

Neglect Strategy



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FOREWORD

From Sarah Elliott

Pan Island Independent Chair-Safeguarding Partnerships

I am delighted to introduce the Child Neglect Strategy for the Bailiwick which sets out our commitment, plan and practical tools to ensure we can all play a role in preventing, recognising and intervening with child neglect.

Neglect is one of the most common forms of abuse, can take a wide range of forms, tends to be cumulative and can have a significant impact on the physical, emotional, educational and social wellbeing of children and young people.

The Strategy is being launched against the backdrop of the COVID pandemic when additional stressors on families, reduced social contacts and pressures on family budgets add to the risk of children being neglected.

Although we have some excellent practice across the Bailiwick, we also know we don't always get it right and previous reviews have highlighted we need to do more to ensure children are seen, listened to and helped at an early enough stage to prevent children and young people being neglected.

The strategy emphasises the multi-agency responsibility to identify the early signs of neglect so that support can be provided to improve the life chances of all children. We have provided practical tools including the well-regarded Graded Care Profile so that all front-line staff can feel confident and equipped to make a professional judgement about whether parenting is neglectful.

Communities and voluntary organisations can play their part too and may notice early signs that a family is not coping, a child looks sad, has poor hygiene, maybe hungry or is inappropriately dressed for the weather. As we roll out the strategy, we will be continuing with communication campaigns and working with voluntary organisations so everyone knows the first step they can take to support a child who maybe neglected.

I commend the strategy to you and through the Islands Safeguarding Partnership Board we will be overseeing implementation, monitoring the impact of the strategy and celebrating good practice in addressing this important area of child welfare.

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Introduction

Neglect is a serious form of harm which impacts on a child's health and wellbeing both in the short and long term If left unchecked, both families and professionals can become overwhelmed and demoralised by issues of neglect. There has been and continues to be, a strong evidential research base, alongside in particular, serious case reviews which highlight the challenges that professionals face in identifying and taking timely action on neglect, but most pertinently, the impact and outcomes when neglect is not addressed.

Why a neglect strategy?

The consistent learning from serious case reviews highlights the importance that professionals from all agencies must be able to:

- Recognise physical and emotional neglect in both children and adolescents.
- Understand the impact of cumulative and long-term effects of neglect.
- Take timely action to safeguard children.

The purpose of this document is to ensure that we have a structured process for all professionals, that sets out to identify neglect, outline the cumulative impact that neglect has, and aims to set out how we will seek to prevent, identify, and address the underlying and negative impacts that neglect can have. In summary, the Neglect strategy aims to enable and facilitate a structured approach to preventing, identifying, tackling, and reducing the impact of neglect within the Bailiwick of Guernsey.

The strategy will also be accompanied by a Neglect Toolkit; a practitioner guide with tools to support a shared understanding of neglect as well as the launch and implementation of the Graded Care Profile 2 which is being carried out with the support of the NSPCC and will be key in supporting screening, assessment and decision making between professionals. The strategy will be reviewed and updated bi-annually and published on the ISCP website <u>http://iscp.gg/</u>. The Strategy will be reviewed and updated in March 2024.

The Children and Young People's plan (CYPP), the driver for ensuring the States of Guernsey meets its obligations under the Children (Guernsey and Alderney) Law, 2008, sets out the vision for children and young people to consider Guernsey and Alderney to be the best places to grow up. The CYPP's priorities are to ensure all children and young people are protected from abuse, neglect, or harm at home and in the community, have nurturing relationships that build their emotional resilience, engage in safe behaviour, achieve their individual and economic potential, are healthy and active and feel included and respected. Neglect if left unchecked, can have significant deleterious impacts on children and young people's ability to achieve the outcomes as identified within the CYPP commitments.

The Introduction within the short guide to The Children (Guernsey and Alderney) Law, 2008, also encapsulates the importance of ensuring positive experiences and outcomes for children:

"Our children are our most important investment for the future, and we collectively owe it to them and to ourselves, to help them fulfil their potential, and grow up, as far as is possible, to be happy and healthy members of society, willing and able to make a positive contribution to the community in which they live."

(The Short Guide Children Law: Guernsey and Alderney)

Definition of Neglect

'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 because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing, or 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 caregivers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs'.

(Working Together to Safeguard Children 2018)

Neglect is a form of child abuse that can have serious and long-lasting impact on a child's life - it can cause serious harm and even death.

