

# Neglect Strategy

**2023-24**

# 1. Introduction

1.1 The impact of neglect on children is enormous. In the latest triennial report on serious case reviews<sup>1</sup> (2019), neglect was found to be a significant factor in the lives of the children who died or were seriously harmed. It featured in 208 of 278 cases (75%) and was the primary factor in 19% of the cases reviewed. This trend continues. In its 2021 annual report<sup>2</sup>, the Child Safeguarding Practice Review Panel identified non-fatal neglect as the third highest reason for serious incident notifications.

1.2 Neglect is known to have a significant and lifelong impact on children and, in rare cases, can be fatal. It can also be a catalyst to future harm if not tackled effectively. Its relationship to other forms of child abuse is significant and for some, the impact of neglect upon their development can have serious consequences as they grow older, particularly in terms of their vulnerability to further abuse and exploitation. This strategy focuses on three key partnership priorities:

- **Priority 1: People (Leadership, Partnership & Skilled Workforce)**
- **Priority 2: Policy (Policy, Guidance & Tools)**
- **Priority 3: Practice (Recognition, Assessment & Support)**

# 2. Purpose of the Strategy

2.1 The overarching aim of the CHSCP's Neglect Strategy is to promote the welfare of children and to improve their outcomes. Its priorities are aimed at improving how our local safeguarding arrangements better recognise and respond to neglect, with an emphasis on how we provide early help and effective protection.

# 3. Vision for the City of London and Hackney

3.1 ***Practitioners have a shared understanding about the complexity of neglect. Supported by robust management oversight, supervision, training and tools, neglect is recognised early, with help and protection being both timely and effective.***

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<sup>1</sup> [2019\\_triennial\\_analysis\\_of\\_serious\\_case\\_reviews\\_childrens\\_social\\_care\\_Mar2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123913/Child_Safeguarding_Practice_Review_Panel_2021_-_annual_report.pdf) (rip.org.uk)

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1123913/Child\\_Safeguarding\\_Practice\\_Review\\_Panel\\_2021\\_-\\_annual\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123913/Child_Safeguarding_Practice_Review_Panel_2021_-_annual_report.pdf)

## 4. Principles

4.1 The CHSCP wants to make sure that everyone who works, volunteers or has contact with children in the City of London and Hackney has their protection at the heart of what they do. In practice, this means that children are seen, heard and helped:

- **Seen**; in the context of their lives at home, the adults involved in their lives, friendship circles, health, education, and public spaces (both off-line and on-line).
- **Heard**; by professionals taking time to hear what children and young people are saying - putting themselves in their shoes and thinking about what their life might truly be like.
- **Helped**; by professionals remaining curious and by implementing timely, effective, and imaginative solutions that help make children and young people safer.

4.2 Our aim is to ensure that safeguarding practice and outcomes for children are at least good, and that staff and volunteers in every agency, at every level, know what they need to do to keep children protected, and communicate effectively to ensure this happens. All our activity is underpinned by the following principles:

- **Safeguarding is everyone's responsibility.** As a partnership, we will champion the most vulnerable and maintain a single child-centred culture.
- **Context is key.** Capitalising on the unique opportunities presented by a dual-borough partnership, we will have an unswerving focus on both intrafamilial and extra-familial safeguarding contexts in the City of London and the London Borough of Hackney.
- **Active Anti-Racist practice is key.** The CHSCP's safeguarding arrangements are proactively anti-racist. Our focus in this context moves beyond the rhetoric and is evident in our leadership, our practice and in the outcomes of the children, young people, and families we engage.
- **The voice of children, young people and families.** We will engage with children, young people and their families, using their lived experience to inform the way we work. Their voices help both design and improve our safeguarding arrangements.
- **The voice of communities.** Improving our understanding of the diverse communities across the CHSCP's footprint, we will regularly communicate with, listen to, and engage local communities in the work of the CHSCP. We will harness

their experience to both inform and improve the way we safeguard and promote the welfare of children and young people.

- **Enabling high quality safeguarding practice.** We will promote awareness, improve knowledge and work in a way that is characterised by an attitude of constructive professional challenge.
- **Fostering a culture of transparency, learning and improvement.** We will enable the CHSCP to learn from the lived experience of children and continuously improve the quality of multi-agency practice.

## 5. Definition

5.1 Neglect is defined in Working Together to Safeguard Children (2018) 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: a) provide adequate food, clothing and shelter (including exclusion from home or abandonment) b) protect a child from physical and emotional harm or danger c) ensure adequate supervision (including the use of inadequate care-givers) d) ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'*

5.2 There are broadly four types of neglect.

- **Physical neglect**

A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.

- **Educational neglect**

A parent doesn't ensure their child is given an education.

- **Emotional neglect**

A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating, or isolating them.

- **Medical neglect**

A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

- 5.3 Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.
- 5.4 The impact of neglect of children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is common for evidence of neglect to present through signs and symptoms which may be noticed by different agencies in relation to different children in the family at different points in time.
- 5.5 Practitioners need to feel confident in the recognising and the naming of neglect. It is important for all practitioners to be able to identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift, delay and 'start again' syndrome. The CHSCP has published a toolbox that includes [a range of guidance](#) to help practitioners consistently and effectively respond to concerns of neglect.

## 6. Neglect Profile Snapshot

- 6.1 The CHSCP is committed to ensuring the local contexts of the City of London and Hackney remain key to the understanding of the prevalence and types of neglect across both local areas. On a national level, the NSPCC's '*Statistics briefing: neglect* (July 2021)'<sup>3</sup> summarises some of the available data and statistics about child neglect. Key findings include:

- 1 in 10 children have experienced neglect across the UK.
- Neglect was identified as a factor in 82,950 assessments completed by social workers in 2021/22.
- 24,430 children across England were on a child protection plan because of neglect in 2021/22, making it a concern for almost half of all children on a plan or register.
- There were 26,307 offences recorded in 2021/22 – an average of 72 a day – which is a 25% rise from last year.<sup>4</sup>
- The number of police recorded child cruelty offences is increasing.

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<sup>3</sup> [Statistics briefing: neglect, NSPCC, July 2021](#)

<sup>4</sup> <https://www.nspcc.org.uk/about-us/news-opinion/2022/child-cruelty-offences-up-by-quarter-one-year/>

- Although only a minority of serious incidents and case reviews name neglect as their primary concern, research suggests it is present as a factor in most cases.
- Neglect is the most common form of abuse.
- The prevalence of child neglect does not vary significantly by gender.
- Younger children are more likely to be on a child protection plan because of neglect than older children.

## **6.2 City of London**

- In 2020/21, 10% of the City of London's children lived in poverty (after housing costs)<sup>5</sup>
- Whilst low numbers, neglect and parental mental health both remain key factors identified at the end of social work assessments.
- In the context of the City of London, it is particularly important that professionals don't assume neglect is only linked to poverty.<sup>6</sup>

## **6.3 London Borough of Hackney**

- In 2020/21, 45% of children lived in poverty (after housing costs)<sup>7</sup>
- 261 statutory assessments undertaken by Hackney CFS identified parental alcohol use as a factor in 2019/20.
- 251 statutory assessments identified parental drug use as a factor.
- 894 featured parental mental health as an issue.
- 1319 recorded Neglect as a key factor
- At the end of 2022, 42% of children and young people were on a Child Protection Plan for Neglect in Hackney.

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<sup>5</sup> <https://www.trustforlondon.org.uk/data/child-poverty-borough/>

<sup>6</sup> <https://www.gold.ac.uk/media/documents-by-section/departments/social-therapeutic-and-comms-studies/Report---Neglect-in-Affluent-Families-1-December-2017.pdf>

<sup>7</sup> <https://www.trustforlondon.org.uk/data/child-poverty-borough/>

## 7. Strategic Priorities

7.1 The vision and strategic priorities of the CHSCP remain aligned to the key messages from Ofsted's 2014 report, *In the Child's Time: Professional Responses to Neglect*.<sup>8</sup>

It has a core focus on improving practice in respect of:

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

7.2 The following strategic priorities, informed by the above factors and local learning, provide the focus for further developing the local arrangements and responses to neglect. Individual action plans covering the City and Hackney have been developed against these areas.

### 7.3 Priority 1: People (Leadership, Partnership & Skilled Workforce)

7.4 **There is a collective commitment** by safeguarding partners, relevant agencies and named organisations to help and protect children who are suffering or likely to suffer from neglect. Practitioners from all agencies understand the prevalence and type of neglect affecting children and young people in their local area. Features of disproportionality (in terms of both under and over represented groups) are also understood and action is taken to address these areas as appropriate.

7.5 **Leadership drives forward the appropriate systems, culture and practice changes** to sustain robust local arrangements to tackle neglect.

7.6 **Practitioners access specialist training.** Alongside routine awareness raising, this helps them develop a common understanding, work together effectively and ensures they have the right skills to recognise and respond to neglect. Practitioners are particularly alert to the risks arising for children with special educational needs and disabilities.

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<sup>8</sup> [In the Child's Time: Professional Responses to Neglect, Ofsted, 2014](#)

## 7.7 Priority 2: Policy (Policy, Guidance & Tools)

- 7.8 **Practice guidance** and the **CHSCP's neglect toolkit** is reviewed, updated and embedded. It is routinely promoted, is easy to access and simple to understand.

## 7.9 Priority 3: Practice (Recognition, Assessment & Support)

### *Early Recognition of Neglect*

- 7.10 **Neglect is identified and named as a concern** by practitioners at the earliest opportunity. Effective early help is coordinated, involves the partnership and prevents problems getting worse. Less children are brought up in households suffering from neglect.
- 7.11 **Practitioners do not normalise neglect** because of poverty and there is greater awareness of:
- **Neglect by Affluence**
  - **Educational Neglect** and
  - **Adolescent Neglect** (and the connection to poorer outcomes for this cohort, including the potential for serious youth violence)

### *Robust management oversight and supervision*

- 7.12 **Practitioners receive effective supervision** to help them test, challenge and reflect upon their analysis of risk to children, particularly in the context of neglect and the cumulative indicators of harm. Practitioners challenge each other and escalate as appropriate when there are professional differences.

### *Effective and timely responses both for help and protection*

- 7.13 **Practitioners are intently curious about family contexts** – their background, culture and circumstances. They undertake or facilitate home visits to check on children at home. There is a **focus on significant others, specifically men**. The **voices of children** influence practice.



- 7.14 Practitioners also '**Think Family**' and are alert to the risk of children being neglected through exposure to domestic abuse, parental substance misuse, adult mental health and learning difficulties.
- 7.15 There is effective collaboration, **information sharing** and multi-agency oversight on children who are suffering or likely to suffer from neglect.
- 7.16 **Disguised compliance** is mitigated and a lack of willingness to engage and/or a pattern of children not being brought to appointments does not prevent effective intervention.
- 7.17 All services **consider/research historical information** on the child / family to inform the present position.
- 7.18 Practitioners identify and address vulnerabilities associated with neglect. They work in **partnership with families** and where possible, build and sustain their capacity to change.
- 7.19 Multi-agency practice in response to neglect adheres to the expectations set out within the **CHSCP's Active Anti-Racism Charter**.

## 8. Indicators

- 8.1 As part of the implementation of this strategy, the following indicators will act as a guide to its impact:
- Auditing evidencing an increase in high quality, appropriate and detailed requests for support / referrals due to better identification of neglect and its impact on families.
  - Data indicating a *reduction* in the number of neglect cases assessed and held by statutory social work - showing early help and early intervention has been successful.
  - Data indicating a reduction in both re-referrals and the number of children returning to Child Protection Plans for neglect.
  - Audits, family feedback and surveys demonstrating the lived experience and voices of children and families has been captured, recorded and heard within practice to inform interventions.

- Staff surveys, training evaluations and auditing showing the impact of awareness raising & training has led to an increased understanding, common language and a shared narrative of neglect across the partnership.
- Oversight and audits evidence that objective assessments and effective interventions make a positive difference to the lives of children and families.
- Audits demonstrate a timely and robust response to neglect with no drift or delay.