Havering Safeguarding Children Partnership Neglect Strategy (2021-2023)

Foreword

Awareness of child neglect and its consequences on the future wellbeing and development of children has increased during the last two decades. Apart from being potentially fatal, neglect causes great distress to children and leads to poor health, educational and social outcomes in the short and long-term (NSPCC, 2014).

Consequences can include a variety of physical health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later in life (Toth and Manly, 2019), thereby repeating the cycle of neglect and consequential abuse.

The degree to which children are affected during their childhood and later in adulthood depends on the type, severity, and frequency of the neglect and on what support mechanisms, resilience strategies and protective factors were available to the child.

Neglect has been identified as a priority for the Havering Safeguarding Children Partnership because of the serious impact it has on the long-term chances for children. Neglect in the first three years of life can seriously impact on brain development and have significant consequences through adolescence and into adulthood.

The purpose of this document is to establish strategic aims, objectives, and priorities for Havering's approach in tackling neglect. It was developed through the Local Safeguarding Children Partnership and as such applies to all agencies across all sectors working in Havering.

This document identifies both the current statutory definition of neglect and other factors to consider in assisting and further supporting practitioners in early identification and intervention. This strategy is intended as a practical guide to identify guiding principles under which all work around neglect should be undertaken. It also identifies four strategic priority areas to improve the quality, effectiveness, and outcomes of the borough's multi-agency response to neglect.

This strategy recognises four main types of neglect (Howe, D 2005) and are a means by which to have a better understanding of what causes neglect:

- Emotional neglect
- Disorganised neglect
- Depressed or passive neglect
- Severe deprivation

Robert South	Mark Gilbey-Cross	John Carroll
Director of Children's Services	Deputy Nurse Director	Detective Superintendent

Contents

Introduction

Definition

Why do we need a strategy?

Scope of the strategy

Purpose of the strategy

Strategic priorities

Role of the Havering Safeguarding Children Partnership

Common risk factors and indicators of neglect

Environmental causes of neglect

Good practice principles in tackling neglect

Reviewing and auditing practice

Workforce development

Picture of neglect

The four types of neglect and how they manifest

Key indicators: emotional neglect

Key indicators: disorganised neglect

Key indicators: severe deprivation neglect

Key indicators: depressive/passive neglect

Governance and accountability

References

Appendix 1: healthy weight management pathway

Appendix 2: safeguarding analysis tool in the context of obesity

Introduction

Definition

The NSPCC (2014) provides the following definition of child neglect:

"A persistent failure to meet a child's basic physical and/or developmental needs. Neglect includes failing to provide for a child's health, education, emotional development, nutrition, clothing, shelter, safety and safe living conditions, and includes exclusion of the child from the home and abandonment."

According to Dickerson et al (2020) 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 should be available. Working Together to Safeguard Children (2018) describes neglect as including:

- a parent's or guardian's failure to provide adequate food, clothing, and shelter, such as excluding a child from the home, abandoning them, and leaving them alone.
- failure to protect a child from physical or emotional harm, or danger.
- failure to ensure that the child has adequate supervision (including the use of inadequate and inappropriate caregivers)
- failure to ensure the child has access to appropriate medical care and treatment when needed.
- unresponsiveness to a child's basic emotional needs

Neglect is defined developmentally, so that a parent or guardian failing to do or to provide certain things will have a detrimental impact on the development or safety of a young child, but not necessarily on an older child.

A child who is neglected will often suffer from other abuses as well. Neglect is dangerous and can cause serious, long-term damage - even death (NSPCC 2020).

There is a considerable body of research which demonstrates the damage done to young children living in situations of neglect; this includes the impact of a lack of stimulation, resulting in delayed speech and language, and the development of insecure attachments.

There is a pervasive and long-term cumulative impact of neglect on the well-being of children of all ages including physical and cognitive development, emotional and social well-being and children's mental health and behaviour.

Action for Children (2013) presents neglect as differing from other forms of abuse because it is:

- Frequently passive.
- Not always intentional.
- More likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies.
- Combined often with other forms of maltreatment.
- Often a revolving door syndrome where families require long term support.
- Often not clear-cut and may lack agreement between professionals on the threshold for intervention.

Why do we need a strategy?

The impact of neglect on children cannot be overestimated. Neglect causes great harm to children, leading to poor health, educational and social outcomes and is potentially fatal.

Children's abilities to make secure attachments are affected and this impacts on their well-being in adulthood and their ability to parent in the future, and so the cycle continues (Jaffee et al, 2013).

In Havering (as at 31st March 2020) of the 142 children subject to a child protection plan, 58.5% of these were under the category of Neglect. This is above the London average where 40% are subject to a child protection plan under the category of neglect.

Through this strategy, local partners agree to the following principles:

- The safety and welfare of children is paramount.
- Staff from all agencies have a statutory responsibility to safeguard children from neglect and its consequences. As such the aim of this strategy is to tackle the causes and effects of neglect in Havering.

