

**DRAFT**

# Tackling Child Neglect Strategy

**2022-2025**



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# Foreword

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

Neglect reduces 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 responses at all levels. The Children's Safeguarding Partnership believe that all children and young people across the borough should have trusted, committed and able professionals who can swiftly identify and respond effectively to child neglect.

This strategy outlines how we will secure a better understanding of the nature of neglect and ensure a more strategic and joined up multi-agency approach. We strongly believe in listening to the voice of the child and their families and we want to offer support at the right time and at the earliest opportunity. We need to ensure that we identify and intervene early to avoid escalation, this is the least all children in Enfield have a right to.

This strategy has been developed through the hard work and dedication of all staff from across the partnership, drawing on their experience and expertise. We are well placed to improve the lives of children and families affected by neglect. We would like to take this opportunity to formally thank all who have contributed to the development of this strategy.

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# 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 affects on children's abilities to make secure attachments, which can impact 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 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 policies, particularly the [Enfield Threshold document](#), [Early Help For All Strategy](#) and [Children and Young People Plan](#).

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 in the right way and at the right time. We have a shared commitment to focus our efforts to improve the 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 impact of neglect.**

It is vital to hear the child's voice, focusing on their lived experience 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 is set out in all our strategies such as our refreshed [Children and Young People Plan](#).

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 continuously 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**

Children at risk of neglect are identified and supported mainly by universal and early help services.

## **Improve how professionals respond to neglect and monitor long-term outcomes for children and young people**

There is a shared response that is understood and applied by professionals across the partnership when responding to neglect and intervening to bring about positive change in families and improved outcomes for children.



# What is neglect?

**Neglect is rarely a 'one off' incident and can be challenging to define and measure in an objective way.**

The statutory guidance [Working Together to Safeguard Children 2018](#) 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.

In a review of literature on neglect, Howarth (2007) has identified the following types of persistent neglect<sup>1</sup>. Evidence shows that where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

<b>Physical neglect</b>	Not meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety.
<b>Educational neglect</b>	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.
<b>Emotional neglect</b>	Not meeting a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them.
<b>Medical neglect</b>	Not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations.
<b>Nutritional neglect</b>	Providing inappropriate calories and nutrients for healthy growth. Nutritional neglect can have a number of different outcomes from 'failure to thrive' to obesity, both of which have health implications physically as well as psychologically.
<b>Lack of supervision and guidance</b>	This involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm.

<sup>1</sup>Neglect: Research Evidence to inform practice



# Key Messages from Research and Serious Case Reviews

**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.**

## Risk Factors

### 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](#).

### Disability

National studies show that disabled children are 3.8 times more likely to suffer neglect than a child without a disability.<sup>2</sup> In addition, due to the presence of disability, the impact of abuse and neglect can be minimised by families and professionals.

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

### Adolescent Neglect

Practitioners need to continue to be reminded about the impact neglect can have on adolescents and their assessments need to explore this, considering the familial and external factors that could have an 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.

Some 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. Practitioners must be able to give enough understanding and weight to cultural and religious needs and their impact on the child's lived experience. However, maintaining a focus on the child's needs are a paramount consideration.

### Poverty

Poverty is known to make parenting more difficult and can lead to stress as families struggle to meet their children's needs. Despite understanding the link between poverty and neglect we are cautious about the fact that neglect can happen in affluent families as well. Thus, we will make sure that the signs of neglect in these families do not remain under the cover of affluence.

<sup>2</sup> Sullivan P.M. and Knutson J.F. 2000, Maltreatment and Disabilities: A Population based Epidemiological Study, Child Abuse and Neglect 24

# Key Messages for Practitioners

## Neglect as a Continuum

It can be difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident that highlights 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 nor 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 attachment theory are important for understanding the causes of neglect. For example, parents and carers who are unable to meet their children's needs are more likely to have had experiences of unstable, hostile and non-nurturing childhoods and a history of disrupted or conflicting relationships in adulthood.

## Trauma Informed Practice

Neglect in the early years of life can be damaging and there are links between trauma and poor health and social outcomes in adulthood. Early intervention, positive relationships and robust assessments are important in reducing the long-term impact of neglect. Everyone working with children should be aware of the impact of trauma and re-traumatisation.

The key goal of trauma informed practice is to raise awareness among practitioners about the wide impact of trauma and be supported to implement this in their every-day practice to prevent the re-traumatisation of children, young people and their families in service settings that are meant to support them.





# Case Study

## **The case study is based upon real cases, but details have been changed.**

Police attended the house for an arrest enquiry relating to a matter they were investigating. On arrival the police found the house was messy and dirty and they were concerned about the welfare of 3 children (1, 3 and 6-year-old) living in the home.

The house was observed as dirty and dangerous for children to live, as the railings on the first-floor stairwell were missing which posed great danger to small children who were at risk of falling.

Upon further investigation, no food was found in the house, (kitchen cupboard and fridge were empty), and the children were sharing the same milk bottle.

