rather than the impact of neglect on the child, and potentially accepting features of the child's presentation as being linked to their disability rather than a consequence of neglect.

A final key finding is the importance of understanding the impact of previous early help interventions. When concerns re-emerge for a family, we must consider whether families were previously able to engage with

early help support and what impact this had. If families did not engage well with early help support, we need to consider what has been the ongoing impact on children over time and whether their families are now in a position to engage and make changes with support at this level, or not.



There is a wide range of e-learning available to all partner practitioners from awareness to complex whole family working with neglect presenting concerns.

- A Neglect Toolkit to help practitioners identify neglect is available via the NSCP website
- The partnership has adopted the nationally recognised Graded Care Profile (GCP) as a multi-agency assessment tool and is currently reviewing the application of the assessment tool and considering how it might fund the updated version of the Graded Care Profile and the necessary training to implement it. The partnership has provided training on Neglect and has supported the use of the GCP but this has lapsed somewhat during the pandemic.
- Northamptonshire took part in the 2018 DfE national campaign to encourage the public to report neglect and child abuse

Priorities for 2022-2025

The Northamptonshire Children's Safeguarding Partnership aim is to reduce the number of children suffering from neglect and its impact on them, listening and observing children, young people and their families and respond to what we hear and see by focusing on key areas we think will make the most difference to improving the lives of our children and young people.

We will ensure that all partnership practitioners 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.

Priority one: Local Intelligence Information Sharing

Identifying the extent and range of neglect in Northamptonshire through Shared data analysis, build a multiagency data scorecard that will inform impact made on key performance indicators relating to neglect. Shared involvement and learning from multiagency audits on the theme of neglect. Gathering information to inform improvements in practice, share good practice examples. Identify themes and trends that will inform commissioning and procurement services of local need and gaps in service developments.

Priority two: Response

Each partner agency will provide appropriate responses to children, young people and their families at the earliest opportunity through utilising the Early Help Assessment and Team around the Family multi-agency approach in line with the guiding principles of the strategy. This also includes where necessary a social care assessment.

Priority three: Workforce Development

Build a confident and competent workforce by ongoing workforce development activities. Be observant and share new research and training to continue to grow the knowledge and skills of frontline practitioners. Promote and use the neglect identification tools and neglect toolkit. Consult with practitioners about their confidence levels, their perceptions of impact of their work and what support they may still need to do this work. Use quality assurance processes to review our practices and hold shared learning events to share good practice and learning opportunities.

Priority Four: Communication

Ensure that there is a wide shared understanding of neglect across communities and professionals (both adult services and children's) and know how to report those concerns. Utilise all mediums of communication strategies such as social media, Newsletters; Council website; partner agencies communications. Also use local and national initiatives key messages that will help and support children to have a voice and assist families that need help. Consult children, young people and their families to find out what has helped and has made the most impact for them.

Governance and Accountability

The Northamptonshire Children’s Safeguarding Partnership has yet to set the direction of the governance arrangements of the Neglect Strategy.

It is recommended that neglect becomes a priority of the NCSP and that a Neglect Partnership Sub-group is set up to oversee the Strategy implementation and be accountable to the NCSP

The Neglect Sub-group as well as implementing the above priorities, will also raise awareness of neglect, and are responsible for disseminating and developing practitioner knowledge and skills.

The NCSP have a responsibility to ensure improvement in identification, investigation and support those at risk within Northamptonshire and reduce the numbers of those at risk and where appropriate the prosecution of perpetrators.

Agencies, as requested will need to supply information as required, for analysis and onward submission to the NCSP. Single and multi-agency audits relating to Neglect will be undertaken and findings reported to the NCSP annually.