To achieve this, the objectives of this strategy are:

- To strengthen local responses in line with current national and local guidance, policies, and good practice.
- To adapt, rather than duplicate, existing guidance, policies, or procedures to tackle neglect.
- To raise awareness and improve the safeguarding duty of all relevant agencies with regards to neglect.

Scope of the strategy

Neglect can affect everyone. The issue of neglect with regards to vulnerable adults is addressed by the Havering Safeguarding Adult Boards (SAB). This strategy addresses neglect in relation to Havering children from conception to the age of 18 years.

The organisations who are expected to understand, recognise, and appropriately respond to neglect are:

- Adult Services
- Adult mental health services
- Ambulance Service
- Animal Welfare Groups
- Children's Services
- Clinical Commissioning Groups
- Community and in-patient CAMHS
- Community Rehabilitation Services
- Dentists
- Havering Council services
- Education – early years, primary, secondary, post-16, special schools, independent
- Emergency services
- Faith Groups
- General Practice
- National Probation Service

- NHS Trust Providers
- Opticians
- Youth Offending Teams
- Voluntary Groups

Purpose of the strategy

The purpose of the strategy is to set out Havering's approach to tackling neglect. This strategy also identifies key principles and key priority areas of work to improve the local multi-agency response to neglect.

This document has been developed in conjunction with the partners represented on the Havering Safeguarding Children Partnership and should be considered alongside other key strategies, policies, procedures, and statutory guidance/legislation.

Strategic Priorities

Havering Safeguarding Children Partnership have developed the following priorities to achieve the aims and objectives of this strategy:

	Aim	**Outcome**
Priority 1: **Governance**	To provide a robust strategic framework for the delivery of an effective range of interventions to tackle neglect in Havering.	Outcome: The delivery of the strategy is effectively governed through the Havering Safeguarding Children Partnership and its partners.
Priority 2: **Prevention**	To improve awareness, understanding and recognition of neglect in Havering.	Outcome: There is a strong focus on addressing causes not symptoms.
		Outcome: Practitioners are confident enough to identify early where sustained change in families cannot be achieved.
		Outcome: Members of the community are better equipped to recognise neglect in all its forms and how to effectively report it.
Priority 3: **Interventions**	To improve the effectiveness of interventions to tackle neglect in Havering.	Outcome: Proactive, multi-disciplinary assessment processes are in place and routinely used.
		Outcome: Interventions match the identified/assessed needs with clear achievable targets in realistic timescales.
		Outcome: Practitioners understand the importance of using family histories in

		identifying patterns of neglect.
		Outcome: Practitioners are confident in making judgments and decisions that they can share with other agencies.
Priority 4: **Evaluation**	To monitor progress in reducing the risk of neglect in the population	Outcome: There is a robust, shared and jointly owned evaluation framework in place to measure success and impact of the four strategic priorities

Role of the Havering Safeguarding Children Partnership

There is heightened interest in learning about neglect and applying this knowledge to joint safeguarding practice. Both central government and local safeguarding children partnerships are challenging agencies to improve local early intervention responses to reduce the incidence and recurrence of neglect.

Havering's Safeguarding Children Partnership duties and responsibilities include promoting activity amongst local agencies and in the community to:

- Identify and prevent maltreatment or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
- Safeguard and promote the welfare of groups of children who are potentially more vulnerable than the general population.
- Increase understanding of safeguarding children issues in the professional and wider community, promoting the message that safeguarding is everybody's responsibility.

Common risk factors and indicators of neglect

It is important for practitioners to be able to distinguish between a risk of neglect occurring and indicators of actual neglect. Several factors increase the likelihood of neglect in some families. However, there are issues of interpretation to be aware of in relation to both risks and indicators.

Research regularly reveals that factors associated with an increased risk of neglect may also act as risks for a range of adverse outcomes and not just for neglect or maltreatment; this means that these risk factors are not predictors of neglect. In addition, prospective longitudinal studies reveal that most families where risk factors are found will not go on to neglect or abuse children. (Sidebotham et al 2001)

Risk factors do aid understanding of the child's experience, and help agencies determine priorities for offering support, however, they should be used and interpreted with care. Vulnerable families may have a combination of the following risk factors:

- Family violence, modelling of inappropriate behaviour.
- Multiple co-habitation and change of partner.
- Alcohol and substance abuse.

- Maternal low self-esteem and self-confidence.
- Poor parental level of education and cognitive ability.
- Parental personality characteristics inhibiting good parenting.
- Social and emotional immaturity.
- Poor experience of caring behaviour in parents own childhood.
- Depriving physical and emotional environment in parents own childhood.
- Experience of physical, sexual, emotional abuse in parents own childhood.
- Health problems during pregnancy.
- Pre-term or low birth weight baby.
- Low family income.
- Low employment status.
- Single parenting.
- Teenage pregnancy.

Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators of child neglect. Such indicators are particularly helpful and should be taken seriously since both the causes and consequences of such parent/child behaviour may have important implications for the child both now and in the future.

