



West Sussex Neglect Strategy 2020 – 2023



Supporting the Recognition and Response to Child Neglect in West Sussex

1. Introduction

- 1.1 The impact of neglect on children and young people is significant. Neglect can cause great distress to children, leading to poor health and poor educational and social outcomes. Children's abilities to make secure attachments can be disrupted. Their emotional health and well-being are often affected and this impacts on their success in adulthood and their ability to parent in the future. Neglect can therefore be intergenerational, and the cumulative effect of this can be substantial.
- 1.2 Neglect also increases children's vulnerability to other types of abuse such as child sexual and criminal exploitation and radicalisation.
- 1.3 Nationally, neglected children represent the largest proportion of children on child protection plans.
- 1.4 In 2019 The National Child Safeguarding Practice Review Panel¹ noted in relation to notifications of serious incidents which triggered a Serious Case Review, "few notifications are received about severe neglect and, for those that are received, the level of seriousness differs significantly." This demonstrates the challenge in offering a consistent response to child neglect nationally.
- 1.5 A review of 175 Serious Case Reviews² between 2011 and 2014 showed that neglect was apparent in the lives of nearly two thirds (62%) of children that suffered harm and 52% of children that had died, did so as a result of neglect. The prevalence of neglect in reviews is shown in reports dating back to 2009, when the first triennial report into Serious Case Reviews was undertaken.
- 1.6 Local learning from Serious Case Reviews and the West Sussex Ofsted Inspection in 2019 has shown that improvements are required to the way all agencies recognise and respond to children who are experiencing neglect.

In West Sussex 53% of the total number of children who are the subjects of plans are due to neglect. This proportion has been a consistent trend since January 2018.



Neglect is the most common form of child abuse in the United Kingdom. The NSPCC reported in 2018 that almost half of the child protection plans made were made in response to neglect in England and Wales. On average 43.8% of children protection plans are due to neglect.

¹ Child Safeguarding Practice Review Panel: [practice guidance](#), April 2019

² DfE 2016, Pathways to protection: a triennial analysis of serious case reviews 2011 -2014.

- 1.7 By working in partnership we can collectively improve how we recognise and respond to child neglect. This approach will ensure that children living in neglectful circumstances do not experience drift and delay and are offered a consistent response where interventions are required to keep them safe.
- 1.8 This strategy has been developed in conjunction with multi-agency partners under the West Sussex Safeguarding Partnership arrangements³.

2. The Purpose and Scope of the Strategy

- 2.1 The purpose of this document is to set out the multi-agency strategic objectives for West Sussex's approach to effectively identifying and responding to neglect whilst also reducing the number of children and families living with chronic neglect.
- 2.2 This strategy should be considered alongside other key strategies and plans such as the West Sussex Children First Practice Improvement Plan 2019.
- 2.3 This strategy is for children services social workers, family support workers, early help workers, schools, community and acute health practitioners, early years workers, police and any other practitioner or manager who is responsible for supporting vulnerable families, where there are signs of emergent or chronic neglect.



³ <https://www.westsussexscp.org.uk/wp-content/uploads/190625-WSSCP-arrangements-Final-signed-1.pdf>