Equality and diversity

All partners with the NCSP have a responsibility to pay due regard to the aims of the Public Sector Equality Duty (PSED) laid out in Section 149 of the Equality Act 2010.

the Equality Act says they must have **due regard** or think about the need to:

- eliminate **unlawful discrimination**
- **advance equality of opportunity** between people who share a protected characteristic and those who don't
- foster or **encourage good relations** between people who share a protected characteristic and those who don't

Having due regard means public authorities must consciously consider or think about the need to do the three things set out in the public sector equality duty.

Throughout the development of this strategy the aims of the PSED have been considered in relation to the nine protected characteristics. The associated action plan will demonstrate and evidence continued compliance with the duty through the impact analysis of the specific actions.



References

NICE Guidelines – Child Abuse and Neglect Quality Standard www.nice.org.uk/guidance/QS179

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2019 Triennial Analysis of Serious Case Reviews: Health Professionals (March 2020). https://seriouscasereviews.rip.org.uk/wp-content/uploads/2019_triennial_analysis_of_serious_case_reviews_health_professionals_Mar2020.pdf

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Thornberry, T, Ireland, T. And Smith, C (2010) The causal impact of childhood-limited maltreatment and adolescent maltreatment on multiple problem outcomes. *Development and Psychopathology*, 13, 957-979 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2871696/>

Neglect Action Plan

Priority One: Local Intelligence Information Sharing

No.	Actions	Measures for success activity
1	<p>Develop a Neglect Steering Group:</p> <p>Develop a neglect data set to continuously tell us what our picture is here in Northamptonshire the group will analyse local data against national comparators.</p> <p>Identify themes and trends that will inform commissioning and procurement services of local need and gaps in service delivery.</p> <p>Support the application of funding bids to enhance intervention support services. Including therapeutic services.</p>	<p>Data tells us:</p> <p>Increased in the use of Early Help Assessment and Team around the Family Plans where neglect is an identifying factor.</p> <p>Reduction in % of children and young people subject to a child in need plan for neglect for more than 6 months</p> <p>Reduction in the % of children on child protection plans for neglect for 12 months or more.</p> <p>Reduction in % of repeat child protection plans for neglect (this is where the 2nd plan category is neglect and the previous plan was also neglect)</p> <p>Reduction in the number of children entering care for neglect</p>

Neglect Action Plan (cont)

Priority Two: Response

No.	Actions	Measures for success activity
2.1	Each Partner will take ownership and responsibility for promoting the Neglect Strategy within their organisation and embedding the practice of using Early Help Assessments and Team around the Family support processes to ensure families are identified and supported at the earliest opportunity	Increase in the use of Early Help Assessments and Team around the Family Support plans complemented by a Graded Care profile
2.2	Develop a directory of agencies who might support children, young people and families where neglect is a factor.	Contribution to new Early Help access point for information, guidance and support currently under development. Measure Hits to the website to access neglect resources

Priority Three: Workforce Development

No.	Actions	Measures for success activity
3.1	Graded Care Profile 2 Training to be made available to all frontline practitioners who support children and families this will include NCT staff, VCSE, schools, health, police, YOS and commissioned services of NCT.	a confident and skilled workforce Practitioners are properly skilled to be able to identify and act on indicators of neglect in the families they work with. Numbers of agencies/practitioners accessing the training.
3.2	Facilitate and Embed multi-agency learning from findings of multi-agency neglect audit work across the partnership.	Increase the opportunities for Early Help multi-agency practitioner's reflection on casework to provide a deeper understanding of each other's responsibilities and perspectives. Further developing a confident and skilled workforce. Events scheduled and feedback reports.

Neglect Action Plan (cont)

Priority Four: Communication

No.	Actions	Measures for success activity
4.1	All partner agencies to support the implementation of this strategy and to ensure that neglect is widely understood and responded to in joint working arrangements.	Reports / feedback of confident and knowledgeable Practitioners on neglect strategy.
4.2	Raise awareness of neglect through social media, websites and newsletters. Seek to be involved in and support events and initiatives that will contribute to an improved understanding of neglect.	Visible public and professional awareness information accessible to all.



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