Environmental causes of neglect

In addition to the risks highlighted in the previous section, Havering Safeguarding Children Partnership believe that the environmental factors of neglect are not always acknowledged. The many environmental indicators of neglect are not difficult to recognise. These factors relate to interactions between the family and their immediate environment and other significant factors in the immediate environment outside of the family (Glaser, 2011). Professionals (or wider family members) may be concerned when children come to school dirty or hungry, or when visiting homes that are indisputably filthy or unsafe.

Havering Safeguarding Children Partnership have identified the following main environmental factors:

Poverty. Research suggests that living in poverty damages physical and psychological health in children and their families and harms relationships. Poverty often brings social isolation, feelings of stigma, limited educational and employment prospects and high levels of stress which can in turn make coping with the psychological as well as the physical and material demands of parenting much harder (Gupta, 2017).

Poor living conditions and unstable housing. Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances such as:

- An unsafe home, for example: home cluttered, dark, holes in the floor, broken windows, exposed wires and other electrical problems, leaky roof, infestation of rodents/insects, appliances such as the fridge not working, toilet broken, no available hot water.
- Overcrowding: a high ratio of people to bedrooms, the home appears crowded.
- Instability as indicated by frequent moves, homelessness, short stays with friends/family, stays in shelters, living in abandoned buildings, on the streets or in vehicles (Marsh et al, 1999).

Social isolation and lack of community support. Parents who neglect their children have been found in systematic reviews and other studies either to have had fewer individuals in their social networks and to receive less support, or to perceive that they received less support

from them, than did other parents. Isolation and limited networks may mean that parents have little social interaction and by implication little help with the day-to-day responsibility of supervising children. Alternatively, neglecting parents in low-income neighbourhoods have been found to have had as many social contacts as their peers but not to have accepted social support instead making considerable demands on friends and family (Coohey, 1996).

Violence in communities. For children living in dangerous neighbourhoods, it has been found they are at higher risk of neglect, physical abuse and sexual exploitation. Furthermore, social attitudes and the promotion of violence in communities and the media have also been suggested as risk factors for physical abuse (Margolin and Gordis, 2000).

Good practice principles in tackling neglect

Havering safeguarding children partnership advocates the development of effective working policies and protocols between the multiagency to ensure:

- Genuine efforts to engage both parents and other significant adults
- Tracking of families
- Clarity on confidentiality
- High quality information exchange
- Access to vulnerable children
- Challenging intimidation
- Prompt and sensitive action to support and protect children in all situations posing a risk to their health, wellbeing or safety

In order to do this, the following good practice principles must be adopted to ensure positive outcomes:

- Timely response to all expressions of concern about neglect
- An understanding of the child's day-to-day lived experience
- Adequacy of child care must be addressed as the priority
- Engagement with mothers, fathers, male partners and extended family members
- Clarity on parental responsibility and expectations
- Full assessment of the children health and development
- Monitoring for patterns of neglect and change over time
- Avoiding assumptions and stereotypes
- Tracking families whose details change (name, address, school, GP)

Havering safeguarding children partnership will be adopting the following overarching principles in tackling neglect:

Develop a whole family approach and ensure it is owned by all stakeholders

This should ensure the approach is child focused as the safety, wellbeing and development of children is the overriding priority.

The approach should be inclusive of children with additional needs such as disability or special educational needs as they are potentially more vulnerable.

All agencies need to consider historical information to inform the present position and identify families at risk of intergenerational neglect. This whole family approach will include absent and new partners.

Improved understanding of patterns of neglect through use of chronologies to identify and evidence patterns of neglect.

Be outcome focused

Work with children and young people needs to be measured by its impact on outcomes. This will require good quality assessments and plans as these are key to getting it right for children and young people.

Develop a shared understanding

Significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse.

As such, collaboration and partnership arrangements will be central to ensuring effective identification, assessment and support and promote consistency of practice where agencies need to challenge each other about improvements made by families and its sustainability. This will require effective information sharing to inform assessments and evaluations of risk.

Building resilience

Help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future. As such, early help will play a key role in ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies coordinated through early help assessments.

Risk management

Suitable statutory action needs to be taken if insufficient progress is achieved and methods have been unsuccessful in addressing levels of risk present. Decisive action will be taken when improvements are not made.

Reviewing and auditing practice

The statutory guidance for Local Safeguarding Children Partnerships requires them to maintain a local learning and improvement framework. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result. The local frameworks for Havering reference different types of reviews that the LSCP will undertake:

- Child Safeguarding Practice Review - where abuse or neglect is believed to be a factor (statutory requirement)
- Child death review - a review of all child deaths up to the age of 18 (statutory requirement)
- Review of a child protection incident which falls below the threshold for a child safeguarding practice review
- Review or audit of practice in one or more agencies.

In addition to this, auditing is a key element of the Havering's quality and performance framework. Case and thematic audits are completed regularly by a multi-agency group of practitioners. Findings from a multi-agency neglect audit undertaken in July 2019 for Havering showed that:

- The voice of the child was not always captured
- Neglect was not always identified at the earliest point
- History of neglect was not always used to help understand the current concern or support decision making

- Little exploration was undertaken on the impact of neglect on the childs peer relationships and educational attainment
- No neglect specific tools or risk assessments were utilised

This has further strengthened the need for both a neglect strategy and the utilisation of a toolkit to enable practitioners to better identify and respond to neglect.

