



Neglect Learning Hub Newsletter: October 2019

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The Hertfordshire Learning Hub

The Learning Hub is an important two-way feedback loop between front line practitioners and the Strategic Safeguarding Partnership/Board, ensuring learning on priority local issues is shared and acted on at all levels in a timely way.

The Learning Hub in October 2019 is on the theme of neglect, and this newsletter provides key information about evidence and initiatives in Hertfordshire. It is not intended to provide a comprehensive overview, but it aims to stimulate discussion about the issues, what is working well locally and what could be improved.

Definition of neglect:

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

(Working Together to Safeguard Children, 2018)

Explaining neglect to children:

Neglect is when you're not properly cared for or supervised by your parents or carers. It can also mean not having the important things you need at home.

1. Neglect in Hertfordshire

Neglect becomes more prevalent higher up the continuum of need:

6.9% of completed Families First Assessments in 2017-18 had a presenting need of neglect

of all Child and Family Assessments in Hertfordshire had a factor of neglect in 2017/18

48.3% of Child Protection Plans had a category of abuse recorded as neglect in June 2019.

Neglect has featured in several recent serious case reviews



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Spotting the signs of neglect:

- A child always reporting to being hungry – stealing or hoarding food.
- Hygiene concerns, i.e. matted hair, skin often dirty, poor body odour.
- A child who is always tired.
- Medical needs not being met – i.e. not being taken to medical appointments on a repeat basis.
- Inappropriate clothing

 i.e. inadequate
 clothing to keep warm
 in winter.
- A child saying they are left at home alone or concerns around poor Supervision.
- Frequent illnesses and infections – medical advice not being sought.
- Regular absence or lateness from school.
- Poor home conditions.
- Living in dangerous conditions, e.g. around drugs, alcohol and/ or violence.
- Failing to meet developmental milestones.

What does neglect look like in Hertfordshire?

Case study A - Intensive Family Support Team, August 2018

The youngest child's behaviour is beyond parental control. He does not go school. He regularly knocks on neighbours' doors saying he is poor and asking for money.

Case study B - Intensive Family Support Team, June 2018

Referral stated child looks dirty. The living conditions are concerning. Dog urine in bedroom on child's teddies, dog pooh in bedroom. House unclean. Referrals stated that child is left in bedroom every morning when he wakes up for hours before mum gets up, he occasionally breaks out of his room. Child smells. Mum does not interact just shouts at the child, all child does is shout and screams as has limited speech.

What is the impact of neglect on children?

- A baby who is neglected in their first year can have impaired brain development. Child neglect can alter the way in which a brain functions leading to an increased risk of depression, dissociative disorders and memory impairment in later life. There are also links with panic disorders, posttraumatic stress and ADHD.
- Poor nutrition, hygiene and lack of parental supervision can result in faltering growth, skin conditions, infections, anaemia, more accidental injuries, dental problems and poor educational outcomes.
- Emotional damage caused by the absence of love and care can alter how children behave and achieve at school, how they interact with peers and adults, and how they have relationships in their adult life.
- Children who feel unloved or unwanted can be at increased risk of going missing, self-harm, anti-social behaviour, sexual exploitation and sexual abuse.



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All agencies have a responsibility to tackle signs of neglect at the earliest opportunity.

Providing help and support to families is likely to be more effective if they feel in control, listened to and that they have a choice.

contact with children and families always look for

Be curious: when in

signs of neglect and record any concerns.

What are we already doing about it?

Hertfordshire Neglect Strategy 2016

This sets out the strategic objectives of Hertfordshire's approach to tackling neglect, including key principles under which work around neglect should be undertaken to ensure an effective a multi-agency response:

- 1. All agencies to have a **shared understanding** and language of neglect, including its causes, presentation and impact.
- 2. Practitioners to have an understanding that **all children can suffer neglect** regardless of social class, culture, special needs, disabilities and age.
- 3. Efforts to be made to recognise the **early indicators of neglect** so intervention can be made as early as possible.
- 4. **Effective Assessments and Care Plans** owned by all agencies, that consider historical information to inform the present position and identify families at risk of inter-generational neglect and ensure effective information sharing.
- 5. **Consistency of practice** through use of pathways, effective supervision and management oversight and use of escalation process.

Key agencies have also pledged support to this strategy through signing the **Neglect Pledge**.

The Neglect Strategy will be refreshed in early 2020.

2. Examples and Resources

Local

Quick guide to responding to neglect in Hertfordshire

Safeguarding children is everyone's responsibility. Make sure you are aware of how to spot the signs of neglect and act, by looking at this quick guide to local pathways.

Graded Care Profile

The Graded Care Profile is a tool that gives a consistent approach to working with families where there's neglect. Hertfordshire uses the Graded Care Profile to help assess neglect and identify strengths and difficulties across a number of child development areas. A <u>local toolkit</u> has been produced to help practitioners use the Graded Care Profile effectively with families, and they are encouraged to attend a <u>local training course</u> first to ensure a full understanding of using the tool.



Hertfordshire Safeguarding Adults Board

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Observations to make when assessing an infant:

Does the carer talk to the baby calmly?

Is there warmth and affection?

Do they talk to the baby about what they might be feeling?

Do they handle the baby gently?

Do they attribute positive or negative attributes to the baby?

Do they respond in an appropriate or timely way to infant distress?

Is the carer noticing the baby's cues and signals and does their response reflect the baby's emotional state?

Do they pick up on the baby's initiative and take interactional turns (reciprocity)?

Learning from recent Local Serious Case Reviews

- **Home visits:** Housing providers conducting home visits may spot signs that that families with young children are starting to struggle. It is important to look out for signs in the home, such as cleanliness and maintenance of the property as a safe environment for children.
- Social factors: Consider background social factors in a family and whether these might make neglect more likely, for example the family's ethnicity, cultural background and historic mental health concerns, which can lead to lead to isolation and family difficulties.
- Pregnancy complications: Consider where mothers have experienced pregnancy complications or recurrent miscarriages, as this can increase the stress felt by parents with a new baby.
- Care to disabled children: Be aware of the early signs of the provision of poor-quality care to disabled children, as this can be neglect.
- Health appointments: A parent or carer not taking a child to health
 appointments, particularly where the child is additionally vulnerable, should be
 an indicator that the child may be at risk of neglect.

Case Study – Early Intervention

A recent case referred to the Intensive Family Support Team involved neglect of a child living in unsuitable conditions, with a mother who had a previous child removed due to neglect. The Family Intervention Worker provided the following support:

- Initiated a Graded Care Profile
- Referral to Wellbeing Team to get support for Mother's mental health
- Supported Mother to improve home conditions
- Supported Mother to manage her finances
- Gave Mother strategies to create boundaries and structure for her child
- Referred Mother to a parenting course

The conditions in the home improved, with weekly visits no longer necessary. The mother is now receiving support from her GP with her mental health and she is feeling she is now managing things. Her child's behaviour has also improved.

National

Characteristics of effective support where neglect is suspected (from Research in Practice, 2016):

- Operate in genuine partnership with parents but also keep the child in mind at all times.
- Provide support that is respectful, rather than stigmatising or shame-inducing.
- Draw on the strengths of families and communities.
- Ensure support is properly connected to specialist services to allow fluid transition and appropriate protection.
- Focus on promoting resilience, rather than risk management, whilst ensuring that effective analysis of risk and vulnerability is maintained.



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Resources

Hertfordshire Safeguarding Children Partnership

Hertfordshire Safeguarding Adults Board

www.childline.org.uk

Graded Care Profile

Quick neglect guide

NSPCC

Call 0300 123 4043 if you are concerned about a child's safety

Talking to children and young people about neglect

Childline has a <u>webpage</u> about neglect that is aimed at children and young people. Written in an accessible way, it can help children to understand what neglect is and whether they might be affected. It also has advice on what they can do and how they can find the support they need.

Learning from national case reviews

Neglect is a factor in 60% of serious case reviews nationally. The following learning has been identified from reviews in recent years:

- Be aware of children who are more vulnerable to neglect. This includes new-born babies, premature babies, babies with ongoing health needs, and teenagers.
- **Frequent accidents** may be an indicator of poor-quality parenting through lack of supervision or living in an unsafe home. Repeated visits to A&E should raise concern.
- Have the confidence and knowledge to effectively assess parental capability to change. Be clear with parents about what needs to change and by when.
- **Improvements to poor home conditions** should be regularly reviewed, especially if the family is unlikely to sustain them.
- Always take the full history of the family into account and patterns of previous episodes of neglect. Include background information of the parents' own childhood to better assess parenting capability.
- Use staff supervision to avoid case drift. If a case becomes 'stuck' there
 should be a process where practitioners can escalate the situation to senior
 managers. This may help to provide a fresh, objective approach to address
 the problems.
- Where families refuse to engage with early assessments, this shouldn't
 prevent professionals from sharing information or making referrals about child
 protection concerns.

Neglect and the link with other forms of harm

Research suggests a relationship between neglect experienced in childhood and later experience of **childhood sexual exploitation (CSE)**. This relationship is often linked to childhood **running away**, which is found to be higher in children who experienced neglect at a younger age. Reasons for this include that a neglected child who is **lonely** and has **low self-worth** may be particularly vulnerable to a perpetrator's strategy of cultivating a so-called 'special relationship'. The child's **social isolation** may also mean they do not easily recognise their experiences as abusive because they have no wider reference point. A potential impact of neglect is **poor problem-solving skills**, which may mean that when they find themselves faced with bribery or coercion, children are less able to make clear decisions about how to seek help.