

Rotherham Neglect Strategy

Why do we need a Neglect Strategy?

The impact of neglect on children and young people is enormous. Neglect causes great distress to children. It can lead to poor health and poor educational and social outcomes. In some cases, as we know from Serious Case Reviews, it can lead to a child's death. Even where this is not the case the effects can be serious and long lasting. Children's abilities to make relationships may be affected and their ability to attend and do well at school. These things will influence their success in adulthood and their ability to parent in the future. The cumulative impact on children of both persistent and intermittent neglect is a central concern when considering the most effective ways of protecting them.

We know that we could work together more effectively in Rotherham to protect children from neglect. The purpose of this strategy is to set out the ways in which we will make improvements. Agreeing a Neglect Strategy across multi-agency partners is an important element of addressing neglect in a collaborative way.

We need a Neglect Strategy to underpin the work that we do in Rotherham and ensure that multi agency partners work in a cohesive way and jointly own responsibility for addressing neglect and the issues it brings.

What is Neglect?

Neglect is defined in national guidanceⁱ as:

"The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing or shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."

Neglect occurs across the full range of children's developmental, physical, social and emotional needs. Horwarthⁱⁱ (2007) identified the following types of neglect which are now widely accepted and used in policy and practice related to neglect:

Medical neglect - carers minimise or deny a child's illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of health care including dental, optical, speech and language therapy, mental health, and physiotherapy. Not taking children to medical appointments is a clear indicator of medical neglect.

Nutritional neglect - usually associated with inadequate food for normal growth leading to "failure to thrive" or "faltering growth". Increasingly another form of nutritional neglect arises from an unhealthy diet and lack of exercise which can lead to obesity, increasing the risks to health in adulthood

Emotional neglect - can be defined as the “hostile or indifferent parental behaviour which damages a child’s self-esteem, degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development”. It is the non-deliberate consequence of a carer’s neglectful behaviour (Iwaniec, 1995ⁱⁱⁱ). Some young people who were the subject of SCRs had attempted or committed suicide (7 of 46 cases); in those cases, a long-term history of neglect or extreme isolation was found to be part of their circumstances (Brandon et al, 2013^{iv}).

Educational neglect - includes carers failing to comply with state requirements, but also include the broader aspects of education such as supporting their learning including that any special educational needs are met

Physical neglect - refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from his or her peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, and exposed electric wires and sockets.

Failure to provide supervision and guidance - refers to the carer failing to provide the level of guidance and supervision to ensure that the child is physically safe and protected from harm.

In addition, Stein^v (2013) identified:

Adolescent Neglect – is different to neglect of younger children and is often overlooked as young people grow older. For teenagers the boundaries between neglect and maltreatment are often more problematic: e.g. when a young person is forced to leave home through abuse and finds themselves ‘neglected’, hungry and homeless. Unrecognised neglect from childhood can manifest itself in adolescence: research tells us there are links between neglect and harmful sexual behaviour^{vi} and child sexual exploitation^{vii}. We need to know more about specific groups of neglected teenagers – disabled young people; young carers; black and ethnic minority and faith groups

What do we know about neglect nationally?

There is a growing body of evidence which demonstrates the damage done to children and young people living in situations of neglect. All aspects of their development can be adversely affected including their physical and cognitive development, emotional and social well-being and their mental health and behaviour. For some the consequences can be fatal. The need to take decisive and timely action is supported by a wide range of research. In addition, the cost of neglect in financial terms is high. When neglect is identified a range of services are likely to be involved to reduce risk and need and to address the issues that arise from it.

Much of the available information is focussed on the prevalence and impact of neglect in Serious Case Reviews (SCR) or children who are the subject of a child protection plan. There is less evidence available from research and practice about its effects in the wider population of children and young people. However, it is becoming clear that a greater focus is needed on the early identification of and intervention in neglect and there is a greater awareness of the critical impact of neglect, particularly on early development in children less than three years.

