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**Second draft for discussion**

**Enfield Tackling Neglect Strategy**

**2022-2025**

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| **Scope** | This document sets out our strategic approach toincrease our local understanding of the prevalence of neglect and to improve the identification of, and response to neglect.  |
| **Approved by** | Full Council  |
| **Approval date** | January 2022  |
| **Review** | Enfield Children Safeguarding Partnership will be accountable for the delivery of this strategy. It will be reviewed and refreshed at the end of the current cycle of the strategy in view of the changes and developments in the children’s safeguarding sector.  |

**Contents**

[Foreword 2](#_Toc83028567)

[Introduction 3](#_Toc83028568)

[Vision and priorities 4](#_Toc83028569)

[What is neglect? 5](#_Toc83028570)

[Key Messages from Research and Serious Case Reviews 6](#_Toc83028571)

[Poverty 7](#_Toc83028572)

[Self-Neglect 7](#_Toc83028573)

[Disability 7](#_Toc83028574)

[Adolescent Neglect 8](#_Toc83028575)

[Diversity and Cultural Factors 8](#_Toc83028576)

[Neglect as a Continuum 8](#_Toc83028577)

[Whole Family Approach 8](#_Toc83028578)

[Trauma Informed Practice 9](#_Toc83028579)

[Prevalence of neglect 9](#_Toc83028580)

[What we have achieved in addressing child neglect in Enfield? 10](#_Toc83028581)

[Looking ahead 11](#_Toc83028582)

[Priority one: Increase awareness and knowledge 11](#_Toc83028583)

[Priority two: Enhance recognition and early intervention 12](#_Toc83028584)

[Priority three: Improve response and monitored outcome 13](#_Toc83028585)

[Governance and performance review 14](#_Toc83028586)

[Appendix 1: The impacts of neglect 15](#_Toc83028587)

[Appendix 2: Signs of neglect 16](#_Toc83028588)

[Connected strategies and policies 18](#_Toc83028589)

[Underpinning documents and research 18](#_Toc83028590)

# Foreword

We want all children in Enfield to live healthy and fulfilling lives free from the impacts of neglect.

Neglect adversely impacts on children’s ability to thrive. The experience of neglect during childhood can have significant, long-lasting and pervasive consequences, affecting all aspects of a child’s development. Child neglect is the most common type of abuse in the UK today and requires effective and rigorous professional response at all levels. The Enfield Children Safeguarding Partnership believe that all children and young people in Enfield should have trusted, committed and able professionals who able to swiftly identify and respond effectively to child neglect.

The Enfield Tackling Neglect Strategy outlines how we will secure a better understanding of and more strategic and joined up multi-agency approach to tackling neglect. We strongly believe in listening to the voice of the child and their families and to offer support at the right time and at the earliest opportunity. We want to ensure that we identify and prevent unmet needs from escalating so that all children in Enfield have the childhood they have a right to.

This strategy has been developed through the hard work and dedication of professionals across the partnership, drawing on their experience and expertise, and as such we will be well placed to improve the lives of children and families affected by neglect. I would like to take this opportunity to formally thank all who have contributed to the development of this strategy.

# Introduction

Neglect can affect children of all ages, its impact is often corrosive and enduring, leading to poor health, educational and social outcomes. In some cases, it can even result in death. Neglect has long lasting consequences as children’s abilities to make secure attachments are affected, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect. The Covid-19 pandemic has further increased disadvantages in our communities and it is even more critical that we effectively work together to tackle and prevent neglect.

This strategy sets out our strategic approach to tackle child neglect and outlines how we will increase our local understanding of the impact of neglect on the lives of children and young people, and improve the identification of, and response to neglect. It will help improve the ways in which, needs and risks are understood, recognised and responded to at all stages of a child’s life at the earliest opportunity. It is not a stand-alone document and should be considered alongside other strategies and polices, mainly the Enfield Threshold document, [Early Help For All Policy](https://new.enfield.gov.uk/services/your-council/enfield-early-help-for-all-strategy-2021-2025-your-council.pdf) and [Children and Young People Plan](https://new.enfield.gov.uk/services/your-council/enfield-early-help-for-all-strategy-2021-2025-your-council.pdf).

A key message is that neglect is preventable and can be tackled if agencies work together to develop the range of responses required for intervening at several levels. We have a shared commitment to focus our efforts to improve identification of children who experience neglect at the earliest opportunity and prevent escalation of issues and the resulting harm to children and young people. Above all, our response to neglect will always be active and pre-emptive.

It is vital that we recognise and build on children and family’s strengths and underpin our approach with the Signs of Safety practice model. All families will be encouraged to identify their own difficulties, strengths, needs and solutions. In most cases, outcomes for children will only be improved by taking a holistic view and supporting parents and carers to build resilience and make sustained change.