3. Guiding Principles of this Strategy

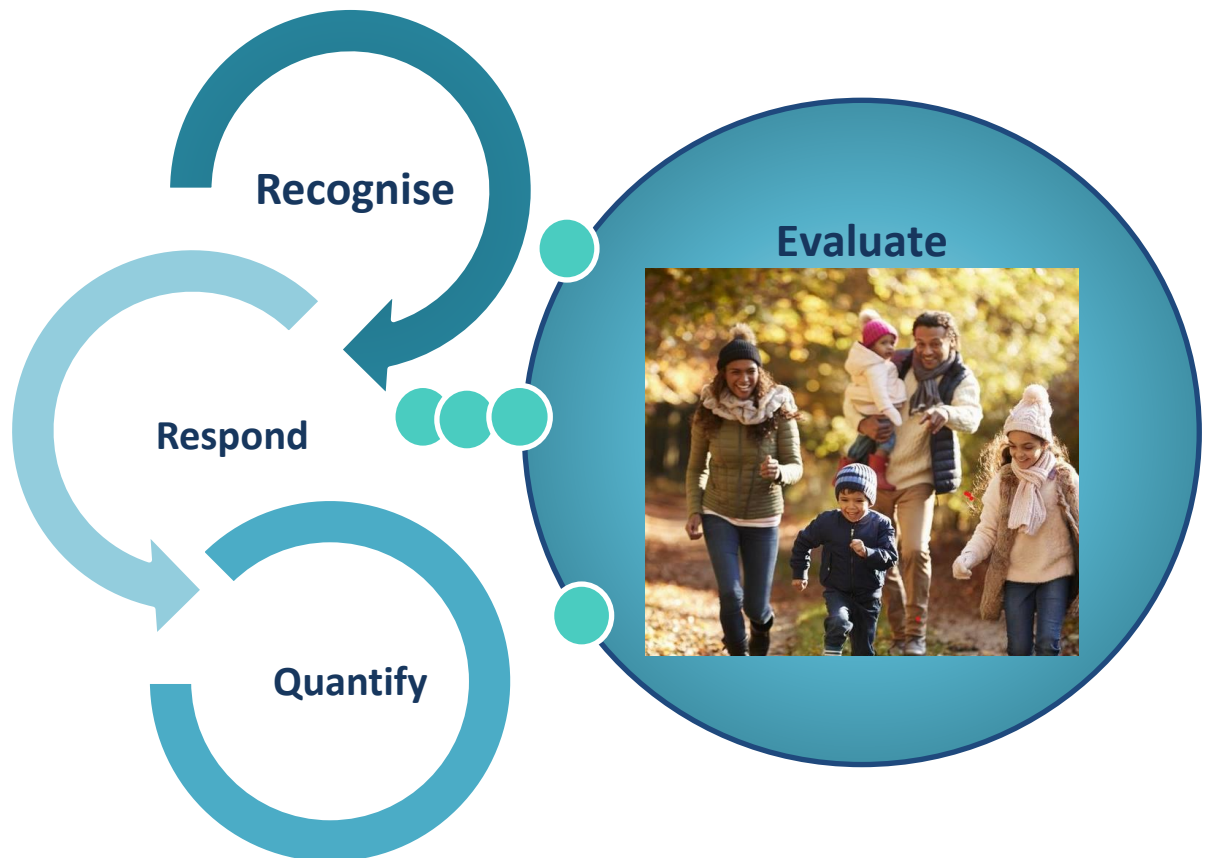
- 3.1 The illustration below shows the guiding principles which inform our work with children, young people and their families, who are at risk of or experiencing neglect. These principles will also apply when commissioning services for children and families.

Think Child First: Guiding Principles



4. Our Strategic Objectives

- 4.1 Our Partnership aims to quantify the extent of neglect in West Sussex, ensure that all agencies can recognise neglect at the earliest opportunity and respond appropriately, in a timely manner. We aim to achieve best-practice, which is evidence based and by evaluating the effectiveness and impact of our practice with children, young people and families. This is to assure good quality interventions and continuous practice improvement.



- 4.2 There are 4 strategic objectives that underpin our approach:

Recognise: Front line staff in all agencies will be able to recognise the signs of neglect and ensure that families get the support they need at the point of first contact.

Respond: Each agency will provide robust and timely responses to children, young people and their families to meet their needs and prevent neglect from escalating.

Quantify: The extent and range of neglect in the county will be identified through the agreed Impact Framework.

