

Multi-Agency Neglect Strategy 2021

Introduction

The Merton Safeguarding Children Partnership (MSCP) has overall responsibility for coordinating, supporting, and improving the ways we work together to protect children and promote their welfare. The MSCP works with a range of partners including large and small statutory and voluntary organisations as well as key individuals including elected representatives, community and business leaders and professionals who are involved with children and young people.

A key part of this partnership is ensuring that anyone who encounters children and young people can identify, understand, and respond appropriately to circumstances where children or young people are at risk.

Neglect remains the most common form of child maltreatment in England¹. The purpose of this document is to outline a strategic response to the issue of neglect in Merton, and to ensure that professionals have a consistent understanding of childhood neglect and know what is expected of them should concerns arise.

Our Guiding Principles

MSCP is committed to reducing the incidence of childhood neglect within the borough. This is a key priority for the Partnership. We want to ensure that all people, including managers and practitioners who encounter children and young people who may be at risk are able to:

1. Promote the safety and wellbeing of all families and the communities in which they live, recognising the key role of public health promotion and universal services in the prevention of neglect.
2. Identify children at risk of neglect at the earliest opportunity; to reduce the numbers of children experiencing neglect
2. Respond promptly and effectively to address the underlying factors.
3. Maintain our focus on the experiences of children.
4. Minimise the long-term effects of childhood neglect through a range of strategies and interventions.
5. To ensure that the importance of neglect and its incidence is recognised by all partners in the strategic planning and service design.

Definitions of Neglect

Working Together 2018 defines neglect as: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of a child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

¹ Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- Protect a child from emotional and physical harm or danger.
- Ensure adequate supervision (including the use of inadequate care givers).
- Ensure access to appropriate medical care or treatment.
- It may include neglect of, or unresponsiveness to, a child's basic emotional needs.

Please refer to the following pan-London Neglect procedures for further details on how neglect is defined.

*TYPE	CLASSIFICATION	SUMMARY
PHYSICAL	PHYSICAL NEGLECT	The child has inadequate or inappropriate clothing (e.g., for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions or experience poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.
	MEDICAL NEGLECT	The child's health needs are not met, or the child is not provided with appropriate medical treatment when needed because of illness or accident.
	NUTRITIONAL NEGLECT	The child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with 'failure to thrive,' though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g., crisps, biscuits, and sugary snacks in place of balanced meals); childhood obesity because of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
SAFETY	LACK OF SUPERVISION AND GUIDANCE	The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.
EMOTIONAL	EMOTIONAL NEGLECT	This involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some would distinguish it from emotional abuse by the intention of the parent; from this perspective it is emotional neglect is about parenting capacity, which also considers mental capacity.
DEVELOPMENTAL	EDUCATIONAL NEGLECT	The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance and failing to respond to any special educational needs.

*NSPCC DEFINITION

Key Issues

There needs to be a clear understanding of the **risk factors** and the *actual indicators of neglect*. To assess neglect, a distinction needs to be made between the two, in addition **protective factors** should be considered:

- **Risk Factors:** Need to be interpreted with care. They are factors which are present, and which may increase the likelihood of adverse outcomes and the possible exposure to neglect or maltreatment but are not necessarily a causal factor.
- **Indicators:** observable /measurable developmental or behavioural concerns that suggest that the child is experiencing actual neglect (they need to be measured in relation to frequency, persistency over time, pervasiveness, and intrusiveness in the child's life)
- **Protective factors:** these include resilience and recovery. Research suggests that being female, growing up in a stable living situation, living with parents (if the neglect has ceased) or having a long term first placement (research suggests 10 years or more) increase the likelihood of better outcomes young adulthood. Research seems to indicate that neglected children can recover if there is effective intervention when children are young².