We will continually review and update our approach to safeguard children and share learning across the partnership. As part of the implementation of this strategy we will undertake periodic reviews of progress by all partners, share lessons learnt, ask for feedback from those with lived experiences and continually seek to improve services.

# Vision and priorities

**Our vision is that all children and young people in Enfield lead healthy and fulfilling lives free from the impacts of neglect.**

It is vital to hear the child’s voice and focus on their lived experiences and the impact neglect has and is having on their lives. Our top priority is to uphold the safety and wellbeing of children and young people in an inclusive, effective and collaborative way. This is integral to our work and set out in all our strategies such as our refreshed [Children and Young People Plan](https://new.enfield.gov.uk/services/your-council/empowering-young-enfield-2021-25-children-and-young-peoples-plan-your-council.pdf).

This strategy aims to identify opportunities to work across Enfield to develop partnership systems to improve responses to neglect across all levels of need. To ensure that we provide the best possible care and support to children and young people, we will improve awareness, understanding and recognition of neglect and prevent it from happening. We will continually learn from research and experience at local and national level and deliver effective arrangements to safeguard children from experiencing neglect.

We will actively seek innovative ways to work closer with the community and community representatives and groups to ensure we provide responsive and evidence-based support to children affected by neglect. When we talk about community, we are talking about the network of people in our lives made up by friends, neighbours, colleagues, or casual acquaintances who we regularly see for example, on public transport or in our local shops. We will ensure that the community have the required knowledge to recognise neglect and feel supported enough to report neglect cases.

To achieve our vision, we will deliver on the following three priorities:

**Increase awareness and knowledge**

**All partners, including the community, have a shared understanding of neglect, signs of neglect, and what must be done to proactively prevent neglect and its impact on children.**

**Improve recognition and early intervention**

**Increased number of cases of child neglect are identified and addressed mainly by universal and early help services.**

**Improve response and monitored outcome**

**There is a robust mechanism to provide effective response and demonstrate improved outcomes for children affected by neglect.**

# What is neglect?

Neglect is rarely a ‘one off’ incident and can be challenging to define and measure in an objective way. Defining neglect should focus on the impact on the child, not necessarily on the behaviour of the parent. Nevertheless, the parent’s behaviour is the most obvious factor in determining whether neglect exists or will develop.

The statutory guidance [Working Together to Safeguard Children 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf) defines neglect 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.’ The NSPCC describes neglect as a form of child abuse that can have serious and long-lasting impacts on a child’s life which can cause serious harm and even death.

Neglect can happen at any age – it can occur during pregnancy as a result of maternal substance abuse, mental ill health or learning difficulties or a cluster of such issues.[[1]](#footnote-1) 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 caregivers)
* ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. Evidence show that where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

From a child rights perspective, article 19 of the United Nations Convention on the Rights of the Child (UNCRC) asserts that:

‘States Parties to take appropriate legislative, administrative,

social and educational measures to protect the child from

all forms of physical or mental violence, injury or abuse,

 neglect or negligent treatment, maltreatment or exploitation,

including sexual abuse, while in the care of parent(s), legal

guardian(s) or any other person who has the care of the child.’

In a review of literature on neglect, Howarth (2007) has identified the following types of neglect: [[2]](#footnote-2) Evidence show that where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

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| --- | --- |
| Physical neglect | Not meeting a child’s basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety. |
| Educational neglect | Failure to provide stimulating environment, show an interest in the child’s education at school, support their learning, or respond to any special needs, as well as failing to comply with the Government requirements regarding school attendance. |
| Emotional neglect | Not meeting a child’s needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them. |
| Medical neglect | Not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations. |
| Nutritional neglect | Providing inadequate calories for normal growth. This form of neglect is sometimes associated with ‘failure to thrive’, in which a child fails to develop physically as well as psychologically. |
| Lack of supervision and guidance | This involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. |

# Key Messages from Research and Serious Case Reviews

We acknowledge that there is no single cause for neglect – a wide range of factors can contribute directly or indirectly to a situation where a child is neglected. These include factors related to an individual child; their family; the environment; and wider societal issues. These factors can interact with each other to a varying degree.

## Poverty

Research suggests that generally there is a strong association between family’s socio-economic circumstances and the chances that their children will experience abuse and neglect. Poverty is known to make parenting more difficult and can lead to stress as parents struggle to meet their children’s needs. However, according to the World Health Organisation neglect is different from poverty because it happens when there is a failure to provide the resources to meet a child’s needs if those resources exist or could be made available. This is where the difference comes between not providing adequate care and support due to poverty and failure to provide adequate care and support as a result of neglect.