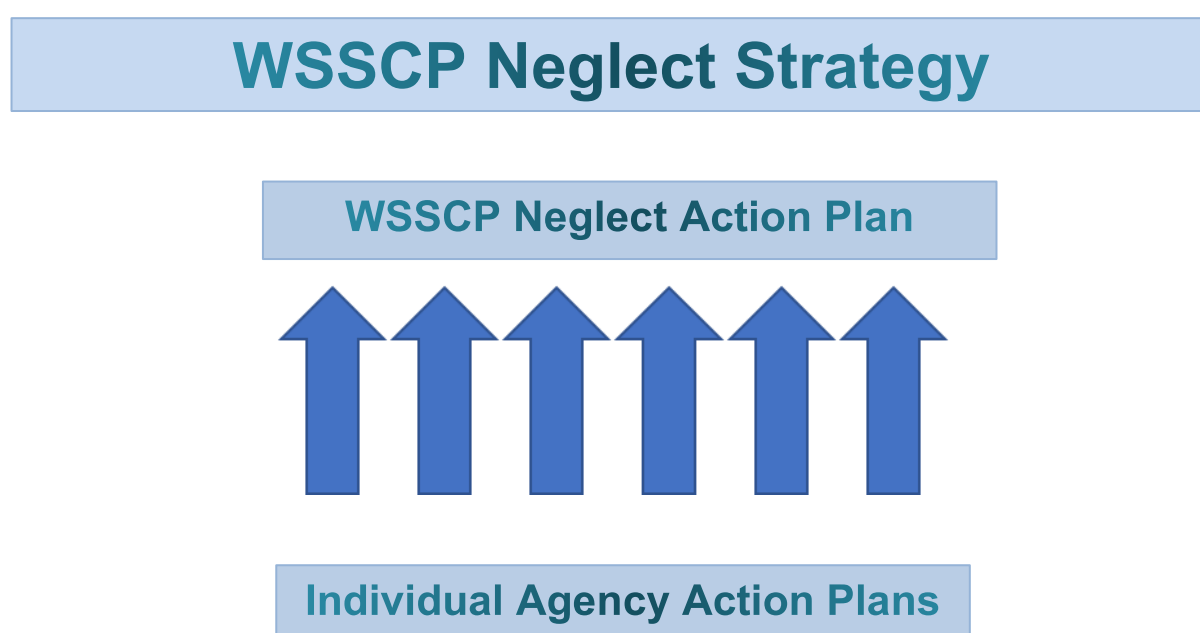
Evaluate: The scrutiny and evaluation of progress will be undertaken through individual agency quality assurance mechanisms, to track and evidence progress against action plans. Progress will also be monitored by the multi-agency Neglect Working Group.

The impact of the actions taken by the individual and collective plans will be measured and evidenced through the Neglect Impact Framework.

Finally, the West Sussex Safeguarding Children Partnership (WSSCP) will provide strategic scrutiny of agencies recognition of and responses to neglect and report this to the WSSCP Steering Group and the West Sussex Children’s Services Improvement Board.

5. Making an Impact and Measuring Change

- 5.1 The multi-agency strategy will be underpinned and driven by individual action plans, as illustrated below.



- 5.2 Each agency has formulated a plan structured around the 4 strategic objectives. The emphasis in each plan is the impact of actions on children and families and the evidence to demonstrate how this has been achieved.

- 5.3 Individual agency plans have been submitted from the following agencies:

Agency	Agency role and responsibilities
CCG	Responsible for commissioning health services and supporting primary care in ensuring it meets its safeguarding duties.
WSHT	Providing Maternity Services (Worthing & Chichester and community services), Paediatrics, Children’s assessment units, A&E, Child development centre (CDC) (CDC- Worthing only). Nursing; including a range of paediatric specialist nurses, Allied health professionals e.g. Speech and Language Therapy (SALT), physiotherapy, Dietician, psychologist and audiologists. District general hospital adult and children services and sexual health services in West Sussex.

