

The Calderdale Neglect Strategy

2018 to 2021





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Calderdale Neglect Strategy 2018-2021

Foreword

Neglect is the ongoing failure to meet a child's basic needs and is <u>the most common form of child</u> <u>abuse</u>. Apart from being potentially fatal, neglect harms children and leads to poor health, educational and social outcomes.

Neglect has been identified as a priority for the Calderdale Safeguarding Children Board (CSCB) and the Safeguarding Partnership because of the serious impact it has on children and the effect upon the long-term chances for children.

We recognise that children and young people have a right to live in an environment where they are loved, feel valued and are cared for so that they can reach their potential and have aspirations. In Calderdale, too many children and young people have childhoods that are damaged by neglect, very often because parents are struggling to deal with problems they face and often cannot solve alone.

The purpose of this document is to establish strategic aims, objectives and priorities for Calderdale's approach in tackling neglect. It was developed by the CSCB and as such applies to all agencies across all sectors working in Calderdale.

This document identifies both the current statutory definition of neglect and other factors to consider in assisting and further supporting practitioners in early identification, intervention and child protection. The strategy is informed by the work of Howe¹, the Graded Care Profile² and Home Conditions checklist³ all of which underpin the <u>Calderdale Assessment of Neglect Toolkit</u>.

The aim of this strategy is to tackle the causes and effects of neglect in Calderdale. In order 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



¹ Howe D (2005) Child Abuse and Neglect: Attachment, Development and Intervention (Palgrave, Macmillan)

² Srivastava, O. P., & Polnay, L. (1997)

³ Incorporated into the Assessment of Neglect Toolkit



1. Introduction

The Government definition of neglect is:

Neglect is 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 and shelter (including exclusion from home or abandonment) ..protect a child from physical and emotional harm or danger ..ensure adequate supervision (including the use of inadequate care-givers) ..ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is dangerous and can cause serious, long-term damage - even death. Neglect in the first three years of life can seriously impact on brain development and have significant consequences through adolescence and into adulthood. Consequences of neglect can include an array of 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 on in life, 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.

This strategy recognises four types of neglect as identified by Howe and explains in detail how practitioners should work with these different types:

- Emotional neglect
- Disorganised neglect
- Depressed neglect
- Severe deprivation

A child who is neglected will often suffer from other abuses as well. Neglect can be seen 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

Neglect remains the most common form of child abuse across the UK and is usually the most common cause for being subject to a child protection plan.



2. Strategic Aims

The CSCB aims to ensure that the early recognition of neglect and improved response by all agencies reduces the number of children who experience significant harm and improves children's lives.

This strategy aims to reduce the prevalence and impact of neglect through the following four key work streams:

1. Voice of the Child: To understand the impact of neglect

- a. Implementation of 'A Day In The Life Of A Child' tool in Calderdale
- b. Children to collectively influence procedure and practice
- c. Children to influence their individual outcomes
- d. Consultation and engagement with service users to understand impact of neglect and of interventions and their outcomes

2. Awareness: To improve awareness, understanding and recognition of neglect

- a. To have a common understanding of neglect and the impacts across Calderdale professionals, volunteers, community and parents
- b. Increase the awareness of neglect from children and young people and have increased ability to seek support
- c. Increased uptake of Neglect training and development by professionals and volunteers

3. Effective Practice: To improve the effectiveness of interventions to tackle neglect

- a. To have easy to read and accessible guidance, toolkits and protocols on how to protect children in neglectful families
- b. Improved assessment of neglect through the use of tools such as the CSCB Neglect Toolkit, the CSCB Child Development Tool and Multi-Agency Chronology Guidance
- c. Effective early help and prevention through child focussed risk assessments
- d. Comprehensively agreed thresholds across all agencies
- e. Clear policies and procedures
- f. Improved quality of robust and reflective Safeguarding Supervision

4. Assurance: To monitor progress in reducing the risk of neglect in the population

- a. Multi-agency audits show the effectiveness of interventions and how services and responses can be improved
- b. Outcomes for children suffering from neglect monitored through the CSCB dataset across the continuum of need
- c. Feedback and engagement with practitioners demonstrates levels of knowledge, skills and understanding and identify areas for further improvement
- d. Other quality assurance methods identify areas of good practice and areas for improvement

The CSCB and its local partners will lead on the delivery and implementation of this Strategy with an underpinning Action Plan which focuses on these areas of development and is based on multi-agency self-assessment of neglect.

Together, agencies, professionals, volunteers and communities in Calderdale can tackle Neglect to safeguard and protect children.



3. The four types of neglect and how they manifest

In order to detect and tackle neglect Calderdale, the CSCB 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.

Emotional neglect

Disorganised neglect

Depressed neglect

Severe deprivation neglect

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

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

Depressed or passive neglect ranges from a parent being withdrawn or detached 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.

Severe deprivation neglect ranges from a child being left to cry to a child being left to die. Both the home and the child may 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.

These four types of neglect are seen as helpful to promote ideas around hypothesis and possible interventions. The approach allows evidence based practice, provides reminders about the signs of neglect and improves understanding about why children's basic developmental needs aren't being met. The review and development of the Calderdale Neglect Toolkit is based on the four types of neglect and here the key indicators highlight the identifying features of carers, children and the types of case management suited to each type of neglect.





3.1. Key Indicators - Emotional Neglect

Emotional neglect				
What professionals notice	Signs of commission and omission 'Closure' and 'flight': avoid contact, ignore advice, miss appointments, deride professionals, children unavailable However, may seek help with a child who needs to be 'cured' Intervention often delayed Associated with avoidant/defended patterns of attachment			
Characteristics of carers	Can't cope with children's demands: avoid/ disengage from child in need; dismissive or punitive response Children provided for materially but there is a failure to connect emotionally More rules; everyone has a role and knows what to do. Parents may feel awkward & tense when alone with their children.			
Characteristics of children	When attachment behaviour rejected: Learns that caregiver's physical and emotional availability is reduced when emotional demands are made; Caregiver most available when child is showing positive affect, being self- sufficient, undemanding and compliant; Reverse roles, "false brightness" to care for/ reassure parent. Frightened, unhappy, anxious, low self esteem, Withdrawn, isolated, fear intimacy and dependence Precocious, 'streetwise', self-reliant May show compliance to dominant caregivers but anger and aggression in situations where they feel more dominant. May learn that power and aggression are how relationships work and you get your needs met Behaviour increasingly anti-social and oppositional Brain development affected: difficulties in processing and regulating emotional arousal			
Case Management	Help parents to learn to use others for support. Teach parents to engage emotionally with their children. Must be highly structured as neither parent nor child know how to interact normally & spontaneously. Fear of affect – need clear rules & roles			



3.2. Key Indicators - Disorganised Neglect

Disorganised Neglect				
	Classic 'problem families'			
What professionals notice	Thick case files			
	Can annoy and frustrate but endear and amuse Chaos and disruption			
	Reasoning minimised, affect is dominant			
	Feelings drive behaviour and social interaction			
	Worker may feel agenda co-opted by family's immediate needs			
	Feelings of being undervalued or emotionally deprived in childhood so need to			
	be centre of attention/affection			
	Demanding and dependant with respect to professionals			
	May be regarded as overwhelmed but amenable to services			
	Crisis is a necessary not a contingent state			
a	Associated with ambivalent/coercive patterns of attachment			
Characteristics	Disorganised neglect: carers			
of carers	Cope with babies (babies need them) but then			
	Parental responses to children			
	 unpredictable and insensitive (though not necessarily hostile or 			
	rejecting)			
	 driven by how the parent is feeling, not the needs of the child 			
	Lack of 'attunement' and 'synchronicity'			
	Anxious and demanding			
	Infants: fractious, fretful, clinging, hard to soothe			
a	Young children: attention seeking; exaggerated affect; poor confidence and			
Characteristics	concentration; jealous; show off; go too far			
of children	Teens: immature, impulsive; need to be noticed leads to trouble at school and in			
	community Neglectful parents feel angry and helpless: reject the child; to grandparents, care			
	or gangs			
	Logic would argue for warding off crises for a while so that families can be taught			
	to organise their lives, but			
	Family may want to have needs met, but cannot delay gratification or trust logic			
	and planning;			
	Without intense demands associated with crises, have no way of being important			
	to others;			
6	Will CREATE new crises.			
Case	Feelings must be addressed			
Management	Need a structured, predictable environment with no surprises where:			
	There are rewards for clear, direct, and undistorted communication			
	of feelings and accurate cognitive information about future			
	outcomes			
	Family can learn the value of compromise			
	Teach parents how to use cognitive information to regulate feelings (without			
	denying them)			



3.3. Key Indicators - Depressed Neglect

Depressed Neglect				
What professionals notice	Classic neglect Material and emotional poverty Homes and children dirty and smelly Urine soaked mattresses, dog faeces, filthy plates, rags at the windows A sense of hopelessness and despair (can be reflected in workers)			
Characteristics of carers	Often severely abused/neglected: own parents depressed or sexually or physically abusive May seem unmotivated, mild learning disability Learned helplessness in response to demands of family life; Stubborn negativism; passive-aggressive Have given up both thinking and feeling Listless and unresponsive to children's needs and demands, limited interaction Lack of pleasure or anger in dealings with children and professionals No smacks, no shouting, no deliberate harm but no hugs, no warmth, no emotional involvement No structure; poor supervision, care and food			
Characteristics of children	Younger the child, more debilitating the effects			
Case Management	 Involves much more than teaching appropriate parenting All family members must learn that their behaviour has predictable and meaningful consequences Teach that it helps to share feelings with empathetic others. Our standard approaches don't work Threats / punitive approaches particularly ineffective: Parents don't believe they can change so don't even try. Even most reasonable pressure results in "shutting down" / blocking out all info. Parent education – may be ineffective because judgment impaired and gains not transferable. These families need: Long term involvement Supportive approach Responsiveness to family's signals and needs BUT these need to be balanced with a recognition of the children's needs. (How long is too long? How much is too much?) 			
Depressed neglect: Infants and children	 Must experience responsive and stimulating environments that also provide human comfort for a few hours each day. The longer the child is exposed to helplessness, the more intense and longer the intervention needed to remedy the situation. Must learn appropriate ways to show their feelings 			
Depressed neglect: Parents	 Practice smiling, laughing, soothing May be mechanical at first Genuine feelings will emerge with repetition As parents learn to show their feelings, the child's responsiveness will increase; virtuous spiral 			



3.4. Key Indicators – Severe Deprivation

Severe Deprivation				
What professionals notice	Severely neglected orphanages, parents with serious issues of depression, drug addiction, care system at its worst Children left in cot or 'serial caregiving' Combination of severe neglect and absence of selective attachment: child is essentially alone			
Characteristics of carers	Carers with serious issues of depression, learning disabilities, substance misuse Homeless Not in treatment Institutional neglect Suicidal thoughts			
Characteristics of children	Infants: lack pre-attachment behaviours of smiling, crying, eye contact Children: impulsivity, hyperactivity, attention deficits, cognitive impairment and developmental delay, aggressive and coercive behaviour, eating problems, poor relationships Inhibited: withdrawn passive, rarely smile, autistic type behaviour and self- soothing Disinhibited: attention-seeking, clingy, over-friendly; relationships shallow, lack reciprocity			
Case Management	Highly unlikely to be in the child's best interests to remain in the environment which caused the harm; It is probable that the child and new carers will require substantial therapeutic and emotional support; Significant challenges often persist despite a move to a caring and predictable environment.			

"We are guilty of many errors and many faults but the worst of our crimes is abandoning our children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow.' His name is 'Today.'"

Gabriela Mistral (Chilean poet, 1889-1957)



4. Tackling Neglect

4.1. Common risk factors and indicators of neglect

Risk factors aid understanding of the child's experience and help agencies determine what support is needed and how to prioritise; Vulnerable families may have a combination of the following risk factors, however these are not necessarily indicators of neglect and should be used and interpreted with care using the Neglect Toolkit:

Family violence, modelling of inappropriate behaviour	Social and emotional immaturity
Multiple co-habitation and change of partner	Alcohol and substance abuse
Maternal low self-esteem and self-confidence	Health problems during pregnancy
Poor parental level of education and cognitive ability	Pre-term or low birth weight baby
Parental personality characteristics inhibiting good parenting	Low family income
Adverse Childhood Experiences (ACEs) including physical,	Low employment status
sexual and emotional abuse in parents own childhood	
Teenage pregnancy	Single parenting

Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators of child neglect.

Such indicators are helpful in identifying potential cases of neglect 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, environmental factors of neglect also need to be acknowledged. 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. Professionals (or significant others) will be concerned when children come to school dirty or hungry, or when visiting homes that are indisputably filthy or unsafe.

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. Poverty does not necessarily lead to neglect a family can be very wealthy with neglectful parents with cold and sparse resources for the child and adult focused lives.

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 indicated by frequent moves, homelessness, short stays with friends/family, stays in shelters, living in abandoned buildings, on the streets or in vehicles.



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 receive less support, or perceive that they receive less support, 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 small 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 reciprocated social support instead making considerable demands on friends and family. There is also a need to recognise that culture and diverse societal norms may also have a part play in child parent relationships and behaviours which may lead to neglect

Communities

For children living in deprived neighbourhoods it has been found they are at higher risk of neglect, physical abuse and sexual victimisation. Neglect can also occur in economically stable and wealthier households as previously outlined.

4.2. Good practice principles in tackling neglect

The following are good practice principles in tackling neglect:

- 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 action to support & protect children in situations posing risk to health, wellbeing or safety.
- timely response to all expressions of concern about neglect
- an understanding of the child's day-to-day experiences
- adequacy of child care must be addressed as the priority
- engagement with mothers, fathers, male/female partners and extended family
- clarity on parental responsibility and expectations
- full assessment of the child's 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)
- Recognition that neglect links to other issues such as children who go missing, sexual exploitation, self- harm and others.
- Importance of early intervention and a whole family approach
- Use of multi-agency chronologies
- Use of and action taken as a result of using the Calderdale Neglect Toolkit



4.3. The overarching principles to be adopted in tackling neglect in Calderdale

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

This should ensure the approach is child focussed as the safety, well-being 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 inter-generational 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.

4.3.2 Be outcome focussed

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 so use of the CSCB Neglect Toolkit will assist with monitoring, assessing and intervening.

4.3.3 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 improvement made by families and its sustainability. This will require effective information sharing to inform assessments and evaluations of risk.

4.3.4 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.

4.3.5 Risk management

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

4.3.6 Workforce development

Professionals may have concerns about a neglected child but these concerns do not necessarily trigger effective action; potential obstacles to effective action are: professionals may have concerns about neglect, but they may lack knowledge to be aware of the potential extent of its impact; resource constraints influence professional behaviour and what practitioners perceive can be achieved when they have concerns about neglect.



In terms of access to relevant knowledge, continuing professional

development for all practitioners with safeguarding responsibilities is a significant issue 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, 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 and the accompanying tools, resources, training- and guidance offered by the CSCB 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 climate of austerity is undoubtedly challenging for both families and professionals.





5. Governance and accountability

Accountability for children suffering from or at risk of suffering from neglect sits with the individual statutory, voluntary and community organisations in Calderdale, however the Safeguarding Partnership will monitor progress against the strategic aims set out in this Neglect Strategy and challenge multi agency partners where appropriate.

Examples of indicators, standards and performance measures which can give the Safeguarding Partnership and other stakeholders assurance of how well children are safeguarded include early help assessments, child protection plans, school attendance levels and attendance at health appointments.

The specifics of how the Safeguarding Partnership will seek assurance will be developed by the Safeguarding Partnership and will include data collation, audit, listening to children, young people and families and front line practitioners.

Note

It has to 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, therefore the continuous and rigorous monitoring of this performance data will be needed, alongside quality assurance systems to establish what impact, if any, the Neglect Strategy and the corresponding CSCB tools and resources have had on children, families and on front line practice.

This strategy will be reviewed on a three-yearly basis by the CSCB. Delivery plans and performance frameworks will be reviewed annually and monitored through the performance management and quality assurance subgroups.





Useful Resources

The following resources can be found on the Calderdale Safeguarding Children Board Website:

www.calderdale-safeguarding.co.uk

- ✓ Assessment of Neglect toolkit
- ✓ Neglect safeguard guide
- ✓ Practitioner's toolkits
- Thresholds Document Calderdale Continuum of Need and Response
- ✓ How to report concerns and make a referral to Multi-Agency Screening Team (MAST)
- ✓ Threshold tool
- ✓ Multi-Agency Chronology Guidance
- ✓ <u>Resolving Professional Disagreements and Escalation</u>
- ✓ <u>Resistant Families Pathway</u>
- ✓ Obesity Pathway
- ✓ <u>A Day in the life of a Child Guidance</u>

Procedures for how to Safeguard Children and work with Neglect are here: http://westyorkscb.proceduresonline.com/search/search.html