In Enfield a total of 18% of all dependent children live in low-income families which means that this pocket of the population is at an increased risk of being neglected and experiencing its harmful consequences.

Despite understanding the link between poverty and neglect we are also cautious about the fact that neglect can happen in affluent families as well. Wealthier families may have the material sources to hide physical and supervisory neglect, whilst being psychologically and emotionally neglectful.[[3]](#footnote-3) Thus we will make sure that the signs of neglect in these families do not remain under the cover of affluence.

## Self-Neglect

Self-Neglect is an area that can be overlooked by practitioners. It is a lack of self-care to the extent that it threatens personal health and safety, including hoarding, and not accessing services to meet health and social care needs.

Self-Neglect can contribute to the neglect of children, if the self-neglecting adult has care of the children. It is important that practitioners can recognise self-neglect in adults, to ensure that whilst addressing safeguarding concerns relating to children we are able to respond to adult safeguarding needs including Self-Neglect.

You can read Enfield Council’s Multi Agency Self-Neglect and Hoarding Strategy [here](https://mylife.enfield.gov.uk/media/24398/hoarding-and-self-neglect-policy.pdf).

## Disability

Disabled children and young people are at increased risk of neglect if they have complex health needs that are not being met and/or where they have communication difficulties. In addition, due to the presence of disability, the impact of abuse and neglect can easily be minimised by families and professionals. National studies show that disabled children are 3.8 times more likely to suffer neglect than a child without a disability.[[4]](#footnote-4)

Young carers may be inadvertently neglected because of parental ill health or disability.

## Adolescent Neglect

Practitioners need to continue to be minded about the impact neglect can have on adolescents and their assessments need to explore this, considering the familial and external factors that could impact on this. Practitioners sometimes assume that older adolescent behaviour is a result of personal informed choice and may be reluctant to intervene. Where there is a detrimental effect on the adolescent’s health and wellbeing, safeguarding intervention is necessary.

Babies born to younger parents may also be at more risk of neglect if their parents are not being supported in their parenting role.

## Diversity and Cultural Factors

Cultural factors should be considered including access to resources for some communities which may contribute to patterns of neglect. There may be societal barriers, including language barriers and resources, which can prevent families from being able to access necessary services to help them address neglect concerns. Practitioners must be able to give enough understanding and weight to cultural and religious needs and their impact on the child’s lived experience.

## Neglect as a Continuum

Neglect should be understood holistically and historically in the context of the child and family. It can be difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns that, taken together demonstrate that the child is in need or at risk.

## Whole Family Approach

Neither adults or children exist in isolation. It is important when safeguarding children to take a holistic approach to respond to the families’ vulnerabilities, such as substance misuse, domestic abuse, trauma, learning disabilities and mental health, by putting in appropriate expert services.

Relationships and hence attachment theory are important for understanding causes of neglect. For example, neglectful mothers are more likely to have had experiences of unstable, hostile and non-nurturing childhoods and a history of disrupted or conflicting relationships in adulthood.

When considering any vulnerabilities or risks that they have identified practitioners should consider support available to the individual from extended family and the wider community. The Signs of Safety Practice model will help us to identify a family’s support network. This approach should make the best of the specialist knowledge, resources, and training available within the partner agency network to respond to the family’s needs whilst also responding to the individual needs within the family.

## Trauma Informed Practice

The key goal of trauma informed practice is to raise awareness among practitioners about the wide impact of trauma and to prevent the re-traumatisation of children, young people and their families in service settings that are meant to support them.[[5]](#footnote-5)

Neglect in the early years of life can be damaging, and development continues to be affected into adolescence. There are links between trauma and poor health and social outcomes in adulthood. Early intervention, positive relationships and robust assessment are important in reducing the long-term impact of neglect.

# Prevalence of neglect

Data from the Office of National Statistics show that neglect was the most common reason attributed to children becoming the subject of a Child Protection Plan, accounting for 48% of cases in the year ending 31 March 2019.[[6]](#footnote-6)

Neglect cases in Enfield is also the most prevalent presenting factors in Child Protection Plan CPPs, Children in Need CIN cases and Looked After Children LAC. As of May 2021, there have been 273 open Child Protection Plans of which 63% have neglect as a presenting issue. Although data on child neglect cases in children social care services provide valuable information, they can only provide a partial picture. This leaves us with a risk for moderate forms of neglect that doesn’t require specialist response to remain unidentified and therefore unresolved.

It is known that younger children are more susceptible to neglect given their dependence on their parent and carers to meet their basic needs, however, there are neglected adolescents that need to be actively sought after and supported. In Enfield there are proportionately more children and young people under 20 than in both London and England overall. This means that, in line with this statistic there is potentially more cases of neglect in Enfield than both London and England.