Workforce development

Professionals may individually have concerns about a neglected child, but these concerns do not necessarily trigger effective action. Numerous factors have been identified as potential obstacles to effective action. Firstly, professionals may have concerns about neglect, but they may lack the knowledge to be aware of the potential extent of its impact. Secondly, resource constraints influence professional behaviour and what practitioners perceive can be achieved when they have concerns about neglect (Brandon 2014).

In terms of access to relevant knowledge, continuing professional development for all practitioners with safeguarding responsibilities may be a significant issue. Training for frontline practitioners, to ensure they are up to date with the major features that may be observed or assessed in a child experiencing neglect, is an important step towards ensuring appropriate and timely interventions.

The knowledge base is constantly changing in this area, and not all professionals may be sufficiently up to date with new research or best practice. One of the key underpinning principles of this strategy is to make the case for a well-trained workforce able to identify and intervene in cases of neglect.

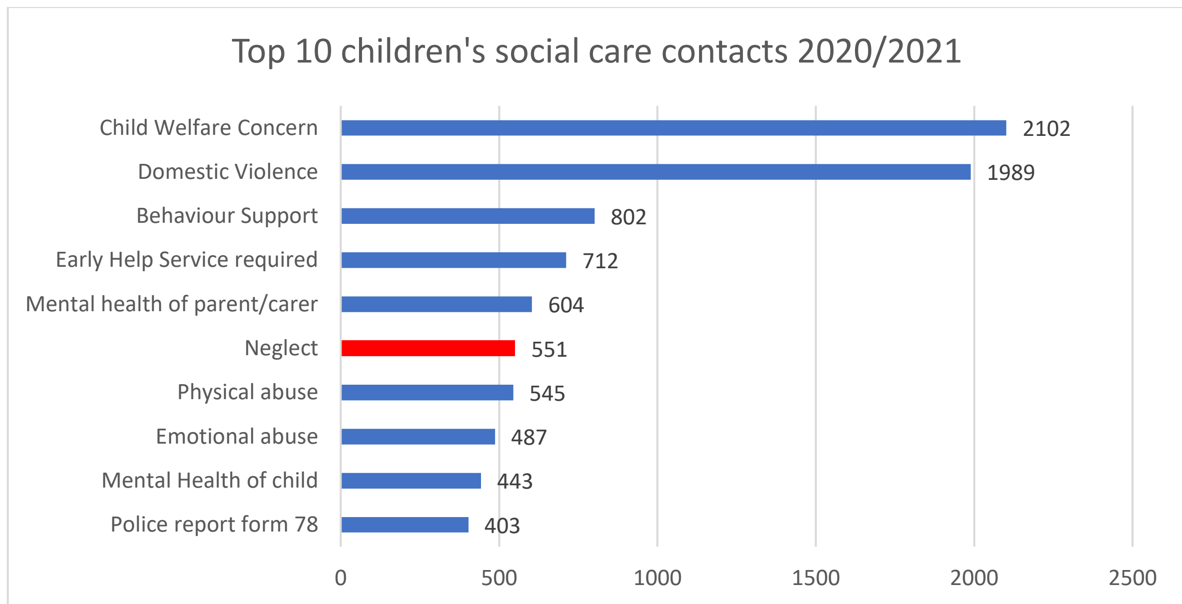
In addition, supervision has a crucial role to play in ensuring that practitioners are supported not only to use their knowledge but also to withstand the emotional demands of the role.

The current economic situation due to Covid-19 is undoubtedly challenging for both families and professionals. Safeguarding services are under significant pressure and this is being felt by practitioners on the front line across the UK (Aughterson et.al 2021).

Expenditure across the UK has not been able to keep pace with the increased demand for services to protect children. A significant reduction in the Revenue Support Grant that Havering receives from central government has also had a negative impact of services offered to children and families.