Agency	Agency role and responsibilities
SCFT	Responsible for the Health Child Programme (school nursing and Health visiting), Community Children's Nursing, Child Development Centres and a range of community therapies, such as physio and SALT; also, Minor Injuries Units and Urgent Treatment Centre.
SPFT	Providing mental health and learning disability services to the people of Brighton & Hove, East Sussex and West Sussex.
Sussex Police	Responsible for public protection.
Education	Schools.
Children Services	Statutory services for children in need, children that require protection and children that are looked after.
Early Help	Providing early help services.

6. The Agreed Model of Neglect

- 6.1 The Howe Model of Neglect published in 2005, has been agreed by the safeguarding partners as the model to frame assessments, referrals and interventions in West Sussex. The model will assist those working with children, to reflect on whether a child is experiencing neglect and what type of neglect the child or children may be experiencing.
- 6.2 This model complements the agreed practice framework Signs of Safety and the range of tools that have been agreed to measure children's experience of day to day care.
- 6.3 It has been identified that a shared language and understanding of neglect across partners working with children, young people and their families is paramount to ensure an effective, unified and consistent approach to tackling child neglect.

7. The Definition of Neglect

- 7.1 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 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:

- a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b) Protect a child from physical and emotional harm or danger
- c) Ensure adequate supervision (including the use of inadequate care-givers)
- d) Ensure access to appropriate medical care or treatment

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

The Howe model highlights four forms of neglect.

Emotional Neglect

- This ranges from the child being ignored to being completely rejected.
- There is persistent ill treatment of the child.
- The child feels worthless and inadequate.
- Families may keep the child silent, scapegoat the child or, withhold affection or emotion and may not do things for the child.

Disorganised Neglect

- This ranges from inconsistent parenting to chaotic parenting.
- Families are frequently coming into contact with services and are often characterised as “problem families” or “crisis ridden” families.
- There is often little hostility towards professionals and a willingness to engage.
- Frequent change in family life.

Depressed/Passive Neglect

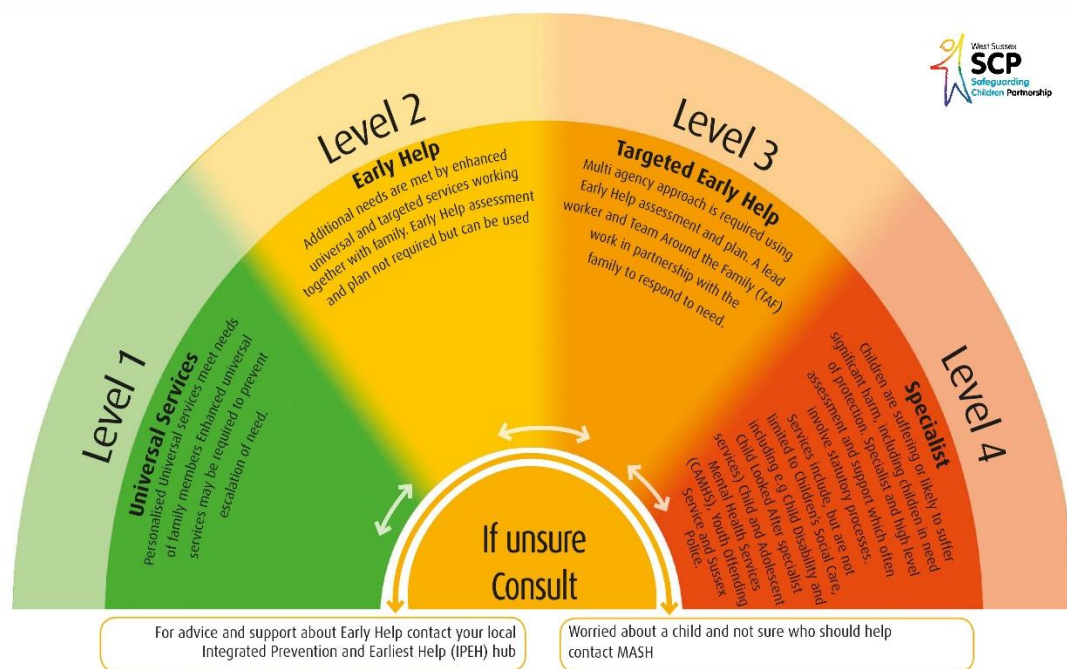
- Parents or carers are unmotivated or do not understand the child’s needs.
- Parents or carers do not believe that anything can change and feel passive and helpless.
- Frequently there is a failure to meet the child’s emotional and physical needs.
- This may sometimes be due to parental mental health issues.