The 1-year old child was tired and was observed to be bleeding from the mouth due to gum problems. The child was initially crying and in pain and did not communicate with the police during the visit.

The Father explained that he had been unable to do food shopping due to visiting his oldest son who was admitted to hospital because of chronic illness. The Mother was in hospital with the older sibling and therefore, not present.

The police had concerns of possible child neglect issues, which were referred to children's social services.

Further referrals were received from the hospital raising concerns about the youngest siblings (1 and 3 years old) who had presented to A&E in the middle of the night with a non-concerning viral illness. They were both felt to be quite unkempt and possibly the Father was struggling to look after them when the Mother was in hospital with their older sibling. There were also concerns regarding the 3-year-old who had tooth decay.

## History

The family were previously referred in 2016 to children's social services by a midwife raising concerns regarding the Mother's behaviour and presentation during antenatal appointments. The Mother was reported looking pale, unkempt and hungry.

At that time, a child and family assessment were undertaken which concluded with a plan for the family to engage with health services. The assessment did not conclude these were safeguarding concerns or make any recommendations for ongoing support.

Following new concerns being raised and a new referral being made, a child and family assessment was undertaken by children's social services and it was identified during the assessment that the parents would benefit from support under a child in need plan. The lack of stimulation for the children in the home was a concern. Furthermore, during unannounced visits there was very little in the way of food provision for the children.

## Outcome

The parents are engaging well following support from the social worker and other professionals working with the family to sustain the improvements around their parenting.

When working with issues around neglect, it is important that all professionals work together to support and improve outcomes for children. For some families, putting in place services reduces the risk of harm to children resulting in stepping down to early help or universal services.

# 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<sup>3</sup>.**

In Enfield, neglect is the most prevalent presenting factor in Child Protection Plans, Children in Need cases and amongst Looked After Children. As of May 2021, there were 273 open Child Protection Plans, of which 63% of new cases had 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 that moderate forms of neglect that don't require a specialist response remain unidentified and therefore unresolved.

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

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 who need to be actively identified 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 of abuse, shows that neglect is one of the most common experiences for young people aged 11-17 who are maltreated by their parents or carers.

Many children in Enfield, as is the case nationally, are facing new challenges because of the COVID-19 crises. Social distancing, self-isolation and quarantine have all contributed to children potentially being trapped in unsafe situations over the lockdown period. The impact of the pandemic and the restrictive measures have also caused 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 has meant that children and young people have found it harder to access help and support, and the early signs of neglect have gone unseen and unreported.



<sup>3</sup>ONS, Child neglect in England and Wales: year ending March 2019

# 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 and carers face difficulties that can make parenting hard but providing timely and high-quality advice, support and interventions for parents can prevent these difficulties escalating 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.

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 2020 and 31 March 2021, a total of 1,402 referral assessments were accepted by the Early Help Family Hub. 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 cases which are being handed over to early help services from statutory children's social care.

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](#) 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

### Outcome

**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 voices 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.

## Priority two: Enhance recognition and early intervention

### Outcome

**Children at risk of neglect are identified and supported mainly by universal and early help services.**

In line with our early help approach set out in [Early Help for All Strategy](#) 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 works with 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 abuse, such as physical or sexual, which makes it particularly hard to focus on one area or 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 who 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 and 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 of concern and ensure children's experiences are heard and understood.
- Engage families with family support provision and borough-wide support for parents.
- 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.
- 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.
- Collaborate with Private, Voluntary and Independent early year providers and health visitors to proactively look for the signs of neglect in children under 5 and prevent harm.
- Share multi-agency learning across the partnership to improve assessment process of child neglect cases.

## Priority three:

# Improve how professionals respond to neglect and monitor long-term outcomes for children and young people

### Outcome

**There is a shared approach that is understood and applied by professionals across the partnership when responding to neglect and intervening to bring about positive change in families and improved outcomes for children.**

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 have professional curiosity<sup>4</sup> 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 heard about how 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 ensure 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 Profile<sup>2</sup> to ensure needs are identified and responded to, with effective management oversight.
- Embed effective data sharing between professionals and agencies to inform assessment and evaluation of risks to improve outcomes for children, young people and their families.
- 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.

<sup>4</sup>National Multi Agency Child Neglect Strategic Work Group Child Neglect Be Professionally Curious! Investigators / Practitioners Guidance Note, (2015)



- 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 and support our partners, schools and settings to develop and implement Enfield Trauma Informed Practice in Schools (E-TIPS).
- Embed the [THRIVE Framework](#)<sup>5</sup> needs based categories across education and children's services to support children and young people to maintain mental wellbeing through effective prevention and promotion strategies and getting the right help according to their needs.