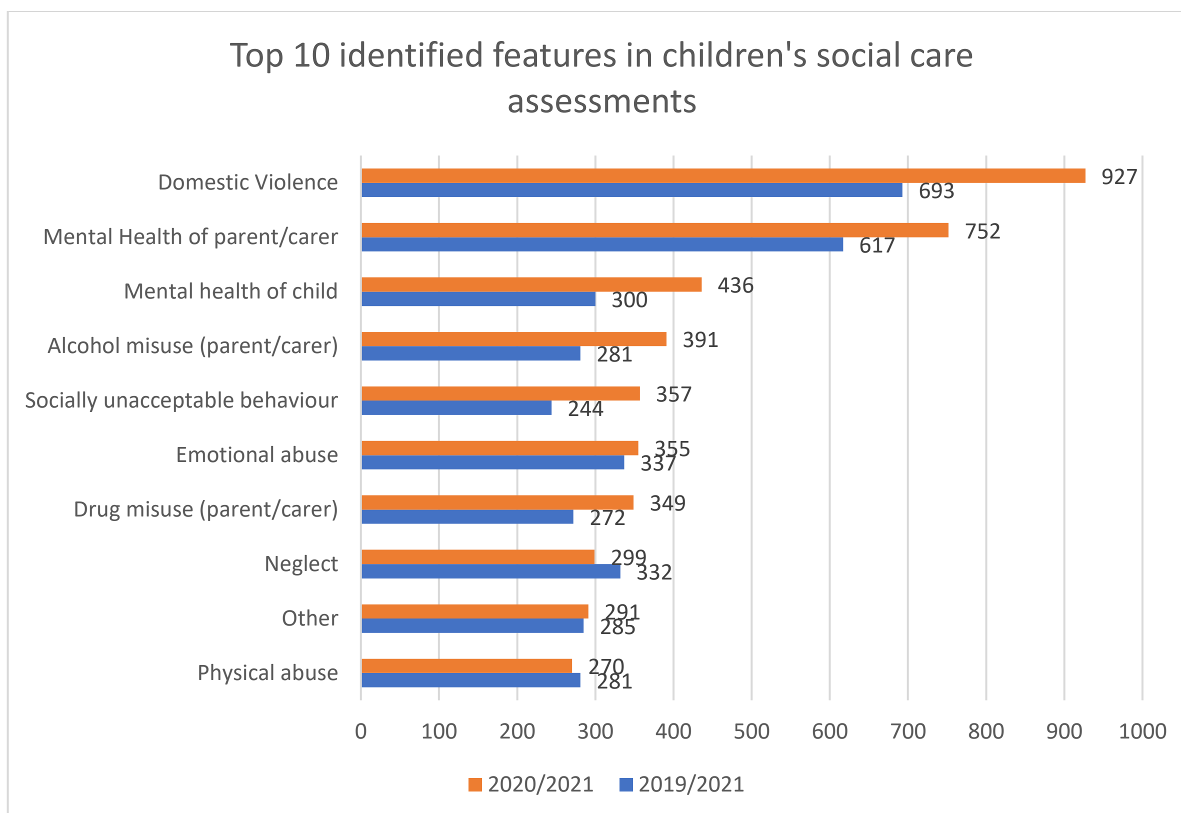
Picture of neglect

Havering has an estimated population of 257,810 of which (63,625) are children. Havering has a lower population density than other London boroughs as large areas are parkland or metropolitan green belt protected land. The borough has a 4.5% unemployment rate which is below the greater London average and one of the lowest reported crime rates in London. However, Havering has an above average rate of reported neglect when compared to greater London and our statistical neighbour.



In 2020/2021 there was a total of 551 contacts with children's social care where there was a concern around neglect. This was the 6th most prevalent contact reason recorded (or 4th if we disregard the catch-all categories of child welfare and early help service required).

In 2019/20 Havering was only able to report on contact reasons for the second half of the year due to a change in computer systems. However, in that period (September 2019 to March 2020) there were 387 contacts for Neglect – the 7th most prevalent reason (5th if we ignore the two catch all categories). To get a proxy annual figure for 2019/20, this could be doubled to 774, which would mean that contacts for Neglect in 2020/21 reduced by 29% when compared to 2019/20. This was anticipated due to lower professional visibility of children during the lockdowns and therefore does not give an accurate picture of neglect in the borough. During the 2020-2021 reporting period, there were clear peaks in referrals during times when schools had returned to face-to-face classroom-based learning. This further supports the hypothesis of a reduction in referrals due to lower professional visibility of children.



Neglect was the 4th most common identified feature in children's social care assessments in 2019/2020 and the 8th most common in 2020/2021. However, for those cases that progressed to a child protection plan, 55.8% were under the category of neglect for 2019/2020 and 52% for 2020/2021. Both these rates are higher than Havering's statistical neighbour and the greater London average.

Of the 606 re-referrals into children's social care that occurred in 2020/2021, 20 were in relation to neglect and of the 45 repeat child protection plans that were initiated in 2020/2021, 22 were under the category of neglect.

In terms of gender, for the 100 children subject to a child protection plan under the category of neglect at the 31st March 2021, 53 were male, 46 were female and 1 identified as other. Males are slightly over-represented in this cohort when compared to the Havering child population where there is a 50:50 split between males and females.

The four types of neglect and how they manifest

There is a gap between the substantiated cases of maltreatment that come to the attention of child protection agencies and the larger number of cases that are not detected, reported or recorded.

In order to detect and tackle neglect in Havering, the safeguarding children partnership used the research of Howe (2005) which highlights four forms of neglect as the basis for their approach. Each form is associated with different effects on both parents and children, and implications for the type of intervention offered.

Severe Depravation Neglect	Depressed or Passive Neglect

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

Disorganised neglect ranges from inconsistent parenting to chaotic parenting. Practitioners will see their classic ‘problem families’. The parent’s feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.

Severe deprivation neglect ranges from a child being left to cry to a child being left to die. Both the home and the child will be dirty and smelly. Children will be deprived of love, stimulation and emotional warmth. The parent will completely ignore them. Often children become feral and roam the streets.