All families come under pressure from time to time. Although many parents can provide loving care for their children during difficult periods, increased or continued stress can affect how well a parent can look after their child.

Research shows that parents with a low income, or living in poorer neighbourhoods, are more likely to feel chronically stressed than other parents (Jütte et al, 2014); and parents who are facing complex problems such as domestic abuse or substance misuse can struggle to meet their children's needs (Haynes et al, 2015).

If parents are feeling particularly isolated, this can make it harder for them to ask for help and increases the risk of child abuse or neglect (Jütte et al, 2014).

Types of Neglect

As well as the statutory definition it is important to have regard to the specific needs of children that are often subsumed under the term of 'failure to meet basic needs'

These include:

Medical neglect: Failing to provide appropriate health care, including dental care and refusal of care, missing health appointments or ignoring medical recommendations.

Nutritional neglect: Failing to provide adequate diet and nutrition.

Emotional neglect: Failing to meet a child's need for nurture and stimulation, through ignoring, humiliating, intimidating, or isolating children.

Physical neglect: Failing to provide for a child's basic needs such as food, clothing, or shelter.

Lack of supervision and guidance: Failing to adequately supervise a child or provide for their safety.

Educational neglect: Failing to ensure that a child receives an education (Horwarth 2007).

Dental Neglect: The persistent failure to meet a child's basic oral health needs, which is likely to result in serious impairment of a child's oral or general health and development (British Dental Association 2020).

Howe (2005) highlighted four defining forms of neglect, with each form associated with different effects on both children and their parents, which has implications for the type of intervention offered. These are:



Emotional Neglect:

Ranges from ignoring the child to complete rejection. Children suffer persistent emotional ill treatment; they feel worthless and inadequate. Their parent keeps them silent, scapegoats them and shows them no affection or emotion.



Disorganised Neglect:

Ranges from inconsistent parenting to chaotic parenting. Parents' feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.

Depressed or Passive Neglect:

Ranges from a parent being withdrawn or detached with the greater focus being on themselves than their children and is characterised by a parent or carer, typically being, uninterested and unresponsive to professionals. The parent/carer does not understand the child's needs and believes nothing will or needs to change. They will fail to meet their child's emotional or physical needs and will appear passive in the face of apparent need.

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Severe Deprivation Neglect:

Ranges from a child being left to cry for prolonged periods, to a child being left to die. The child and the home will be smelly and dirty. Children are deprived of love, stimulation, and emotional warmth. The children may be completely ignored and left unsupervised within their own home or out on the streets. It may be difficult to distinguish between neglect and material poverty but persistent failure to provide basic needs is integral to neglect. Some families face great adversity, however, aspects of neglect cannot be dismissed. Neglect can be a serious form of maltreatment, even fatal, and can be described as a failure of provision and a failure of supervision.

Failure of provision:

is the persistent failure to meet a child's basic physical or psychological needs, for example:

- Repeated, inadequate provision of food, clothing, and shelter.
- Inadequate attention to a child's medical or health needs.
- Indifferent parenting having an impact on a child's emotional development and sense of belonging.
- Exposing the child to physical circumstances that are inappropriate or unsafe for their child's developmental stage.
- Children missing school or parents/carers not supporting a child's learning.

Failure of supervision:

is where the level of guidance and supervision is inadequate to ensure that a child is physically safe and protected from harm. Neglect should be considered if for example:

- A parent or carer has failed to protect a child from physical and emotional harm or danger.
- A parent or carer has failed to ensure adequate supervision including the use of inadequate care-givers.
- The explanation for an injury (e.g. burns, sunburn, ingestion of harmful substances, road traffic incidents) suggests a lack of supervision.
- Abandonment of a child or young person.

RISK FACTORS

Several factors increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

Whilst poverty is a recognised feature, not all the risk factors are exclusive to children and young people living in poor households. Professionals must also remain alert to neglect by affluence.

Child risk factors:

- Disability
- Behavioural problems
- Chronic ill health
- Adverse Childhood Experiences



Parental risk factors:

- Poor Mental Health
- Substance Misuse
- Domestic Violence and Abuse
- Previous Adverse Childhood Experiences



Wider risk factors:

- Poverty / affluence
- Unemployment
- Poor social support
- Learning Difficulties
- Lack of experience of positive parenting in childhood
- Emotionally unavailable/detached parents

Impact of Child Neglect

Children can experience neglect at any age – from birth to adolescence. Neglect can cause a range of short- and long-term effects which may vary depending on the age of the child affected.