Professionals working with the families of neglected children must be skilled in the use of their professional authority. This means practitioners and their managers must be able to clearly state what is the cause for concern, why the current level of care is not good enough, what is the harm that we are trying to avoid and exactly what needs to change in the parenting/caregiving to improve the level of care, outlining realistic timescales for improvement, and stating clearly the consequences if improvements are not made.

As part of an agency's assessment process, practitioners will be considering a holistic overview of presenting needs of the family.

The assessment process will consider the following:

- a) Description of current care and identification of any current indicators of neglect:
 - Exploration of persistence of indicator – is this something that happens frequently /all the time/ never been noticed before?
 - Assessment of the current functioning of the child and of the family; including the child's resilience.
- b) Review of underlying risk factors incorporating a previous history of:
 - The child and of each parent/caregiver.
 - Professional involvement and the family's response to this.
- c) Assessment of the parents' capacity to change:

²Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

- This can be tested as part of the parental response to sound, supportive intervention which focuses on social and environmental risk factors and neglectful parent-child interactions.³ The previous history of parental response to intervention will be important as will the parent/s' ability to sustain change overtime and under new or revised stress.

Effective assessments will keep the child at the centre while taking account of the capacity, motivation and needs of the adult and family members, their history, and environmental factors.

There needs to be an effective and proactive working relationship between children's and adult services (Think Family). The evidence shows that underlying issues (i.e., parental mental health, learning disabilities, drug, and alcohol misuse, living with domestic violence, and socio-economic disparity) increase the risk of children experiencing neglect, especially when these factors occur in combination.⁴ Some of the factors impacting on parents' ability to provide good enough care include poverty, housing, family functioning and other environmental factors. These adult issues must be addressed as part of a robust response to neglect. Interventions must therefore include a whole family approach which requires effective joint working across children's and adults' services.

It is important to address adverse childhood experiences and trauma. There is growing research and evidence highlighting the impact of Adverse Childhood Experiences (ACEs) on outcomes for children and young people across their life-course. ACEs are 'highly stressful events or situations that happen during childhood and/or adolescence'. It can be a single event or include longer term threats to and/or breaches of a young person's safety, security, trust or bodily integrity. (Ref: [Briefing Paper - Adverse Childhood Experiences.pdf \(bps.org.uk\)](https://www.bps.org.uk/briefing-paper-adverse-childhood-experiences)). It is important that locally we look to reduce ACEs and/or the long-term negative impact when they do occur by identifying and intervening early where children may be victims of abuse or neglect.

Neglect in the Early Years

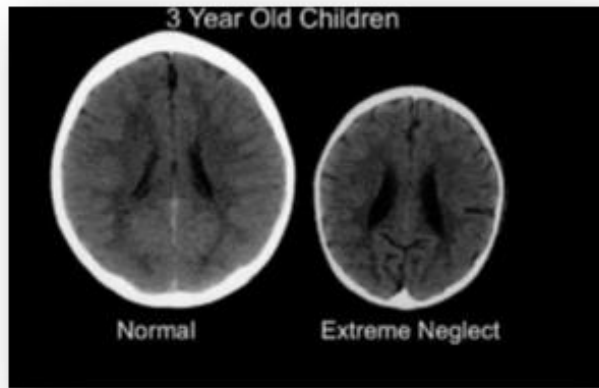
Abuse and neglect in the earliest years of a child's life have been shown to have severe detrimental impacts on a child's immediate wellbeing and development, as well as their life chances and outcomes well into adulthood (Wilkinson and Bowyer 2017)⁴ The first three years (or sometimes the first 18 months) of a child's life are critical in laying foundations of future wellbeing and development.

'The emphasis on the vulnerable infant brain has created a "now or never" imperative to intervene early to prevent irreversible damage to human development' (Critchley 2020)⁵

³ Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

⁴ Wilkinson, J. and Bowyer, S. (2017). The impacts of abuse and neglect on children; and comparison of different placement options: evidence review. London: DfE.

⁵ Critchley, A. (2020). 'The lion's den': Social workers' understandings of risk to infants. Child & Family Social Work



The images above illustrate the negative impact of neglect on the developing brain. The CT scan on the left is from a healthy 3-year-old child with an average head size (50th percentile). The image on the right is from a series of three 3-year-old children following severe sensory-deprivation neglect in early childhood. The child's brain is significantly smaller than average and has abnormal development of cortex (cortical atrophy) and other abnormalities suggesting abnormal development of the brain. They come from studies conducted by researchers from the Child Trauma Academy (www.childtrauma.org) led by Bruce D Perry, MD, PhD⁶.

Neglect in Primary Years

Neglect is the most common form of child abuse, but frequently goes unrecognised in primary-aged children. Teachers and school staff observe children regularly and are well placed to identify neglect in this age group (NSPCC Safeguarding in Education Service April 2013). Emotional abuse is also prevalent in this age group, frequently overlapping with neglect as a form of emotional maltreatment. Neglect or emotional maltreatment in this age group have lasting consequences for young people's physical and mental health.⁷

The key features in identifying neglect and emotional abuse in this age group are set out below:⁸

- **Behaviour:** Aggression/hostility, including angry outbursts and lashing out towards others may be more prevalent. Impulsiveness akin to ADHD and quiet and withdrawn behaviour may also feature.
- **Relationships with other children:** The child may have difficulty with friendships and have more problems socialising than other children do. They may not have many friends and be perceived by other children as aggressive or disruptive.
- **Emotional or self-perception issues:** The child may have little self-confidence. They are more likely than their classmates to experience depression. They may have difficulty interpreting emotions, such as anger or sadness. • They may also experience more mood swings than would be expected for their age, or show levels of affection towards others, which are inappropriate for the situation.

⁶ Perry, Bruce – *Maltreated Children: Experience, Brain Development, and the Next Generation* (1996)

⁷ Royal College of Paediatrics and Child Health *Systematic Review on School-Aged Neglect* (February 2015) [child_protection_evidence_-_school_age_neglect.pdf](#)

⁸ NSPCC CORE-INFO *Neglect or Emotional Abuse in Children Aged 5-14* [Neglect or emotional abuse in children aged 5-14: core info leaflet \(nspcc.org.uk\)](#)

They may see themselves as being worthless to others and suffer from anxiety and helplessness. They often show poor coping skills.

- **School performance:** The child will often have more difficulty than carrying out complex tasks. Their IQ is likely to be lower than their classmates, although results of literacy and numeracy assessments varied across studies.

Neglect in Adolescence

Adolescence is a time when, developmentally young people are 'individuating.' This process involves separating from parents as young people begin to form their own identities, values, and perspectives. It is also a time when young people spend increasing amounts of time away from the home. However, it is also a time when young people require a more developmental style of parenting and careful supervision.

For the neglected child, adolescence presents a range of increased risks including:

- Going missing from home or care
- Poor school attendance
- Risk of exclusion from school
- Getting into trouble with the police and anti-social behaviour
- Engaging in risk-taking behaviour such as substance misuse, including peer abuse, online abuse⁹
- Increased risk of becoming the victim of child sexual exploitation
- Increased risk of exploitation by gangs and other criminal groups (e.g., violent extremists)
- Increased risk of low mood, depression, self-harm, suicidal ideation, eating disorders and poor mental health as a result of the cumulative emotional impact of neglect.

Adolescent Neglect Survey 2021 - A survey was undertaken by the MSCP to clarify the partnership's understanding of adolescent neglect, and impact of early childhood neglect on adolescent behaviour, to help shape future work in this area.

Although the survey was limited with 46 respondents across the MSCP, it did highlight practitioners' understanding of neglect from early age to adolescence. The survey identified gaps around availability of a tool, disparity of threshold for neglect, and practitioners' confidence in working with primary age group to adolescence. The survey also indicated that there is a development need for better management of adolescent neglect, from training for practitioners and carers, to intervention of Team Around the Child/Family. This strategy and accompanying toolkit will help to address some of this feedback and the Early Help and Neglect sub-group and Promote and Protect Young People sub-group will work together to ensure a coordinated response.

Further information on the findings from the survey are outlined in Appendix 1.

⁹ Online abuse includes grooming, being sexually abused by means of indecent images, bullying, etc.; this impacts on neglect because parents who are neglectful are unable to anticipate a child's need to be protected from all forms of online abuse.

Neglect in Merton, London, and Nationally

The National Picture

- As of July 2021, Neglect is the most common form of abuse and 1 in 10 children in the UK have been neglected.
- Younger children are more likely than older children to be the subject of a child protection plan in England because of neglect, although research suggests that neglect in older children is more likely to go overlooked¹⁰.

Neglect in Merton

The following tables¹¹ show the local context for neglect by looking at the total number of children becoming subject to a Child Protection plan (CPP) each year, the numbers of children subject to a plan in the specific category of neglect and the given the overall percentage of neglect cases in the Child Protection population for each from 2015 to 2020.

	2015-16			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	204	87	42.6	0.0
London	8,940	3,520	39.4	3.9
National	63,310	28,360	46.0	5.3
	2016-17			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	184	108	58.7	0.0
London	9,910	4,060	41.0	4.9
National	66,410	31,000	46.7	6.1
	2017-18			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	253	124	49.0	0.0
London	10,100	4,110	40.7	4.7
National	68,770	32,520	47.3	5.2
	2018-19			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %

¹⁰ NSPCC Statistics Briefing: Neglect (July 2021)

¹¹ Source: CIN Census

Merton	203	103	50.7	0.0
London	9,210	3,780	41.0	3.0
National	66,680	31,710	47.5	3.6
2019-20				
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	124	44	35.5	0.0
London	8,970	3,830	42.7	1.0
National	66,380	33,120	49.9	2.3

- **Merton's Data – what does it tell us?**

- Through 2016/17, 2017/18 and 2018/19, Merton had a higher proportion of Neglect cases than the London and national averages. In 2019/20, this dipped and Merton had a lower proportion of Neglect cases than the London and national averages.
- Neglect can be difficult for partners to identify, which may explain the fluctuation in numbers. The implementation of a Neglect Strategy and Toolkit, and raising awareness of the issue of neglect, will hopefully support a more consistent understanding of neglect among professionals. This should help professionals in Merton to identify and respond to neglect.

Agency Roles and Responsibilities

There are many challenges to consider when identifying childhood neglect. It can be missed, minimised or normalised. The MSCP is committed to ensuring that the following agencies work together in intervening as early as possible to support families and prevent children from being neglected:

- Schools and early years settings
- Police
- Health professionals
- Housing
- Voluntary services
- Children's Social Care

The MSCP Neglect Toolkit <https://www.mertonscp.org.uk/wp-content/uploads/2021/12/Neglect-Toolkit.docx> sets out the roles and responsibilities of each of these agencies within the partnership in identifying and intervening with childhood neglect.

Learning and Development

Staff will be able to access a number of learning and development resources including training programmes on neglect, through the MSCP Training Programme in accordance with evidence-based practice around neglect. Merton Safeguarding Children Partnership will also identify a selection of neglect champions who will raise awareness of neglect, and promote good practice in responding and preventing neglect, across agencies.

Governance

The Neglect Strategy will be overseen by the Early Help and Neglect Subgroup which has the designated responsibility for the MSCP's response to neglect. The subgroup has a work plan with key actions that align with this strategy, and these will be monitored via the subgroup. The Strategy is to be reviewed bi-annually and is scheduled to be next reviewed in November 2023.

Appendix 1. Adolescent Neglect Merton Survey Findings

Overall confidence rating when it comes to working with neglect across the age ranges:	<p><i>Mid-to-high</i></p> <p>4/5 was the average confidence rating across the board. There were, however, a lower recorded number of 5s in the primary and adolescent age ranges than there were in the infancy and pre-school age ranges.</p>
How well respondents' agencies work with others to identify adolescent neglect:	<ul style="list-style-type: none"> <i>Well overall</i> <p>62% of respondents say their agencies are working well. 24% say somewhat well.</p>
Most popular management approach towards adolescent neglect:	<ul style="list-style-type: none"> <i>Targeted Team Around the Child</i> <p>48% of respondents use this approach. 42% of respondents do not currently work with adolescents at risk.</p>
Most selected interventions that have a positive impact on young people experiencing neglect:	<ul style="list-style-type: none"> <i>Parenting education programmes for parents of older children</i> <i>Targeted training for parents who experience difficulties in caring for and supporting their adolescent children</i> <p>91% of respondents selected these interventions.</p>
Most selected suggestions for how professionals could be better supported to assess and identify adolescent neglect:	<ul style="list-style-type: none"> <i>Training on adolescent neglect for multi-agency professionals who work with young people.</i> <p>91% of respondents selected this suggestion.</p> <ul style="list-style-type: none"> <i>Reviewing the thresholds used to determine when neglect of adolescents must be responded to and at what level.</i> <p>88% of respondents selected this suggestion.</p>
How well respondents' agencies are supporting them with neglect	<ul style="list-style-type: none"> <i>Well overall</i> <p>88% of respondents selected "yes" when asked if they felt supported.</p>
Overall confidence levels in working with neglect	<ul style="list-style-type: none"> <i>Good overall</i> <p>62% selected 4 on the confidence scale. 17% selected 5 on the confidence scale.</p>
33% of respondents say that less than 5% of their current caseload features adolescent neglect.	

Comments from respondents
<i>"More practitioners could complete assessments/use toolkits etc. Also escalate for adolescents that have been living on/off with CP for neglect for many years-that chronic picture is not always understood"</i>
<i>"A tool such as the neglect tool would be useful in helping staff identify neglect for all ages. This tool should be rolled out and promoted by safeguarding."</i>
<i>"A neglect tool is needed so that staff are supported in identifying neglect correctly and in a timely manner."</i>
<i>"Increase in health visitor numbers to address issues in the under 5's before they become a concern. HV's holding caseloads which enables them to form relationships with clients. This is very difficult to achieve using a corporate model."</i>
<i>"Stop ignoring the smaller organisations that clearly know what they are doing to help young people. Fund us as we deliver."</i>
<i>"Asylum-seeking teens particularly lacking support"</i>
<i>"Consideration of the additional support needs of adolescents and families with children with additional needs."</i>
<i>"Neglect is complex in families and young people, and it is important to remember it also happens in affluent families too."</i>
<i>"Support for parents in relation to coping mechanism to manage challenging situation i.e., intimidation * Safe space for adolescents to disclose neglect."</i>
<i>"Although young people are suffering neglect, they do not want to talk about it, so it is not recorded in our stats, it comes out as mental health, low mood, depression behaviours such as anger, financial worries, etc. There is a lot of shame around this in young people."</i>
<i>"Social services have an extremely high threshold at which they will intervene which does not encourage GPs to raise what may seem like minor concerns but might in combination with information from other agencies, be valuable information. It would be good to be able to have more informal conversations with social services about when to formalise referrals rather than having to have that difficult conversation with the family, fill in long forms then have nothing happen as a result."</i>
<i>"Neglect is often intertwined with other family issues which needs to be addressed before any progress can be made."</i>
<i>"Using a trauma informed approach with a consistent trusted adult as part of the team around the family has been evidenced as achieving positive changes. It is important that organisational boundaries do not place limitations on the role and length of time a trusted adult can work with a young person."</i>
<i>"Training and clear guidance for practitioners would be useful."</i>