Depressed or passive neglect ranges from a parent being withdrawn or detached to suffering from severe mental illness. There will always be a greater focus on themselves than the children and they will be uninterested in and unresponsive to professionals. The parent does not understand the child’s needs and believes nothing will change. They will fail to meet their child’s emotional or physical needs and will appear passive and helpless.

Havering Safeguarding Children Partnership has developed a neglect indicator guide for the four types of neglect (as outlined below) as well as a neglect toolkit (accompanying document) to support the workforce in recognising, responding and assessing potential cases of child neglect.

The neglect toolkit was developed as an operational tool to support the workforce in their task of recognising and reporting neglect. The Neglect toolkit uses an existing tool; Jane Wiffin’s standards of care. Jane Wiffin’s contribution looked at the impact of neglect from the child’s perspective, with a focus on persistence and motivation to change. These concepts were expanded upon to create the Havering’s neglect toolkit.

A selection of focus groups were held with stakeholders between January – March 2021 which looked at how neglect manifests in different age groups. The output from these focus groups have been incorporated into the neglect toolkit.

Following the publication of the Havering Safeguarding Partnership’s Learning Review child which explored obesity as a possible cause of neglect, it is important to ensure that workforce is equipped to recognise and respond to possible indicators of neglect in the context of childhood obesity.

Partners have developed a healthy weight management pathway (appendix 1) and a neglect safeguarding analysis tool in the Context of Obesity (appendix 2) to support practitioners in responding to this particularly challenging area of neglect.

Key Indicators: Emotional Neglect

	Universal/early intervention	Early Help	Targeted Early Help	Children's Social Care
Characteristics of carers	Cannot cope with children's demands Parents may feel awkward/tense when alone with their children Inconsistent responses to child	Failure to connect emotionally with child Lots of rules Lack of attachment to child Unrealistic expectations in line with child's development	Dismissive/punitive response to child's needs Poor attachment to child	Parental responses lack empathy Not emotionally available to child No attachment to child
Characteristics of children	Over friendly with strangers Over reliance on social media to interact No risk CSE	Frightened/ unhappy/anxious/ low self-esteem Know their role in family Attention seeking Mild risk CSE	Withdrawn/isolated Fear intimacy and dependency Self-reliant Difficulties in regulating emotions Extremely poor self esteem Moderate risk CSE	Precocious Unresponsive/no crying Oversexualised behaviour Self-harm Significant risk of CSE
What professionals notice	Ignore advice Children spend a lot of time on-line Lack of engagement with universal services Materially advantaged Child not included Child always immaculately clean Child and family isolated in community Pattern of rereferrals to Early Help Poor dental hygiene	Avoid contact Missed appointments Child learns to block expressions Child 'shut down' Risky behaviour on-line Material advantages can mask the lack of emotional warmth and connection Pattern of rereferrals to Early Help	Deride professionals Children unavailable Children appear overly resilient Poor social relationships due to isolation Scapegoated child Regression in child's behaviour Pattern of step ups to social care Severe dental disease	May seek help with a child who needs to be 'cured' Fabricated illness Parents seeking a diagnosis/label for child Pattern of step downs to early help

Key Indicators: Disorganised Neglect

	Universal/early intervention	Early Help	Targeted Early Help	Children's Social Care
Characteristics of carers	Demanding and dependant Cope with babies (babies need them) but then struggle Flustered presentation Late Low mood Unstructured Problem driven Revert back to own needs Everything 'big drama'	Feelings of being undervalued or emotionally deprived as a child-so need to be centre of attention/ affection Lack of 'attunement' Crisis response Avoidance of contact Poor attachment Poor parenting Not engaging with health	Disguised compliance Putting own needs before child Drug/alcohol misuse Depression Not getting children to school Escalation of mental health	High criticism/low warmth Continuous use of medical issues to cover up/disguise Chaotic family Escalation of depression
Characteristics of children	Anxious and demanding Infants-fractious/ clinging-difficult to soothe Lateness at school/ nursery Overactive at school No school equipment Not able to sit still Snatching Struggle with quiet time Vulnerable to unhealthy relationships No boundaries or routines Not at risk CSE	Young children attention seeking, exaggerated affect, poor confidence and concentration, jealous, show off, go too far Fear intimacy Missing school/ nursery Disruptive at school Fretful Crying Angry Afraid Mild risk CSE	Roaming late at night Trouble during unsupervised times Engaging in risky behaviours Bullying Aggressive Jealous Depressed Poor school attendance Speech and language delays Moderate risk CSE	Self-harm Causing harm to others Substance/alcohol use Offending Left at home alone Anti-social behaviour Able to do what they want Feral Ignored Danger to self/ others Head lice infestation Significant risk CSE
What professionals notice	Classic 'problem families' Numerous pregnancies Missed appointments Messy house Erratic changes in mood Unable to acknowledge problems Not reporting absences Disruptive behaviour Poor hygiene Poor dental hygiene	Annoy and frustrate but also endear and amuse Chaos and disruption Avoidance of home visits Lots of contact Regular lateness and absences Family identify own need No improvement Persistent lateness Children visibly tired	Thick case files Feelings drive behaviour/social interaction Dependency on services to provide support Lack understanding/ acceptance of issues Exclusion from school Severe dental disease	Anti-social behaviour Parents create new crises Difficult to work with Frequent exclusions Non-engagement with education