<sup>5</sup>Wolpert et al, THRIVE Framework for system change, 2019

# Governance and performance review

**Enfield Safeguarding Children Partnership will retain oversight on the delivery this strategy. The 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:

<b>An increased awareness of neglect across the partnership, through opportunities such as training.</b>	<b>A reduction in the percentage of children who have a Child in Need Plan for neglect for more than six months.</b>
<b>An increased identification of neglect across the partnership, including by communities and voluntary sector organisations.</b>	<b>An increase in the number of under 5s attending child-care settings, especially for those with an open social care plan for neglect.</b>
<b>A reduction in the number of children who are subject to Child Protection Plans for neglect.</b>	<b>An improvement in school attendance for children, especially for those with an open social care plan for neglect.</b>
<b>A reduction in the re-registration for neglect.</b>	<b>A reduction in the number of 16-18-year-olds who are NEET (Not in Education, Employment or Training).</b>
<b>A reduction in the number of children who are Looked After as a result of neglect.</b>	<b>A reduction in the number of children and young people who are admitted to hospital for planned oral health procedures.</b>
<b>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.</b>	

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 or missed prenatal appointments. Domestic abuse during pregnancy can cause emotional and mental health problems, such as stress and anxiety, which affects the development of the baby.

**Infancy (birth to two years) –** Babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, 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 create 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.

Adolescents are likely to be drawn to the accessibility of high-fat, high-sugar convenience foods. This can cause 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'.<sup>6</sup>

<sup>6</sup> 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

# 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.

**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
- poor quality of interaction between the child and parent
- failure to meet milestones
- poor condition of the home
- 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](#) 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

**Childcare settings 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.

## Appendix 3: Report a Concern

If you are worried about the welfare of a child or young person at risk, please tell us about your concerns so that someone can help. When telling us your concerns, it is important to include as many details as possible about the child's appearance, behaviour and environment.

Contact Children's MASH (Multi Agency Safeguarding Hub) on 020 8379 5555 (Monday-Thursday 9am-5pm; Friday 9am-4.45pm). Out of office hours call: 020 8379 1000 (select option 2 and you will be transferred to an advisor). You can email at: [ChildrensMASH@enfield.gov.uk](mailto:ChildrensMASH@enfield.gov.uk).

You can also make a referral online through the [Children's Portal](#).

**Remember in an emergency always call 999.**



# Appendix 4: Connected strategies, policies and guidance

## Local Strategies

- [Enfield Council Plan 2020-2022](#)
- [Empowering Young Enfield 2021-25](#)
- [Early Help for All Strategy 2021-2025](#)
- [Looked After Children \(LAC\) Strategy 2018-21](#)
- [Joint Health and Wellbeing Strategy 2020-2023](#)
- [Safeguarding Adolescents from Exploitation \(SAFE\) Strategy 2019-22](#)
- [Multi-Agency Hoarding and Self-Neglect Policy 2020-2025](#)
- CAMHS Transformation Plan
- SEND Education Strategy (under development)

## Policy and guidance

- Family Resilience Outcome Framework (under development)
- [Safeguarding Children's Board Threshold Guidance 2018-2021](#)
- [Signs of Safety and Wellbeing Practice Framework](#)
- [London Child Protection Procedures Threshold](#)
- [Information Sharing Advice for Safeguarding Practitioners \(HM Government\)](#)
- [The Graded Care Profile 2 \(GCP2\)](#)
- [Home Conditions – Assessment Tool](#)

## Underpinning documents and research

### Local

- Enfield Children Safeguarding Partnership - Neglect Audit Report 2019
- [Enfield Poverty and Inequality Commission Report](#)
- Early Help Annual Report
- [Safeguarding Adults Reviews \(SARs\)](#)
- [Children's Serious Case Reviews](#)

### National

- HM Government, [Working Together to Safeguard Children 2018](#)
- Department for Education, [Case Management and Outcomes for Neglected Children \(executive summary\)](#) – Farmer and Lutman (University of Bristol)
- Department for Education, [Keeping children safe in education 2021](#)
- NSPCC (Learning), [Safeguarding d/Deaf and disabled children and young people](#), April 2021
- NSPCC, [Developing an effective response to neglect and emotional harm to children](#)
- NSPCC, [Graded Care Profile : Assessing care and identifying neglect](#)
- [Ofsted's 2014 thematic inspections of neglect](#)
- NSPCC (Learning), [Protecting children from 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](#) 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?](#) 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.](#)
- ONS, [Child neglect in England and Wales: year ending March 2019](#)
- Sullivan P.M. and Knutson J.F. (2000), [Maltreatment and Disabilities: A Population based Epidemiological Study](#), Child Abuse and Neglect 24
- Department for Education, [Neglect matters: a multi-agency for professionals' guide to working together on behalf of teenager 2010](#)
- Department for Education, [Statistics: children](#)



[in need and protection](#)

- National Institute for Health and Care, [Child abuse and neglect guideline 2017](#)

### **International**

- UNICEF [Protection of Children](#) during the Coronavirus Pandemic
- International OCD Foundation Hoarding Center, [Clutter Image Rating](#)
- Watson, J. (2005) Child Neglect: Literature Review. Centre for Parenting & Research. NSW Department of Community Service