Severe Deprivation Neglect

- This can range from a child being left to cry to a child being left to die.
- The children and their home can be dirty and smelly.
- Children can be completely deprived of love, stimulation, emotional warmth, or completely ignored.
- Children can be left unattended or let out inappropriately by themselves
- In the most extreme cases prognosis is usually poor.

8. Identifying and Responding to Neglect across the Continuum of Need (CoN)

- 8.1 It is important that professionals in universal settings, early help services, social care and specialist services have a shared understanding and common language when considering whether a child may be suffering neglect and deciding how to respond to these concerns in a timely and proportionate way. Often the picture of a child who is being neglected is an emerging one and therefore it is important that professionals are observant and professionally curious about a child's presentation and their day to day experience at home.
- 8.2 The CoN provides a framework for professionals to use when considering whether a child may be experiencing neglect and the appropriate and proportionate response to these concerns. This applies to children across the age spectrum from unborn through to adolescence.
- 8.3 Neglect occurs along a broad spectrum which ranges from within bounds of acceptable parenting to very significant maltreatment. The issue is to identify the cut off between what is only undesirable and what is actually harmful and calls for a professional response⁴. Support can and should be offered at any stage of family difficulties, but firm action is required when neglectful interaction with the child is so persistent and pervasive as to cause serious harm.



⁴ Glaser, How to deal with emotional abuse and neglect—Further development of a conceptual framework (FRAMEA). 2011. P868

- 8.4 [The Neglect Matrix](#) is structured around the dimensions of the assessment framework (parenting capacity, child development, family and environmental factors). Under each of these dimensions there are indicators of neglect mapped against the continuum of need. This document needs to be referred to by professionals to guide next steps, for example, a single agency early help plan, a multi-agency early help plan or, where there is evidence that the neglect a child or children are experiencing is impacting on their welfare or safety, a referral to Children's Services via the Multi-Agency Safeguarding Hub, (MASH).
- 8.5 As with the CoN itself, the Neglect Matrix cannot replace professional judgement or decision making and cannot be used as a checklist or an assessment of need in isolation. A family may present with indicators of neglect at level 4 but they may not automatically need statutory services. There may be other protective factors that counter this area of concern and make it more appropriate for early help services to become involved.
- 8.6 Determining the degree of severity will indicate urgency and where the required response would sit on the continuum of need (CoN). Some indicators will require immediate, urgent action. However, the majority of indicators of neglect will require further exploration and sharing of information with other professionals prior to planning the right course of action.

9. 10. Neglect and the Unborn Child

- 9.1 Serious Case Reviews involving children under one year of age, show a high percentage of those babies are fatally injured. A pattern is evident and relates to the following factors:–
- physical vulnerability of the infant;
 - its invisibility in the wider community and inability to speak for itself;
 - the physical and psychological strain experienced by caregivers whilst caring for a newborn baby.
- 9.2 It is critical, therefore, that there is a robust assessment of the parent's strengths and any potential risk to the unborn child, in order to both identify the children most at risk and then to effectively manage their protection.
- 9.3 The very nature of the work dictates that the most successful preventative action is taken if these children are identified pre- birth. This early warning system can only operate in a meaningful way if there is an agreed interagency commitment to the importance of this area of safeguarding, and that professional's work together to assess and manage the response to this high-risk group. The West Sussex Safeguarding Children Partnership has developed a Pre-birth Protocol, setting out how agencies will work together to safeguard these children.