Key Indicators: Severe Depravation Neglect

	Universal/early intervention	Early Help	Targeted Early Help	Children's Social Care
Characteristics of carers	Contact with GP for depression History of chronic mental health Long term unemployed Low cognitive functioning Poor physical presentation Socially isolated	Contact with specialist agency for depression, mental health – in treatment. Postnatal depression Poor attachment with children	Carers with serious issues of depression, learning disabilities, substance misuse Homeless Not in treatment	Institutional neglect Suicidal thoughts
Characteristics of children	Arrive late at school Poor presentation Hungry Tired Miss initial health checks Lack confidence Poor attachment with parents Anxiety and low self esteem Minor accidents at home Poor dental hygiene Poor school attendance Not at risk CSE	Inhibited, withdrawn, passive, rarely smile, autistic type behaviour and self-soothing Relationships shallow, lack reciprocity Disinhibited: attention-seeking, clingy, very friendly Not accessing early years High absence from school Mild risk CSE	Infants- poor pre attachment behaviours of smiling, crying, eye contact Children-impulsive, hyperactive, attention deficit, cognitive impairment and developmental delay, eating problems, poor relationships School exclusion Moderate risk CSE	Self-harm Mental ill health Sexualised behaviour Failure to thrive Recurrent illnesses Going missing Out of education Significant risk CSE
What professionals notice	Clutter Disorganised home Hoarding Not enough furniture Lots of animals Not attending appointments Poor dental hygiene	Dirty home and children Poor physical and mental health Poor hygiene Regularly attending A&E	Material and emotional poverty Head lice Homes and children dirty and smelly	Urine soaked mattresses, dog faeces, filthy plates, rags at the window Children left in cot or serial care giving Child essentially alone-severe neglect, absence of selective attachment. Unable to get into house Severe dental disease

Key Indicators: Depressed/Passive Neglect

	Universal/early intervention	Early Help	Targeted Early Help	Children's Social Care
Characteristics of carers	Often severely abused/neglected by own parents Given up thinking and feeling Withdrawn Lack of meaningful engagement Forgetting appointments Can't impose boundaries Focused on own needs Not seen in school Blame others for children's behaviour	May seem unmotivated/mild learning disability Learned helplessness No structure/poor supervision Stubborn negativism-passive aggressive Missing appointments Disorganised Seeking services to solve problems (but not changing) Emerging criticisms One or two elements of toxic trio emerging Change schools	No smacks/ no shouting/no deliberate harm BUT no hugs, warmth emotional involvement either. Unresponsive to children's needs limited interaction Avoiding appointments Struggling to engage Blaming services for lack of progress Refuse to engage with early help	Obstructing appointments Blaming others Combination of toxic trio reaching crisis No ability to change No boundaries
Characteristics of children	Lack of interaction with carers Presents as hungry Lack of progression Tired, withdrawn, isolated Poor diet Lateness at school Dirty clothes Developmental milestones not met Attendance at A&E Not at risk of CSE	Infant-not curious, unresponsive, moans and whimpers but does not cry or laugh Tend not to say much Unwashed, ill-fitting clothes Missing school Repeated attendance at A&E Unmet health needs Obese Mild risk CSE	At school - isolated, aimless, lacking in concentration, drive, confidence and self esteem Anxious Goes missing Poor school attendance Self-harm Self-isolating Unresponsive Moderate risk CSE	Developmental delay Absent from school Regularly goes missing Not accessing health services Inappropriate behaviour for age Morbidly obese Significant risk CSE
What professionals notice	Shut down and block out all information. Absence from school/nursery Children appear hungry Inconsistent engagement Turn up late at school Poor dental hygiene	Parents do not believe they can change so do not even try A sense of hopelessness and despair-which can be reflected in the workers too Poor dental hygiene Stealing food	Material and emotional poverty Homes and children dirty and smelly Chaotic, dirty households Children not saying anything or making excuses for their parents Children attending appointments on their own Repeated concerns reported by neighbours Severe dental disease	Urine soaked mattresses, dog faeces, filthy plates, rags at the window Children parenting their parents Offending behaviour Difficult to work with Not in for visits

Governance and accountability

Governance will be provided to the Havering Safeguarding Children Partnership by the quality and effectiveness subgroup. This subgroup will monitor progress against the strategic objectives on a quarterly basis and challenge multi agency partners where appropriate.

The following outcome indicators are examples of how the effectiveness of the strategy and its implementation will be measured. These will be further developed over the first year of the strategy.