- Brain development If a baby is malnourished, neural cells can become weak or damaged and this can cause lowered brain function. If a child has little interaction with their caregiver, it can change how emotional and verbal pathways develop and impact their ability to learn.
- Physical development Parents and carers need to help young children to develop gross motor skills. If they are being neglected, or if parents do not know how to stimulate their child, this process may not happen effectively, and the child's development may be delayed (Howarth, 2013).
- Physical health If a child is not given enough food, they will immediately experience hunger and discomfort and may have trouble concentrating. But longer-term malnourishment will also affect their physical health and development.

Having an unhealthy diet can also lead to obesity-related health problems.

Not receiving appropriate medical care can result in poor health, dental decay and in some circumstances, death.

- Mental health Children who have experienced neglect are more likely to experience mental health problems, including:
 - Depression.
 - Post-traumatic stress disorder (PTSD).
 - Dissociative disorders.
 - Memory impairments.
 - Panic disorder.
 - Attention deficit and hyperactivity disorder (ADHD) (Child Welfare Information Gateway, 2009).
- Relationships and attachment Children who do not get the love and care they need may develop problems with attachment – they may struggle to form a strong relationship or bond with their caregiver. This can lead to a child becoming isolated and affect their ability to maintain healthy relationships with others later in life (including their own children).
- Risk-taking behaviour Young people who have experienced neglect may be exposed to more risk, such as:
 - Running away from home.
 - Breaking the law.
 - Abusing drugs or alcohol.
 - Becoming involved in unhealthy and/or abusive relationships.
 - Becoming more at risk of Child Sexual or Criminal Exploitation

There is considerable national research and local evidence which demonstrates the damage to infants, children and adolescents living in situations where their needs are neglected. If a mother has mental health problems or misuses substances during pregnancy, for example, she may neglect her own health and this can damage a baby's development in the womb (Haynes et al, 2015).

• Impact of Neglect on Adolescents

It is rarely acknowledged that, just like younger children, adolescents are more likely to experience neglect at home than any other form of child maltreatment. There is evidence that professionals struggle to identify adolescent neglect and are unsure what to do when they come across it

Research suggests neglect during adolescence leads to worse outcomes for young people than neglect that takes place only during earlier childhood. Despite this, until now adolescent neglect has rarely been on the agenda for research or for developments in policy or practice. (Raws, 2018)

Neglect has been linked to a variety of problems for adolescents, including 'challenging' behaviours e.g., poor engagement with education, violence, and aggression, increased risk-taking (offending or anti-social behaviour, substance misuse, early sexual intercourse). It can lead to poor physical health, difficulties with relationships (with peers and adults) and be behind 'internalised' problems – e.g., low levels of well-being or mental ill health. (Children's Society).

Adolescents may be particularly vulnerable through the impact of earlier neglect on their mental health, their behaviour, or their vulnerability to exploitation by others (Hicks & Stein, 2015). They may also remain vulnerable to ongoing neglect of their health needs, education, or supervision. Issues relating to suicide and self-harm in young people were explored extensively in a triennial review, along with vulnerability to child sexual exploitation (Sidebotham et al, 2016).

Professionals can feel reluctant to name neglect especially where they feel this could present barriers to engagement. This points to the importance of a multiagency approach to identification and assessment through which differing views and perspectives can be robustly triangulated.

When confronted with adolescents who engage in risky behaviour, practitioners need to look beyond the immediate issues to consider how the young people might be vulnerable from neglect rather than simply seeing them as putting themselves at risk.

Adolescents have a stake in their own experiences of parenting. Neglect is most often categorised in terms of the thing's parents do not do - but as a young person gets older, their own perspective on the care they receive becomes increasingly important and changing relationships with parents can affect the way they are looked after.

Prevalence of Neglect

How we respond to and protect children from the harmful effects of neglect is one of the most pressing and challenging aspects of safeguarding. Neglect is consistently the most common initial category of abuse for children on a child protection plan, accounting for nearly half of all plans. Both the proportions and actual numbers of children on child protection plans for neglect have risen over the years from 41.6% (17,930 children) in 2013 to 48% (25,820 children) in 2018 (HM Government, 2013b; 2018a). This represents a 44% increase in the number of children subject to child protection plans for neglect.

Neglect is also consistently a major factor in the lives of children who die or are seriously harmed because of child maltreatment. Neglect does feature in three-quarters of all SCRs (fatal and non-fatal) and was the primary issue in 19% of all serious harm cases. This was identified in previous biennial and triennial reviews (Bailey, Belderson & Brandon, 2010; Brandon et al, 2012; Sidebotham et al, 2016) and the most recent triennial review (Complexity and Challenge: a triennial analysis of SCRs 2014-17 (March 2020).

A major prevalence study of child abuse and neglect, published by the NSPCC in 2011, also found neglect to be the most prevalent type of maltreatment in the family for all age groups. Around half of all children looked after by Local Authorities in the UK are known to have experienced harm because of neglect. g

In the latest Triennial analysis of serious case reviews features of neglect was apparent in 68% of fatal cases and 83% in non-fatal cases. (Complexity and Challenge: a triennial analysis of serious case reviews 2014-2017, (Brandon et. Al., March 2020)

Percentage of children subject to a child protection plan / registration where neglect is the category of harm:

Year	% of children registered with the category of harm as neglect in Guernsey	% of children in England made subject of a protection plan with neglect as the category of harm
2016	21%	46%
2017	18%	48%
2018	19%	48%
2019	24%	48%
2020	38%	50%



Professional response to Neglect

In Ofsted's thematic inspection of neglect "IN THE CHILDS TIME - Professional Responses to Neglect" (March 2014) the findings demonstrated a mixed picture in respect of the quality of professional responses to neglect. Whilst the thematic inspection focused on England, the key findings are equally relevant to Guernsey and hence one of the drivers in creating and implementing the Neglect Strategy. The key findings were:

- Nearly half of assessments undertaken did not take sufficient account of the family history or consider the impact of neglect on the child.
- Some assessments focused almost exclusively on the parent's needs rather than analysing the impact of adult behaviours on children.
- Variable quality of written plans, particularly in relation to longer term support to enable sustained change in the care given to children.
- Evidence of non-compliance and disguised compliance by parents were common features in cases reviewed.
- Evidence of 'Drift,' in long-term cases delaying appropriate action and support has profound consequences for children, resulting in them continuing to be exposed to neglect resulting in further harm.
- A lack of frontline practitioners' and managers' use of research findings in relation to managing neglect.

The findings from the Joint Themed Area Inspection (JTAI) 'the multi-agency response to older children living with neglect' July 2018, concluded:

- To achieve best practice, leaders in all agencies need to come together with a clear local strategy to address neglect, including the neglect of older children.
- Leaders should ensure that that all partners and professionals have a shared understanding of what neglect looks like for older children and understand their role in identifying and responding to neglect, while ensuring that local responses and interventions are informed both by evidence and by the voices and lived experience of older children.
- To increase practitioner confidence and impact, there needs to be investment in specialist training for professionals for working with older children: this should include a clear understanding of child development during adolescence and trauma-based approaches to neglect as well as access to evidencebased approaches to inform interventions.
- Practitioners need to be caring, curious, capable, and confident in their practice.
- Professionals need to understand how neglect within the home may have an impact on a child's behaviour and emotional well-being and how this may increase their vulnerability to risks outside of the home. When working with older children, the focus should be on their needs, not solely on their behaviour.

The complexity of many families' circumstances, the cumulative nature of adversity within these families, and the impact of these on children have been highlighted in previous national analyses (Brandon et al, 2012; Sidebotham et al, 2016). Complexity and cumulative harm are not unique to situations of neglect but invariably they are a feature of families where children experience neglect.

Cumulative harm is a concept adopted in child protection law in the Australian state of Victoria. It refers to the effects of multiple adverse circumstances and events in a child's life (Bryce, 2018). Cumulative harm and the coexistence of neglect with other forms of abuse was a feature in over three-quarters of the children included in the reviews.

Effective protective practice requires an ability to contextualise the lives of vulnerable children, understand the experience and perspectives of their parents or carers and engage with them through meaningful interactions and relationships with the professionals that are involved in their lives.

Contributing factors to neglect

Several social factors can increase the likelihood of neglect in some families, particularly when they present in combination with each other:



links to other services working with children and families are considered to reduce the risk factors that can lead to neglect.

Poverty

not always, prevent parents from providing adequate food and clothing, protecting children from physical and emotional harm or danger, ensuring adequate supervision and /or access to appropriate medical care or treatment.

What do we have in place to recognize and respond to neglect?



Child Protection processes

Child Youth and Community Tribunal



MESCH, MASH, parenting courses, IY Triple P, early help assessments, SLT, children's centres, third sector partners children's dental services, Child and Youth Community tribunal (CYCT)



Universal Services, midwifery, GP's, health visiting, education,(school and pre school) children's centres, ISPC training, Homestart

What could we improve on?



Strategic priorities

Prevention

To improve awareness and understanding of the causes and continuum of neglect, along with its longer term consequences and provide support to overcome these. To identify children at risk of neglect at the earliest opportunity; in order to reduce the numbers of children experiencing neglect and offer early intervention

Intervention

Respond promptly and effectively to neglect at the earliest opportunity.

Respond to the underlying, historical, contributory factors such as domestic abuse; substance misuse; mental health and learning disability issues.

Children at the centre

Children get the right service at the right time to prevent the long term impact of neglect negatively affecting their lives

Maintain the child's lived experience at the centre of assessment, planning and interventions

Working together

Robust, purposeful and effective information sharing across the multi-agency partnership about children and families of concern to ensure co-ordinated, shared responses. This must include constructive challenge about thresholds and responses when required to ensure each child and their family receives the right service at the right time.

Key priorities and how these will be measured

Prevention

- Reduction to levels of persistent absence from school.
- Reduction in the number of children not brought to key appointments, such as medical appointments.
- A reduction in the number of children coming onto Child Protection Plans due to neglect following preventative early help
- Increased knowledge of neglect and understanding of the impact it has on children.
- Identify children at risk of neglect at the earliest opportunity
- Evidence of the offer of help to address early warning signs of neglect

Intervention

- Evidence of the right intervention at the right time to reduce risk and support families to find solutions.
- Reduction in the number of repeat referrals to children's services following assessment where neglect is a feature.
- Reduction in the number of children subject to child protection plan for more than six months where neglect is the reason for a plan.

Children at the centre

- Every agency will be able to evidence how they are capturing the voice/experience of the child and using this in their service delivery response to neglect.
- Feedback from children and/or their advocates tell us that they feel safe and that intervention to support their family is making a positive difference.

Working together

- Single agency and multi-agency case audits will evidence effective partnership working at all stages of the child's journey.
- learning from case reviews and multi agency quality assurance
- Effective use of the multi-agency escalation policy will evidence concerns and improvements made as a result.
- Evidence that children receive the right support at the right time and there is no delay or drift.

Action Plan

These key priorities require development, implementation, and regular monitoring across the partnership to monitor progress and capacity to reduce risk of neglect in Guernsey's population. The neglect steering group will develop and implement a detailed working plan over the first and second quarter 2022, reporting to the ISCP strategic partnership in order to monitor the action plan.

We will	We know we need to do this because	We will do this by	We will know this has been successful because in 202
Improve the awareness and recognition of neglect	The research indicates that Neglect continues to be under identified	- · ·	
			Public awareness of neglect and what to do if they have concerns.
Children will receive help at an earlier stage	The sooner that neglect is identified as an issue the sooner help and intervention can be put in place leading to better outcomes	tools that support practitioners to put in place effective interventions	Multi agency use of Neglect Screening Tool Parents will have access to services to support their individual needs and understanding

We will	We know we need to do this because	We will do this by	We will know this has been successful because in 202
Children and families will receive effective support from a skilled multi- disciplinary workforce to ensure children are protected	Children have a right to be protected from harm	Training in the use of the neglect toolkit and Graded Care Profile 2	Practitioners will be confident in using the Graded care Profile 2
	outcomes to identify and adde	Ensuring that all Professionals are able to identify and address and support an	Children will feel safe and nurtured
		issues relating to neglect	Families experiencing neglect will have a better understanding of neglect
Ensure that Neglect will be seen as an issue that needs addressing and challenging across all services	To enable early identification To prevent drift	Training will be multi agency and across universal and targeted services	There will be timely and appropriate referrals made to the MASH where neglect is identified
	Case reviews have shown that neglect can be unchallenged by practices leading to drift	A steering group will be formed with members of the multi-disciplinary team involved to ensure that the strategy and toolkit is embedded in practice	The neglect steering group will ensure that the action plan is implemented and quality assurance will be able to evidence an evaluate outcomes.



References

- British Dental Association (2020) https://bda.org/childprotection/Recognising/Pages/Dental-neglect.aspx
- Horwarth J (2007) The Neglected Child: Identification and Assessment. Palgrave. London
- NSPCC (2020)/www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect
- Ofsted (2014) In the child's time: professional responses to neglect
 In the child s time-professional responses to neglect.pdf (publishing.service.gov.uk)