At the national level, there is much evidence of the scale of adolescent neglect. Official data on Child Protection Plans and on Children in Need, alongside research into the prevalence of different types, shows that neglect is one of the most common experiences for young people aged 11-17 who are maltreated by their parents or carers.

We understand that many children in Enfield, as is the case nationally, are facing new challenges because of COVID-19 crises. Social distancing, self-isolation and quarantine all have contributed to children potentially being trapped in unsafe situations over the lockdown period. The impact of the pandemic and the restrictive measures may also cause financial stress and changes in everyone's behaviour resulting in an increase of new neglect cases. The lack of contact with schools and trusted adults will mean children find it harder to access help and support, and the early signs of neglect could go unseen and unreported.

# What we have achieved in addressing child neglect in Enfield?

Early Help has a key role to play in supporting parents and preventing children becoming at risk from neglect or abuse. At one time or another, all parents face difficulties that can make parenting hard but providing timely and high-quality advice, support and interventions for parents can prevent these difficulties leading to neglectful parenting and children experiencing harm as a result.

Our Early Help for All Strategy outlines how Enfield Council will work with our communities and partners to help everyone in Enfield to be resilient, overcome challenges and lead happy and fulfilling lives. This strategy has helped us to build on our approach so far, in 2018, we launched our Early Help Family Hub with a dedicated triage system, managed by a qualified social worker, with a clear early help offer. The Early Help Family Hub is made up of the Change and Challenge Service, Parenting Support Service and Children’s Centres. We are ensuring that the needs of families are responded to collaboratively with professionals working as part of the Team Around the Family (TAF). Between 01 April 2019 and 31 March 2020, a total of 1,652 referral assessments were accepted by the Early Help Family Hub. This represents a 33% increase in the previous year. The percentage of families making an improvement because of Early Help interventions remains high, with 100% seeing some improvement and an average improvement in more than half of the areas supported.

We are now effectively monitoring evidence of success for families with outcome tracking tools, Signs of Safety and Family Star, to guide our work with families and evidence improved outcomes and sustained change. We have put in place a strong step-up and step-down process of collaborative work between Social Care and Early Help to review and agree step down cases.

We recognise the importance of helping children and families at the right time with the right level of service. The Enfield Threshold document helps professionals to be clear about the level of risk and need. Furthermore, we have introduced the NSPCC Graded Care Profile2 to support multi-agency professionals in their recognition of neglect and inform support. We believe that if professionals consistently incorporate the use of this tool into everyday practice with families to identify areas of strength and areas that need support and improvement, it will enable us to recognise early signs of neglect. This will support the right families being stepped up into statutory services and for those already receiving this service to know whether neglect remains the key issue that creates risk for the child.

To enhance the accessibility of available services, we launched our Children’s Portal and My Life directory in 2019. This is a streamlined electronic referral system and information portal which reduces bureaucracy, simplifies processes and puts all information, advice and guidance into one place.

# Looking ahead

## Priority one: Increase awareness and knowledge

**All partners, including the community, have a shared understanding of neglect, signs of neglect, and take responsibility to proactively prevent neglect and its impact on children.**

We will make sure that there is a shared understanding of neglect, early signs of neglect, and what must be done to proactively protect children from the harms of neglect – the key to this is awareness raising and information sharing. This includes strengthening the understanding and response to neglect in statutory and non-statutory agencies and in community and voluntary settings.

The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. These legislations protect the use and storage of personal data. We will not allow fears about sharing information to stand in the way of the need to promote the welfare and protect the safety of children.

We will motivate and support parents and carers to understand the harmful impacts of neglect on their children while recognising that they will often have suffered significant disadvantage and adversity themselves. We will listen to the voices of children, young people and families and learn from their experiences. We acknowledge the importance of the role of fathers in the development and wellbeing of children. We believe that intervening with fathers is very important in order to improve outcomes for children.

We will:

* Identify barriers to information sharing and bring in necessary changes to allow smooth information sharing to inform risk assessment.
* Provide mandatory training for all front-line staff employed by our multi-agency partners.
* Work with young people to get a better understanding of neglect from their perspective and ensure that the voice of children and young people are represented during training and at learning events.
* Improve the use of communication channels to promote awareness, understanding and recognition of neglect within the partnership and community, including Facebook, newsletters, Twitter, etc.
* Empower Voluntary and Community Sector organisations and groups through capacity building, advice and support to strengthen their response to neglect, as part of their holistic support for families.
* Work with Parent Engagement Network to raise parents’ awareness about neglect, recognising neglect as a maltreatment and know how to access available support pathways.

## Priority two: Enhance recognition and early intervention

**Increased number of child neglect cases are correctly identified and addressed mainly by universal and early help services.**

In line with our early help approach set out in [Early Help for All strategy](https://www.eversley.enfield.sch.uk/wp-content/uploads/2020/11/Enfield-Early-Help-For-All-Strategy-2020-2024.pdf) we will intervene early and purposefully to address the emerging signs of neglect at an earlier stage to prevent issues from escalating and causing harm. We will make sure that everyone who work with the cases of neglect not only understand what has exactly happened to the child but also why things have happened. This means that they will consider the historical family background and circumstances, providing a holistic and inclusive support package.

Neglect can overlap with other forms of abuse, such as physical or sexual, which makes it particularly hard to focus on one area of problem. We will make sure that all professionals working with children and families are confident in assessing neglect and consider these overlaps of different issues in a holistic manner. We will make sure that assessments take account of all views including parents that do not live with their children. Assessments will be evidence based and identify strengths as well as areas of concern focussing explicitly on each child in the family.

We will:

* Develop confident workers; making sure our workforce has the skills, knowledge and tools to understand why neglect happens, build trusting relationships with children and their families to deliver effective interventions.
* Improve the identification and assessment of children and young people living in neglectful situations as early as possible using the Graded Care Profile2 assessment tool.
* Ensure children’s needs are assessed in a timely way through use of the Signs of Safety Model to identify areas on concern and ensure children’s experiences are heard and understood.
* Ensure there is access to parenting courses that meets the needs of parents that are struggling to care for their children**.**
* Ensure that practitioners consider the family history in order to identify strengths and any patterns of concern.
* Develop and apply a culture and practice which is trauma informed and curious in its approach, especially in relation to older children and young people where neglect may be less apparent.
* Ensure that there are regular meetings between schools and practitioners, in which expertise, information and planning are shared, so that concerns about children and families are speedily identified and shared.
* Enfield Children Safeguarding Partnership to collaborate with Private, Voluntary and Independent PVI early year providers to proactively look for the signs of neglect in under 5 children and prevent harm.
* Share multi-agency learning across the partnership to improve assessment process of child neglect cases.

## Priority three: Improve response and monitored outcome

**There is a robust multi-agency mechanism to provide effective response and demonstrate improved outcomes for children affected by neglect.**

When working with children who have been neglected, we aim to work systemically, taking a broad view of interlinking factors in relation to carer, child, family and community, assessing the profile of harm, the future and the potential for change.

We will establish strength-based conversations with children and families and make sure that our response is targeted and has impact. It is important therefore that all agencies who work with children and families understand the importance of early identification and engagement of families. This will include effective early help assessment and the development and delivery of a clear action plan – sole or multi-agency.

It is important that we have a clear evidence-based assessment model and intervention plan, that has clear goals and outcomes agreed with the parents and the children that they recognise and understand as relevant to their individual family circumstances.

To effectively safeguard children, we will make sure that professionals understand child development parameters and to have professional curiosity[[7]](#footnote-7) about the family’s circumstances and the child’s individual lived experience within that. This is because each child within the same household can have an entirely different lived experience to their siblings.

In our recent engagement with the members of the Parent Engagement Network we found out that parents’ feelings of mistrust and of being blamed can reduce the success of an intervention, as parents become reluctant to openly engage with professionals. Therefore, we want to make sure that all professionals are skilled in working empathically, respectfully, and in partnership with families, rather than being seen as doing things to families

We will:

* Develop multi-agency training and capacity building on child development parameters and the impact of neglect on them.
* Ensure all partners adopt the Signs of Safety approach, which creates opportunities for sustainable change. This approach ensures that support is child focused, holistic and considers the needs of the whole family.
* Prioritise joint assessments and joint working using the Graded Care Profile2 to ensure needs are identified and responded to, with effective management oversight.
* Create a multi-agency chronology to understand what the difficulties have been over time for a child and to understand what intervention has been tried, successfully or not and an analysis of this.
* Improve strategic and operational working between children and adult services, enabling a whole family approach, understanding each family’s context, needs, history and support network, and effectively supporting young people to transition into adulthood.
* Embed a culture of respectful challenge and scrutiny between partners in order to help families to meaningfully improve quality of care given.
* Explore long-term funding opportunities to work with our partners, schools and settings to develop Enfield Trauma Informed Practice in Schools (E-TIPS).

# Governance and performance review

Enfield Safeguarding Children Partnership will retain oversight on the delivery this strategy. Practice improvement group of this partnership will be accountable for the delivery of the action plan.

A performance management framework will be in place to track the progress of the strategy implementation. The framework will include the following indicators:

* An increased awareness of neglect across the partnership, through opportunities such as training.
* An increased identification of neglect across the partnership, including by communities and voluntary sector organisations.
* A reduction in the number of children who are subject to Child Protection Plans for neglect.
* A reduction in the re-registration for neglect.
* A reduction in the number of children who are Looked After as a result of neglect.
* An increase in the numbers of early help, single agency assessments for children where there is a concern for neglect and a corresponding reduction in the number of referrals to children’s social care for neglect.
* A reduction in the percentage of children that have a Child in Need Plan for neglect for more than six months.
* An improvement in school attendance for children, especially for those with an open social care plan for neglect.
* A reduction in the number of 16-18-year-olds who are NEET (Not in Education, Employment or Training).
* An increase in the number of 5-year-olds experiencing neglect who achieve a good level of development in Early Years Foundation Stage.
* A reduction in the number of children (<16 years) not brought or not attending (16-17 years) medical, including dental, appointments.

Whilst an overarching aim is to reduce the number of children and young people who are experiencing neglect and need statutory intervention, it should be recognised that in the short to medium term there may be an increase in the number of children subject to a Child Protection Plan and/or removed into care as a result of neglect, due to improved recognition.

# Appendix 1: The impacts of neglect

There is considerable national research and evidence which demonstrates the damage of neglect to infants, children and young people. It is important to remember that neglect should be seen in the context of each child’s experiences, and consideration should be given to whether the neglect began in this age group or has in fact been going on for several years.

**Pre-birth** – Prenatal neglect can only be defined from observations of the expectant mother and the family context; and can include a range of concerns, such as alcohol and drug misuse, experiencing domestic abuse during pregnancy, and failure to attend prenatal appointments and/or following medical advice.

**Infancy (birth to two years)** – ‘Neglect in the early years may be the most damaging from the point of view of long term-term mental health or social functioning.’[[8]](#footnote-8) Babies’ growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, 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 and development, which neglected children may not experience. When children in this age group suffer neglect they may, for example, not be appropriately toilet trained; or receive inadequate physical care resulting in extremely poor diet, malnutrition and dental decay. There may be a dearth of interaction and encouragement causing communication, motor skills, behavioural, cognitive, social and emotional development delays.

**Primary (five to eleven years)** - 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. Outward signs of neglect, such as dirty or ill-fitting clothing, may for some children leave them isolated or have barriers to engaging with peers and learning. 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 years)** – The transition from primary to secondary school is a critical time for children exposed to neglect. Children with neglectful backgrounds are unlikely to be supported by their family through this transition. This can compound their experience of neglect and entrench difficulties throughout their adolescence.

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. The result could be immediate or later life health complications due to tooth decay, vitamin deficiencies and weight related issues such as obesity.

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, child sexual exploitation or child criminal exploitation. Resilience to neglectful situations does not increase with age and can have significant consequences for young people’s emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that ‘past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide’.[[9]](#footnote-9)

# Appendix 2: Signs of neglect

Many indicators of neglect are not difficult to recognise. However, research suggests professionals working in areas of high deprivation can sometimes become desensitised to the warning signs of neglect, such as poor physical care, smelly and dirty clothes or poor dental care, and too frequently concerns are not shared or do not trigger effective action.

We want everyone who comes into contact with children, including the community, to be able to spot these signs and know what to do to provide timely help. We will make sure that all professionals working with children are able to recognise other indicators of neglect and be able to reduce the potential harm to children.

We will make sure that all:

**Social Workers and Family keyworkers** should be aware of the general state of the home, which should:

* be suitably furnished and free from safety hazards and have suitable safety features
* have toys etc appropriate for the child’s age and development
* have suitable sleeping arrangements and enough beds for all occupants
* reach a reasonable standard of hygiene

**Health professionals** to be aware of the signs of neglect, such as:

* missed health appointments
* not being up to date with immunisations and developmental checks
* failure to meet milestones
* failure to seek appropriate medical advice or treatment
* frequent presentation for accidental injuries due to lack of supervision
* physical manifestations of neglect such as being hungry, appearing dirty or unkempt

**Schools** have a specific statutory duty in [*Keeping Children Safe in Education 2021*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999348/Keeping_children_safe_in_education_2021.pdf)to play a key role in the prevention of neglect and should be aware of the signs of neglect, such as:

* poor attendance and persistent lateness
* not meeting expected standards of attainment
* lack of uniform/equipment
* lack of school/home contact and parental indifference to education or school’s concerns
* poor quality of interaction between the child and parent
* physical manifestations of neglect such as being hungry, appearing dirty or unkempt

**Nurseries and children’s centres** to be aware of the signs of neglect such as:

* poor attendance and persistent lateness
* poor quality of interaction between the child and parent
* physical manifestations of neglect such as being hungry, appearing dirty or unkempt.

**Police** to be aware of young children coming to their attention because they are left alone or found outside either without adult supervision or with a parent/carer who is under the influence of drink or drugs.

**Youth Offending Services workers** to be aware of those young people whose offending behaviour may be the result of neglectful parenting and lack of supervision or boundaries.

**Adult and Housing Services** when working with families/parents, visiting homes and seeing clients, professionals should consider the condition of the home, physical manifestations of neglect or the impact of the parent’s vulnerabilities and needs on children within their household.

* being smelly or dirty
* being hungry or not given money for food
* having unwashed clothes
* having the wrong clothing, such as no warm clothes in winter
* having frequent and untreated nappy rash in infants.
* anaemia
* body issues, such as poor muscle tone or prominent joints
* medical or dental issues
* missed medical appointments, such as for vaccinations
* not given the correct medicines
* poor language or social skills
* regular illness or infections
* repeated accidental injuries, often caused by lack of supervision
* skin issues, such as sores, rashes, flea bites, scabies or ringworm
* thin or swollen tummy
* tiredness
* untreated injuries
* weight or growth issues.
* living in an unsuitable home environment, such as having no heating
* being left alone for a long time
* taking on the role of carer for other family members.

# Connected strategies and policies

* [Enfield Council Plan 2020-2022](https://new.enfield.gov.uk/services/your-council/enfield-council-plan-2020-to-2022-your-council.pdf)
* [Empowering Young Enfield 2021-25](https://new.enfield.gov.uk/services/your-council/empowering-young-enfield-2021-25-children-and-young-peoples-plan-your-council.pdf)
* [Early Help for All Strategy 2021-2025](https://new.enfield.gov.uk/services/your-council/enfield-early-help-for-all-strategy-2021-2025-your-council.pdf)
* [Looked After Children (LAC) Strategy 2018-21](https://new.enfield.gov.uk/services/your-council/looked-after-children-strategy-2018-your-council.pdf)
* [Joint Health and Wellbeing Strategy 2020-2023](https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf)
* [Safeguarding Adolescents from Exploitation (SAFE) Strategy 2019-22](https://new.enfield.gov.uk/services/your-council/safe-strategy-2019-2022-your-council.pdf)
* [Multi-Agency Hoarding and Self-Neglect Policy 2020-2025](https://mylife.enfield.gov.uk/media/24398/hoarding-and-self-neglect-policy.pdf)
* CAMHS Transformation Plan
* SEND Education Strategy (In development)

**Policy and guidance**

* Family Resilience Outcome Framework (under development)
* [Safeguarding Children’s Board Threshold Guidance 2018-2021](https://new.enfield.gov.uk/safeguardingenfield/wp-content/uploads/2020/08/Enfield-Threshold-Document.pdf)
* [Signs of Safety and Wellbeing Practice Framework](https://www.local.gov.uk/sites/default/files/documents/Making%20Safeguarding%20Personal%20practice%20tool%2016%20signs%20of%20safety%20and%20wellbeing%20practice%20framework%20WEB.pdf)
* [London Child Protection Procedures Threshold](https://new.enfield.gov.uk/safeguardingenfield/policies-and-protocols/)
* [Information Sharing Advice for Safeguarding Practitioners (HM Government)](https://new.enfield.gov.uk/safeguardingenfield/wp-content/uploads/2020/08/Information-Sharing-Advice-for-Safeguarding-Practitioners-HM-Government.pdf)
* [The Graded Care Profile 2 (GCP2)](https://proceduresonline.com/trixcms/media/3293/gcp2-t6-assessment-tool.pdf)
* [Home Conditions – Assessment Tool](http://www.socialworkerstoolbox.com/home-conditions-scoring-sheet/)

# Underpinning documents and research

**Local**

* Enfield Children Safeguarding Partnership - Neglect Audit Report 2019
* [Enfield Poverty and Inequality Commission Report](https://new.enfield.gov.uk/services/your-council/enfield-poverty-and-inequality-commission-report-your-council.pdf)
* Early Help Annual Report
* [Safeguarding Adults Reviews (SARs)](https://new.enfield.gov.uk/safeguardingenfield/reviews-and-reports/)
* [Children’s Serious Case Reviews](https://new.enfield.gov.uk/safeguardingenfield/reviews-and-reports/)

**National**

* HM Government, [Working Together to Safeguard Children 2018](https://new.enfield.gov.uk/safeguardingenfield/wp-content/uploads/2020/08/Working-Together-to-Safeguard-Children-%E2%80%93-July-2018.pdf)
* Department for Education, [Case Management and Outcomes for Neglected Children (executive summary)](http://www.bristol.ac.uk/sps/research/projects/current/rk6649/) – Farmer and Lutman (University of Bristol)
* Department for Education, [Keeping children safe in education 2021](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999348/Keeping_children_safe_in_education_2021.pdf)
* Child and Family Training, [Obstacles to recognition and response to neglect in social care practice – lessons learnt from research](http://www.childandfamilytraining.org.uk/sites/9/pg/68/Harriet_Ward_Eradicating_Eradicating_Childhood_Neglect_09-07-13.pdf) – Ward (Loughborough University)
* NSPCC (Learning), [Safeguarding d/Deaf and disabled children and young people](https://learning.nspcc.org.uk/safeguarding-child-protection/deaf-and-disabled-children#article-top), April 2021
* NSPCC, [Developing an effective response to neglect and emotional harm to children](https://www.nspcc.org.uk/globalassets/documents/research-reports/developing-effective-response-neglect-emotional-harm-children.pdf)
* NSPCC, [Graded Care Profile : Assessing care and identifying neglect](https://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/graded-care-profile/)
* [Ofsted’s 2014 thematic inspections of neglect](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419072/In_the_child_s_time-professional_responses_to_neglect.pdf)
* NSPCC (Learning), [Protecting children from neglect](https://learning.nspcc.org.uk/child-abuse-and-neglect/neglect), November 2020
* Brandon M., Sidebottom P., Bailey S., Belderson P., Hawley C., Ellis C. and Megson M., (2012) [New learning from serious case reviews: a two-year report for 2009-2011](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf) Department for Education and Centre for Research on the Child and Family
* Brandon M., Glaser D., Maguire, S., McCrory E., Lushey C., and Ward H., (2014) [Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/379747/RR404_-_Indicators_of_neglect_missed_opportunities.pdf) Department for Education and Childhood Wellbeing Research Centre
* Eleni Romanou and Emma Belton. (2020) [Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond.](https://learning.nspcc.org.uk/media/2246/isolated-and-struggling-social-isolation-risk-child-maltreatment-lockdown-and-beyond.pdf)
* ONS, [Child neglect in England and Wales: year ending March 2019](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childneglectinenglandandwales/yearendingmarch2019)
* Sullivan P.M. and Knutson J.F. (2000), [Maltreatment and Disabilities: A Population based Epidemiological Study](https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.459.721&rep=rep1&type=pdf), Child Abuse and Neglect 24
* Department for Education, [Neglect matters: a multi- agency for professionals’ guide to working together on behalf of teenager 2010](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/639471/Neglect_Matters.PDF)
* Department for Education, [Statistics: children in need and protection](https://www.gov.uk/government/collections/statistics-children-in-need)

National Institute for Health and Care, [Child abuse and neglect guideline 2017](https://www.nice.org.uk/guidance/ng76)

**International**

* UNICEF [Protection of Children during the Coronavirus Pandemic](https://www.unicef.org/media/65991/file/Technical%20note%3A%20Protection%20of%20children%20during%20the%20coronavirus%20disease%202019%20%28COVID-19%29%20pandemic.pdf)
* International OCD Foundation Hoarding Center, [Clutter Image Rating](https://www.london-fire.gov.uk/media/1608/clutter-image-ratings.pdf)
* Watson, J. (2005) Child Neglect: Literature Review. Centre for Parenting & Research. NSW Department of Community Service
1. Working together to Safeguard Children 2018 [↑](#footnote-ref-1)
2. [Neglect: Research Evidence to inform practice](https://www.actionforchildren.org.uk/media/3368/neglectc_research_evidence_to_inform_practice.pdf) [↑](#footnote-ref-2)
3. Watson, J. (2005) Child Neglect: Literature Review. Centre for Parenting & Research. NSW Department of Community Services [↑](#footnote-ref-3)
4. Sullivan P.M. and Knutson J.F. 2000, Maltreatment and Disabilities: A Population based Epidemiological Study, Child Abuse and Neglect 24 [↑](#footnote-ref-4)
5. <https://napac.org.uk/trauma-informed-practice-what-it-is-and-why-napac-supports-it/> [↑](#footnote-ref-5)
6. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childneglectinenglandandwales/yearendingmarch2019 [↑](#footnote-ref-6)
7. In 2015 the National Multi-agency Child Neglect Strategic Work Group published a paper titled Child Neglect Be Professionally Curious! [↑](#footnote-ref-7)
8. Brandon M., Glaser D., Maguire, S., McCrory E., Lushey C., and Ward H., (2014) Missed opportunities: indicators of neglect – what is ignored, why, and what can be done? Department for Education and Childhood Wellbeing Research Centre 2014 [↑](#footnote-ref-8)
9. Brandon M., Sidebottom P., Bailey S., Belderson P., Hawley C., Ellis C. and Megson M., (2012) New learning from serious case reviews: a two year report for 2009-2011 Department for Education and Centre for Research on the Child and Family [↑](#footnote-ref-9)