- Reduction in the incidents of neglect while acknowledging that figures may initially rise (due to better recognition and awareness) particularly at early help levels where neglect is a feature.
- Reduction over time in the number of children subject to a child protection plan due to neglect/incidents of neglect in comparison to our statistical neighbours.
- Reduction in the number of repeat referrals to children's services post child and family assessment where neglect is a feature. • Improvement in school attendance.
- Percentage of early help assessments where neglect has been identified as a factor.
- Percentage of referrals to children's services for reasons of neglect.
- Percentage of children subject of a child protection plan for reasons of neglect.
- Number of children not brought (<16 years) or not attending (16-17 years) medical, including dental, appointments.
- Average length of child protection plan for neglect at point of closure (in months).
- Number of crimes recorded for neglect.

It must be acknowledged that the impact of effective recognition and intervention in respect of neglect is long term, sometimes spanning generations rather than short term or immediate.

This strategy will be reviewed on a two-yearly basis by the HSCP. Delivery plans and performance frameworks will be reviewed annually and monitored through the quality and effectiveness subgroup.

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Appendix 1: Healthy weight management pathway

Healthy Weight Management Pathway

Teacher/other professional raises concerns of child's weight to School Nurse via email to generic 0-19 universal service email address

School Nurse contacts parent/carer for consent to weigh and measure height of the child and arranges meeting

Consent gained by parent/carer

Consent denied by parent/carer: ***Refer to Safeguarding Tool***

BMI Chart 91st & <98th centile (Overweight)

- Discuss child's weight referring to centile chart
- Link to healthy eating resources given
- Discuss responsibility of parent
- Introduce safeguarding pathway to parent
- Review in 3/12 and refer to Dietician if no significant change in BMI

BMI Chart ->98th Centile (Obesity)

- Discuss child's weight, referring to centile chart
- Explain co-morbidities and link to healthy eating resources given
- Discuss responsibility of parent
- Introduce safeguarding pathway to parent
- Gain consent for referral to GP/Paediatrician
- GP notified via letter
- Refer to dietitian

Appendix 2: Safeguarding Analysis Tool in the Context of

NAME:	**OBESITY ANALYSIS TOOL**	DATE:
D.O.B: NHS NO:	*Always consider the potential of neglect when assessing obesity*	**School:**

	YES	NO	COMMENTS
Is the child currently engaged with Children's Services or any other Services (e.g. CAMHS, Early Help)			
Is the child severely obese (on or above 99.6th centile)? *Attach centile chart to show BMI trajectory if weight history known*			
Has the child had some weight management advice including a weight management plan?			
Has the child made any progress with weight management advice?			
Are there any other Child Safeguarding Concerns? **(inci. other indicators of abuse/neglect)**			
Has a medical professional informed the family of the significance of their child's weight and the health risks involved?			
Do parents/carers understand the concerns around their child's weight?			
Are parents/carers willing to engage?			
Does the child understand the concerns around their weight?			
Is the child willing to engage?			
Are there concerns of 'Disguised Compliance'?			
Are the concerns escalating over time?			

BMI = weight / Height² | v y

(*weight in kg/ height in cm)*

Centile =

What is the impact or obesity on the child's health and wellbeing
(10 appropriate lifestyle and 0 severely impacted **&** will lead to serious harm or death)-please circle

10

9

8

7

6

5

4

3

2

1

0

Appendix 2: Safeguarding Analysis Tool in the Context of

<table>
<tr><th colspan="2">CHILD HEALTH FACTORS</th><th>COMMENTS</th></tr>
<tr><td>PHYSICAL PROBLEMS
□ Joint pain/problems
□ Fatigue, exhaustion
□ Difficulties with self-care/ dress
□ Hygiene
□ Appearance/ ill-fitting clothes
□ Unable to walk to and from school
□ Enuresis / incontinence
□ Constipation/ diarrhoea
□ Shortness of breath
□ Sleep apnoea / snoring
□ Type II Diabetes
□ Asthma
□ Raised BP
□ Raised Cholesterol</td><td>□ Is there a diagnosis of any health conditions.........................
□ Is the child on any medication

EMOTIONAL PROBLEMS
□ Low self-esteem
□ Loneliness or isolation
□ Sadness or depression
□ Worry, fear or anxiety
□ Feelings of insecurity
□ Anger or frustration
□ Teasing/bullying/social discrimination
□ Reclusive/ uncomfortable to go out
□ Trigger (bereavement, accident, separation)</td><td></td></tr>
<tr><th colspan="3">PARENT & FAMILY FACTORS</th></tr>
<tr><td>□ Absence of meal routines/ meals unplanned
□ Are parents/carers unsure of what child is eating
□ Does child go to bed after parents/carers
□ Does the parent see any of the above as a problem?
□ Does parent agree child is overweight?
□ Does parent enable child to attend health appointments & comply with treatment?</td><td colspan="2">□ Are parents or siblings obese or overweight?
□ Has a whole family approach been considered?
□ Are they receiving DLA for this child
□ Is the child LAC /CPP/CIN ....
Social Worker ....
□ Does parent accept health advice?</td></tr>
</table>

Main concerns identified	Danger Statement	Plan of action	Expected Outcome &

Appendix 2: Safeguarding Analysis Tool in the Context of

			Timescale

Evidence Child's wishes and feelings (include the child's view of their weight/obesity):

Staff: Date: