



Cheshire East

TOGETHER for Children and Young People

Together we will make Cheshire East a great place to be young

Neglect Strategy 2021 - 2024



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1. Introduction

This strategy works towards our partnership vision for children and young people in Cheshire East; through working TOGETHER we will make Cheshire East a great place to be young. We will make our families and communities strong, welcoming and supportive, where differences are respected and celebrated. All our children and young people deserve to be happy, healthy and safe, and to enjoy a life which is filled with fun and opportunities to learn and develop. We are hugely ambitious for all our children and young people, supporting them to succeed and grow as individuals.

Signs of Safety

In Cheshire East, we use Signs of Safety as 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 policy and how we work in Cheshire East.

What is the purpose of this document? - The purpose of this document is to provide strategic direction for how we as a partnership identify and respond at the earliest opportunity when a child may be experiencing neglect for all staff working with

children and their families across Cheshire East, promoting a consistent child focused approach to assessing and responding to neglect concerns.

Why do we need this document? - It is vital that everyone working with children and families, including those who work with parents / carers, work restoratively, collaboratively, and effectively and understands the role they should play and the role of other practitioners when responding to neglect.

We must acknowledge that neglect is a difficult concept for both practitioners and families to understand. The terminology itself is not very restorative and therefore the use of direct language which outlines concerns is easier to quantify. Neglect differs in its presentation from other forms of abuse. There is rarely a unique incident or critical event. More commonly there is a repetition of neglecting behaviour over time which causes incremental damage to the child(ren). Understanding its repercussions and the potential for both prevention and intervention is vital.

Working within the Signs of Safety Framework model, which builds on existing strengths and resilience and works in partnership with families is effective for ensuring the best outcomes for children who experience neglect

Who is this document aimed at? - This strategy is aimed at practitioners from a wide range of agencies both statutory and non-statutory working with families either regularly or occasionally.

Throughout this document reference is made to child or children, as per the legal definition this includes anyone up to their 18th Birthday.

Please visit Cheshire East Safeguarding Children's Partnership website for further details on practice guidance and policies.

2. Strategy objectives

Cheshire East Safeguarding Children Partnership (CESCP) are fully committed to safeguarding the welfare of children by taking all reasonable steps to protect them from neglect.

Practitioners need to be open to recognising and working with families to respond to neglect; identifying how neglect presents and what “good outcomes for children” looks like. The development and implementation of this strategy is to be seen as an integral part of our determination to provide high quality responsive services, which meet the needs of children and young people.

To inform this Strategy we have...

- Recognised the current Partnership awareness and understanding of Neglect through the use of a Survey
- Used this information to develop 3 workstreams to support the development of the Strategy as well as the Training offer and Performance Measures
- Neglect is a PRIORITY for CESCP

To respond we will...

- Develop Practice Guidance for all practitioner working with children and families who experience neglect at all levels of need
- Review and launch the Early Help offer across all agencies
- Each Partner will take ownership and responsibility for promoting the Strategy within their organisation and embedding the practice
- Further develop a CESCP data set for Neglect to continuously tell us what our picture is here in Cheshire East
- Develop a Neglect Strategic Board to analyse the data in Cheshire East including national comparators and research
- Report findings of the board to CESCP Quality Assurance Subgroup

Measures for success – Activity that will tell us of the IMPACT

- Multi-Agency Auditing regarding all aspects of neglect and the practice delivered to children and families to address neglectful parenting
- Regular consultation with children and families regarding the impact of any level of intervention

- Regularly consult with frontline practitioners to understand their confidence in practice and their view of their impact
- Feedback from Training events

Key indicators are:

- Safely and appropriately reduce the number of children becoming Cared For due to Neglect
- Reduce the number of children subject to a Child Protection Plan for Neglect for a second or subsequent time to 20%
- Reduce the number of re-referrals to Children's Social Care for Neglect
- Increase the number of Early Help Assessments where Neglect has been identified as a key factor – Currently 10%
- Reduction in repeat MARAC referrals
- Education attendance will improve and the number of children who are NEET will reduce
- Reduction in the number of babies who are 'failing to thrive'
- Increase in the number of children receiving Universal Plus offer

3. Defining Neglect

Neglect can be complex and is often difficult to define clearly because most definitions are based on personal perceptions of neglect. These include what constitutes "good enough" care and what a child's needs are. Neglect often co-exists with other forms of abuse and is often a pre-condition to allowing other abuse to take place.

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:

- *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); or*
- *ensure access to appropriate medical care or treatment.*

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

In addition to the Working Together 2018 definition, Horwath (2007) identified six different classifications of neglect:

1. **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. This includes a child who is not regularly taking prescribed medication, attending identified medical appointments such as dental, CAMHS, speech and language.
2. **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.
3. **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.
4. **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.
5. **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. This includes the lack of encouragement and enabling from a

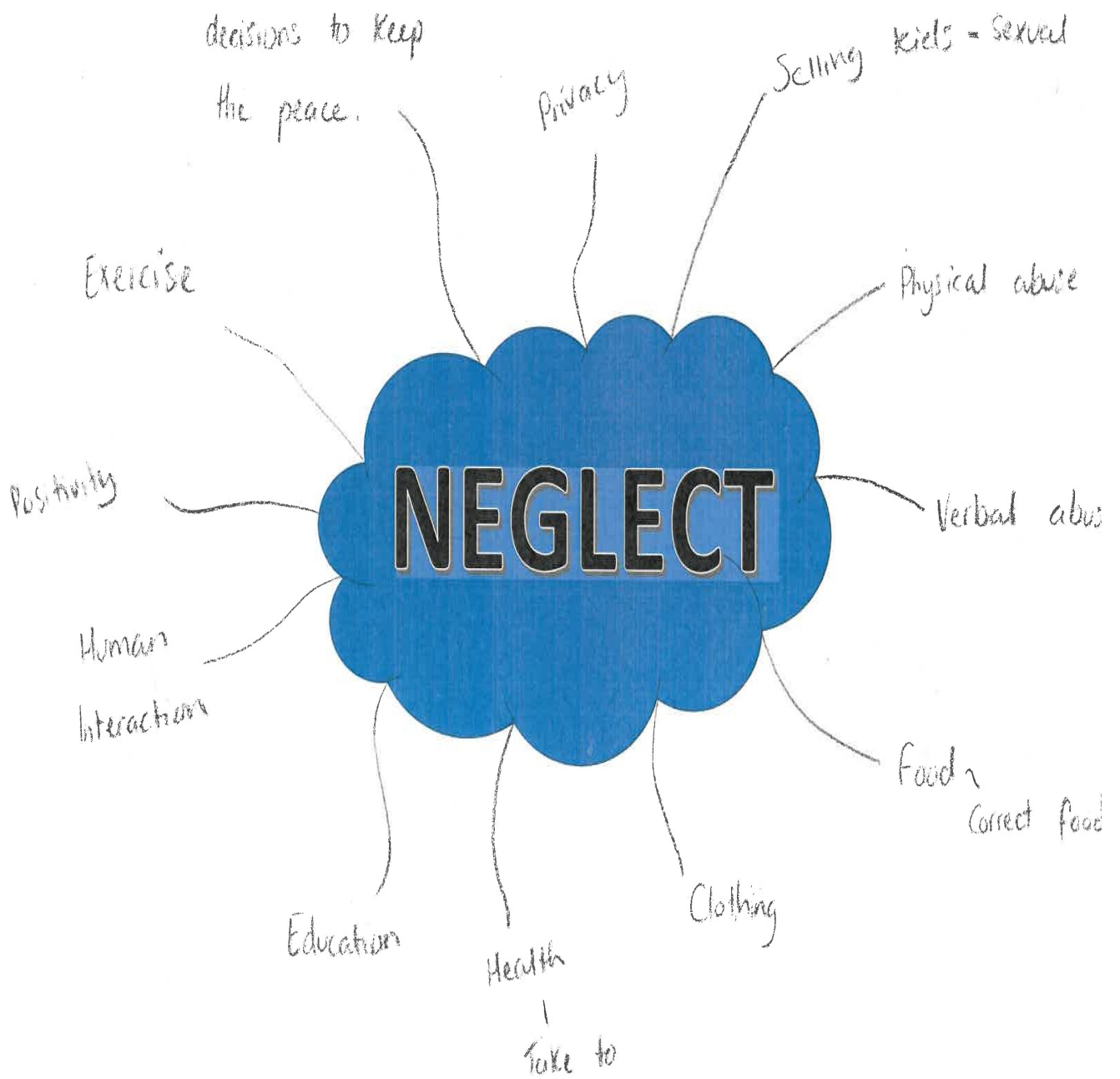
parents to a child to achieve a good level of self-care including brushing hair, addressing head-lice. The child may also be abandoned or excluded from home.

6. **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.

4 Neglect in Cheshire East and what our children tell us...

Our young people have told us what neglect means to them.....

- *Childs emotional, mental health or physical welfare are not taken care of.*
- *Neglect has different forms. Could be when a parent would abandon a child or leave a child at home. Social Care may get involved. Perhaps both parents have died, and the young person is living on the streets. It could be leaving a child in a store / shop. When a parent can't always look after a child.*
- *Neglect feels alone, with no one to turn to and no one to help them.*
- *Where parents don't give them food, water, leave them on the streets and don't care for them.*
- *Not giving a child the care, it needs to grow and thrive in an environment.*
- *someone to doesn't look after their responsibilities and ignores them.*
- *Not helping someone or caring for them.*
- *To me, neglect is where somebody's basic needs are not being met, and basic things are not being provided, such as shelter and food.*
- *Having no food or anywhere to go.*
- *When you're not getting the appropriate support, food and clothes from your family.*



In Cheshire East Children's Social Care, we have 2,165 children open and receiving a Service.

526 children are Cared For by the Local Authority with the most common reason being due to neglect.

257 children are subject to Child Protection Plans, 178 of these children are experiencing neglect. There are also 29% of current Child Protection Plan that are a repeat or subsequent plan for that child. This is above the National and Local average.

1384 children are subject to Child in Need plans.

82% of referrals to Children's Social Care have neglect as an identified as a risk factor. Of these referrals, only 10% were supported with a Screening Tool and 5% supported by a Graded Care Profile.

There are 1239 children with an open Early Help Plan

There are 3623 children receiving a Universal Plus offer from Health colleagues.

5. Cause of Neglect

It is not easy to say what causes a person or persons to neglect a child. Most people do not set out to purposefully neglect another. Neglectful behaviour rarely manifests in a crisis that demands immediate action, it can occur alongside other forms of abuse. It may be the result of other contributing factors such as parental mental or physical ill-health, parental learning disabilities, substance misuse, domestic abuse, unemployment and poverty. It is the presence of one or more of these factors which impacts on the capacity to parent a child and which may result in neglect. In addition, neglect may be contributed to by factors which relate to the child rather than the parent / carer, but which may still impact on parenting capacity, for example illness or disability.

The relationship between poverty and neglect is problematic. It is important to separate material impoverishment and emotional impoverishment. It may be difficult to distinguish between neglect and material poverty. However, when considering neglect, we should do so with a 'poverty lens', understanding the context in which a family lives.

Care should be taken to balance recognition of the constraints of the parents' or carers' ability to meet their child's need for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs. Neglect can

be viewed as a persistent failure to meet the essential needs of a child by omitting basic parenting tasks and responsibilities despite parents having the economic resources to meet the needs.

Situations of neglect can also be heightened as a result of the parent / carer's response to those who recognise it, raise it with them and offer support. The way in which concerns about neglect are raised is vital. The term 'neglect' itself is not very restorative and when parent / carers hear this, it may lead to them not wanting to work with the person raising concerns. When raising concerns, it is better to not use the term 'neglect' but to be specific and use language that directly describes what the practitioner has observed.

In addition to the language used, the approach is important. When working restoratively with parent / carers, a key feature will be to try to engage them in a conversation about what has been observed and aim to work with them to identify things that will help to form a plan.

Practitioners should seek the views of the parent / carer and the children (if appropriate to age and communication) to gain a clearer understanding of the context in which the 'neglect' is occurring, enabling a wider view than just about individual parenting.

When plans like this are agreed, the parent / carer is likely to be more engaged in making the changes to improve outcomes for the child because actions are likely to be ones that are most relevant to them and achievable. When plans are presented to parent / carers as a 'fait accompli', engagement may be reduced, and success diminished. We need to move away from terms such as 'disguised compliance' (families seeming to 'comply' with others' plans but not really believing in the plan) and 'non-engagement'. As stated above, engagement relies on being truly involved in restorative conversations with families to help them identify the things that will make the most difference. This engagement work lies with the practitioner and their skills in working 'with' families not solely relying on families to 'engage' with whatever we present to them. It is our role to 'engage' a family as opposed to their role to 'engage' with us.

6. Recognising Neglect

To be able to recognise neglect practitioners need to understand the daily lived experience of both the child and the family as a whole. Neglect rarely manifests in a crisis that demands immediate action. Circumstances causing neglect often take years to develop and can occur alongside other forms of abuse and commonly where there are factors that affect parental capacity.

Children are best protected when practitioners are clear about what is required of them individually and how they need to work together so that every child receives the support they need before a problem escalates. An effective response also requires practitioners to look beyond episodes of individual parenting and understand neglect in context.

Neglectful parenting can manifest itself through medical, nutritional, emotional, educational, physical, and supervisory deficits. If not addressed early, parental deficits (both intentional and unintentional) are likely to become cumulatively worse over time which can have serious adverse effects on the child which will impact on their health, education, and social outcomes.

Research shows that children living in homes where there is domestic abuse are more likely to experience other forms abuse or neglect. It is recognised that many parents, who are victims of domestic abuse, continue to protect and care for their children even when they are under pressure themselves. For others, the physical and emotional effects of the domestic abuse can have a detrimental impact on their ability to prioritise their children's needs.

Living with domestic abuse can have a severe impact on the adult victims' parenting capacity which creates an inconsistent and unpredictable environment for children. Carers affected by domestic abuse can exhibit a lack of emotional warmth and higher levels of aggression and rejection. Even if they try to create a nurturing environment, these attempts can be undermined by the child sensing the fear and anxiety of the person being abused.

Domestic abuse causes adult victims to live in fear for their own safety and the safety of their children. They may also be afraid of the consequences of seeking help. This can make it difficult for them to speak out and result in victims minimising abusive incidents and/or retracting disclosures they have made to a professional.

Recognition of prenatal neglect: Whilst it is good practice that neglect should be seen through the experiences of the child, 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.

Prenatal neglect may be associated with (but not exclusively):

- **Drug use during pregnancy** – which has been linked to low birth weight, premature birth, increased risk of sudden infant death syndrome (SIDS), damage to the central nervous system and physical abnormalities. Babies may also experience neonatal abstinence syndrome at birth, which can cause irritability, tremors, respiratory distress and fluctuations in temperature.
- **Alcohol consumption during pregnancy** – this can lead to foetal alcohol syndrome, which is an umbrella term to describe a spectrum of conditions caused by maternal alcohol use, including learning difficulties and an inability to connect emotionally with peers.
- **Failure to attend prenatal appointments and / or follow medical advice** – prenatal support and monitoring sessions offer opportunities for problems to be identified early, and the health of mother and baby to be monitored. Parents can also be supported to make appropriate arrangements for the birth, learn about how to care for new-borns, and ultrasounds offer early opportunities for bonding with their baby. Both drug use and alcohol use have been linked with failure to keep prenatal appointments and failure to seek medical attention should any concerns arise during the pregnancy.
- **Smoking during pregnancy** – this falls within Horwath's working definition of prenatal neglect, as it restricts the baby's supply of oxygen and is linked to increased risks of premature birth and low birth weight.
- **Experiencing domestic violence (or other traumatic events) during pregnancy** – prenatal effects of domestic violence are not limited to the

consequences of physical injuries sustained through assault. Exposure to prenatal maternal stress or anxiety can affect the baby's development, as heightened maternal cortisol levels are shared through the placenta which can influence foetal brain development and have implications for the emotional, behavioural, cognitive and social functioning of children. Exposure to other traumatic events during pregnancy can also have the same, or similar effects.

- **Mental Health during pregnancy** - Parental mental health can have a long-term impact on children including unborn babies. Women who experience mental health issues during pregnancy are more likely to engage in unhealthier lifestyles such as smoking and poor diet. These issues can lead to premature birth and low birth weight babies. Poor parental mental health can also lead to poor bonding and attachment which can have a long-term impact on the emotional, social and educational development of children. It is important to recognise that the impact for the unborn child will need to be considered in determining if the parental behavior is considered as Neglectful.

7. Impact of Neglect

The impact and harm resulting from neglect can be wide-ranging, apparent in multiple domains of a child's life and can manifest across the life course.

Living with neglect will have a significant impact on a child or young person, both physically and emotionally. These may differ for different children or young people, with some being more resilient than others, and some may be short term whilst others will have a longer-term impact.

Experience of neglect at different ages: children and young people experience the impact of neglect differently at different ages, it is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has in fact been ongoing for several years. Identifying different main impacts at different stages of a child or young person's life, as shown below, will support a practitioner in assessing neglect and prioritising appropriate responses and support.

- **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. Children's attachments to their main care giver can also start to show signs of insecurity/overly anxious at this stage too as they are unsure if their needs are going to be consistently met.
- **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, exploitation and criminal activity. Resilience to neglectful situations does not increase with age and can have significant consequences for young people's emotional wellbeing. It is important for Practitioners to recognise when an adolescent's presenting behaviour has manifested from neglect.

Short term and long-term effects: Living within a neglectful environment may result in *short term* effects for a child or young person, many of which may reduce or disappear with support and care. This may include:

- Illness or infection
- Nappy rash
- Under / overweight
- Poor dental care
- Missed health appointment(s)
- Difficulty in establishing friendships / making friends
- Withdrawn
- Poor coping skills
- Low self-esteem lack of confidence
- Insecure attachments
- Lack of trust
- Bullying
- Acting out / aggression/impulsivity
- Poor problem-solving skills
- Low achievement in school

Children who have been neglected may experience long-term effects that last throughout their life including in some cases, emerging in later adolescence or adulthood. This may include:

- Emotional Difficulties such as anger, anxiety, sadness and low self-esteem
- Poor mental health such as depression, eating disorders, post-traumatic stress (PTSD), self-harm and suicidal thoughts
- Substance misuse and addiction
- Disturbing thoughts, emotions and memories that cause distress or confusion
- Exploitation both sexually and criminally
- Anti-social behaviour
- Missing from home

- The brain development of a neglected child is impacted upon negatively
- Poor physical health such as underweight / overweight, aches and pains
- Becoming young parents and struggling with relationships and the parenting of their own children
- Conflict and hostility in relationships
- Learning difficulties, lower education attainment and difficulties in communicating

In addition, children who don't get the love and care they need from their parents may find it difficult to maintain healthy relationships with other people later in life, including their own children. They are more likely to experience mental health problems including depression and post-traumatic stress disorder and may also engage in risk taking behaviour such as running away from home, breaking the law, abusing drugs or alcohol, or getting involved in dangerous relationships.

Action Plan 2021 – 2024

ACTIONS	Measures for success Activity that will tell us of the IMPACT
<ul style="list-style-type: none"> • Review and launch the Early Help offer across all agencies • Each Partner will take ownership and responsibility for promoting the Strategy within their organisation and embedding the practice • Further develop a CЕСCP data set for Neglect to continuously tell us what our picture is here in Cheshire East • Develop a Neglect Strategic Board to analyse the data in Cheshire East including national comparators and research – This Board is to sit every quarter and focus on the Neglect Scorecard and IMPACT information • Report findings of the board to CЕСCP Quality Assurance Subgroup 	<ul style="list-style-type: none"> • Multi-Agency Auditing regarding all aspects of neglect and the practice delivered to children and families to address neglectful parenting • Regular consultation with children and families regarding the impact of any level of intervention • Regularly consult with frontline practitioners to understand their confidence in practice and their view of their impact • Feedback from Training events