Nationally (Department for Education data, 2016^{viii}), the number of children who are the subject of a child protection plan has increased, from 49,700 in 2015 to 50,310 in 2016, an increase of 1.2%. Neglect was the most common initial category of abuse for children who were the subject of a child protection plan at 31st March 2016; 46.0% had neglect as their initial category of abuse, followed by emotional abuse at 35.3%.

Research commissioned by the NSPCC (Brandon et al 2013^{ix}) into neglect and serious case reviews showed that neglect was a significant element in 60% of the serious case reviews that took place between 2009 and 2011. The most recent analysis of SCRs reported that:

“A key and recurring theme throughout the previous biennial reviews has been the extent and significance of neglect in the children’s lives. This is evidenced yet again in this latest review for 2011-2014. From detailed work on the available 175 SCR final reports, neglect was apparent in the lives of nearly two thirds (62%) of the children who suffered non-fatal harm, and in the lives of over half (52%) of the children who died.”

Ofsted^x undertook a thematic review into neglect in 2014. They found that most LSCBs did not receive or collect specific data about neglect except at the highest level, i.e. those subject to a child protection plan. Although information was provided on the quality of early help, this was generally not broken down by category of concern. The prevalence of neglect is therefore thought to be under-represented in any statistical analysis. It may not be picked up where there are numerous concerns (perhaps including other forms of abuse), and it is unlikely to be quantified in early help work. Additionally Ofsted found that local authorities who had a neglect strategy and / or a systematic improvement programme addressing policy, thresholds for action and professional practice, were more likely to make a positive difference to children living in situations of neglect.

Research (including NSPCC Thriving Communities^{xi}) also shows that little evidence is produced about the effectiveness of interventions to deal with neglect and that there is a tendency to allow cases to drift instead of taking decisive action. It shows that where tools exist to evaluate the effectiveness of interventions there is more timely and improved decision-making.

What do we know about Neglect in Rotherham?

Although not always the presenting issue, neglect is either the main reason or a factor in the majority of cases that are referred for some form of support or protection in Rotherham. For example, in the month of June 2017, 9% of contacts to Children’s Social Care (113 out of 1237) were specifically relating to concern that a child was being neglected.

A further 11.9% (147) related to concern about parenting capacity and 27.9% (345) to domestic abuse, both indicators relating to neglect. Further investigation is required in relation to the sources (agency/ self/ friend etc.) of referral for contacts about neglect.

The following data highlights presenting need as cases come to the attention of the Early Help & Family Engagement Service. Whilst neglect is not always the presenting concern, it is clear that the issues below could contribute to neglectful situations. The service has recently added the category of neglect to the Early Help Assessment so that future data and analysis can support a deeper understanding of neglect in Rotherham.

1st July – 31st October 2016:

- Parenting - cited in 572 families
- Mental Health and Emotional Wellbeing – cited in 509 families
- Family Relationships – cited in 218 families
- Attendance and School Engagement – cited in 174 families
- Domestic Abuse – cited in 120 cases

1st November 2016 – 30th June 2017 (Primary Need)

- Parenting – 790 cases
- Mental Health and Emotional Wellbeing – 410 families
- Domestic Abuse – 215 families
- Attendance and School Engagement – 193 families
- Family Relationships – 193 families

Neglect is the main issue in 88% of current cases where a child is categorised as a Child in Need (1513 children). 233 (50%) of the 452 Child Protection Plans started in 2016/17 are due or partially due to high risk Neglect. On 5 July 2017, there were 108 children subject to a child protection plan specifically for neglect, with an additional 89 children on a plan with multiple categories where neglect was an indicator. In 2015/16 the rate per 10,000 of the child population in Rotherham for children subject to a plan for neglect was 22.2. This compares to 34.8 for statistical neighbours, 20.8 for the Yorkshire & Humber region and 24.3 nationally. These figures do not take account of plans where there are multiple categories of which neglect is one indicator.

Of the 108 children, 14 were aged under 1 year; 34 were aged between 1 – 5 years; 27 were aged between 6 and 10 years; 26 were aged between 11 – 14 years and 7 were aged 15 or 16 years. 55% were male. We need to understand the ethnicity, cultural issues and disability issues which may also impact on children at risk because of neglect.

Evidence from learning processes conducted in Rotherham

There have been a number of local audits which have featured analysis and learning about neglect. A Multi-Agency Review of Serious Child Neglect cases was conducted in August 2013. 59 cases were reviewed in which serious neglect was identified where children's social care services have been involved for a significant period of time. The review saw the lack of an adequate risk assessment framework across children's services as a weakness and recommended the use of the Graded Care Profile and multi-agency chronologies.

A practice learning review in 2014 found that practice in assessing risks, needs or parenting capacity was not based on evidence, which had a negative impact on the quality of planning for the children. The report author commented:

“What was apparent that individual entries highlighted that neglect was a feature in the children’s lives. Through the children’s records it was evident that neglect was not being identified as an issue with the family as a whole. This included episodes of not attending appointments, mother not complying with health interventions such as using glasses. Environmental Health became involved at one point due to housing conditions. In spite of this, the case was de-escalated to a ‘Team around the Child’ Approach for family support only. The neglect indicators included aspects of parenting affecting the emotional needs of the children. It was noted that one of the girls did not like being held as reported by mother. All professionals appeared to fall in to the pitfalls highlighted by Munro (2010) including face value interpretation of the information provided by parents, particularly mother gave them underpinning a veneer of compliance and good parenting.”

A multi-agency audit was conducted in May 2015 about children and young people who were reported missing from home or care. Of the 25 cases examined in the audit, neglect was identified as a key indicator in 36% (9). Neglect and poor parental supervision featured strongly as main areas of vulnerability. The report author summarised some of the issues as follows:

- Child B, now 17 years, was effectively abandoned at age 15 years by both parents and allowed to “drift” through the system for 2 years as a poorly supported child in need despite suicide attempts, drug use and homelessness. This case should have been assessed as neglect earlier and an appropriate child protection response provided.
- Child EE suffered long term neglect (lack of supervision, missed health appointments, exposure to criminal behaviour and drug abuse) until he was briefly looked after for a period in 2014 on a voluntary basis. He was returned home and continues to be at risk of criminal behaviour and exploitation. The main problem with this case is the delay before the neglect was assessed as causing him significant harm; it is now difficult to engage him.

A learning review process was undertaken in July 2015 in relation to neglect, specifically about a young baby with faltering growth, or failure to thrive. The baby had gained very little weight in his first nine months of life. He was seen by many health professionals, most of whom commented on his lack of weight gain. This became the focus for intervention which resulted in missed opportunities to explore development, attachment and safety issues for him. No referrals were made to the Multi-Agency Safeguarding Hub so there was no opportunity for multi-agency assessment or planning. In common with some national SCR findings, there was a lack of recognition of a hostile and resistant family, which resulted in minimal professional challenge to the family.

A longitudinal audit was conducted in March and August 2016 of cases that were referred to MASH with domestic abuse as the main reason. 50 cases were examined and in addition to domestic abuse, concerns were identified about a variety of issues, mainly parenting capacity. In 33% (16) of the cases there was significant evidence that historically the referrals had not been dealt with effectively.

The audit supported the findings of previous reports, which have shown that historically there has been a poor response in Rotherham to issues of neglect and domestic abuse. In one case there were 36 previous contacts historically for the family. In another case there have been 20 contacts since the child was born in 2008. In another case there have been 26 contacts received and the child is only 5 years old.

What will we do to Prevent Neglect and to Protect Children?

The child's experiences, from the first intervention by professionals, must be clearly assessed, recorded and understood, with a clear plan in place to address issues. Authoritative decisions made in good time will only be possible if there is effective oversight from managers through regular high-quality supervision. Assessments need to become an integral part of engaging directly with families to understand what life is like for the child or children living there. We need to recognise the reduced likelihood of reaching their potential for children who suffer neglect. This includes recognising that we may be "de-sensitised" to the living conditions of children which are "not good enough", and fail to identify "disguised compliance" in families we have worked with over a long period of time.

To effectively prevent and tackle neglect, we therefore need to draw on evidence-based approaches, tools and services that we know work.

Specifically:

1. **Gain a better understanding of neglect in Rotherham.** Although we have some understanding of the prevalence of neglect in Rotherham and of the way that agencies identify and work with families where there is neglect, we need a more detailed and sophisticated understanding of the issue. We need to understand the importance of looking beyond single incidents to understand cumulative harm. We will gain this by using the methodology of the inspectorates' Joint Targeted Area Inspection as applied to the neglect theme.
2. **Raise awareness and understanding of neglect and its impact on children.** We will, through agency workforce development, provide multi-agency training, audit and supervision to ensure that staff are knowledgeable about neglect and its impact. We will increase the community's knowledge and awareness of healthy child development, neglect and help-seeking through media campaigns.

We will increase parents' knowledge and awareness of healthy child development by ensuring there is universal provision of high-quality, evidence-based perinatal parent education classes that foster an understanding of child development, attachment and the care children need. This includes an understanding by parents of the impact neglect can have on the outcomes and life chances of their children.

We will increase children and young people's knowledge and awareness of healthy child development and neglect and enable the development of positive and trusting relationships between children and the practitioners who work with them.

3. **Ensure that staff from all agencies are able to spots the signs of neglect and assess the level of risk for the child.** We will do this by endorsing “The Rotherham Family Approach” which promotes the multi-agency use of the Graded Care Profile in the context of the Signs of Safety model and Restorative Approach now being introduced in Rotherham. The Graded Care Profile is an evidenced based tool that has been tested and designed to help child care professionals when working with neglect. 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, be specific and clear about what needs to change, consistently measure the quality of the care given to the child over time and whether change is taking place.
4. **Promote early identification and response to neglect.** We will ensure there is clear understanding of staff in universal services about the actions they can take to provide early help when they identify the early warning signs of neglect. Education and health services will recognise and draw on the role that family support workers and other pastoral workers can play in preventing neglect. All agencies working with children and families will hold regular multidisciplinary meetings to discuss early concerns about children and their parents in the local area.

How will we know that we have made a difference to children’s lives?

We will consider meaningful outcome-based measures to understand the impact our strategy is having on the lives of children. We will use both quantitative and qualitative information to provide evidence.

We would expect to see:

- An increase in Early Help Assessments that identify when neglect is the key concern
- An initial increase and longer term decrease in referrals about neglect and related indicators such as parenting capacity and stress in the home and relationships within the family
- A decrease in the number of children subject to child protection plans for neglect
- A decrease in the number of children who become looked after because of neglect
- Increase in the number of cases where cumulative harm is discussed in supervision
- Evidence of improving practice from multi-agency audits

References

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- ^{vi} [Hackett, S. Exploring the relationship between neglect and harmful sexual behaviours in children and young people](#). Dartington Project, Research in Practice/ NSPCC. July 2016.
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- ^{ix} [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014](#) Final report. Published May 2016. Authors: Peter Sidebotham*, Marian Brandon**, Sue Bailey**, Pippa Belderson**, Jane Dodsworth**, Jo Garstang*, Elizabeth Harrison*, Ameeta Retzer* and Penny Sorensen** *University of Warwick **University of East Anglia
- ^x [In the child's time: professional responses to neglect](#). Ofsted. Published March 2014.
- ^{xi} [NSPCC Thriving Communities A framework for preventing and intervening early in child neglect](#). Alice Haynes, Chris Cuthbert, Ruth Gardner, Paula Telford and Dawn Hodson. October 2015.