10. Neglect and Adolescents

- 10.1 Vulnerable adolescents require special consideration in regards to neglect. Young people in this age group respond differently to neglect either presenting with challenging behaviours or actively suppressing any indicators of neglect. A particularly vulnerable time for children exposed to neglect is the transition from primary to secondary school. Children with neglectful backgrounds are unlikely to be supported by their family through this transition. This can compound their experience of neglect and entrench difficulties throughout their adolescence.
- 10.2 In recognition of this vulnerable group of young people an age specific "[day in my life](#)" [tool](#) has been developed to assist professionals to gain an understanding of the lived experience of young people that may be experiencing neglect.

11. Neglect and Disabled Children and Young People

- 11.1 Disabled children and young people are at increased risk of neglect due to impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help. Disabled children at greatest risk are those with behaviour/ conduct disorders. Other high-risk groups are children with speech and language difficulties, deaf, blind or deafblind children and those with complex health related conditions.
- 11.2 In recognition of this vulnerable group of children and young people a specific "[day in my life](#)" [tool](#) has been developed to assist professionals to gain an understanding of the lived experience of disabled children that may be experiencing neglect.

12. Application of the Neglect Toolkit

- 12.1 The WSSCP Neglect Toolkit offers a range of tools to assist practitioners working with children and their families. The agreed tools are to guide good practice, to assist professionals in gaining an understanding of the lived experience of the child and help measure changes or progress for a child, over any given period of time.
- 12.2 The Toolkit contains tools for the wider children's workforce and specific mandatory tools for use by Children's Services. However, the agreed age and need specific "day in my life" tools and the chronology template are tools that should be used by all professionals working with children. These will help make an assessment and to establish a baseline against which to measure progress on aspects of family functioning and the setting of explicit and observable goals.

Children Services

Mandatory use of:

- Age/need specific “day in my life”
- Chronology
- Observation of parent child interaction
- Assessment Checklist

Where need is identified:

- Strengths and Difficulties Questionnaire

Wider Children’s workforce

- Age/need specific “day in my life”
- So What do we Know? Next Steps? template
- Chronology

- 12.3 There is evidence through local audit and serious case reviews that professionals, instead of being curious can be either too rigid in their thinking, indecisive or simply not testing and challenging out what they have been told. Tools do support good practice however; it is essential that assessments and interventions are also supported by professional curiosity as defined below:

“Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.”

(Mason 1993)

13. Application of the Toolkit by Social workers and Social Work Managers

- 13.1 Good social work practice is based on the principles of completing timely, proportionate and analytical assessments, outcome focused planning, relationship-based practice, recognising and working with family’s strengths, delivering evidence based interventions, and strongly hearing the voice of the child. The Neglect Toolkit supports these practice standards with a focus on eliciting the right information to understand the lived experience of the child. **The expectation for social workers is that the following tools will be used in all children’s cases where there are concerns around neglect:**

- The appropriate age/need specific “day in my life” template
- Chronology template
- Observation of parent child interaction
- Assessment checklist

- 13.2 In addition, where there are concerns about the child’s emotional/behavioural presentation social workers will complete a [Strengths and Difficulties Questionnaire](#) which is located in the Children’s Service part of the Neglect Toolkit

- 13.3 [Additional Tools](#) may be used as agreed with the social work manager dependent upon the child/ parent presentation. However, the above 4 key components of the Children's Service response are **mandatory**.

14. Application of the Toolkit by the Wider Children's Workforce

- 14.1 The Toolkit has a range of tools that can be used by any professionals that have an ongoing involvement with children and their families. The agreed age and need specific "day in my life" tools and the chronology template are tools that should be used by all professionals working with children. The Neglect Toolkit contains the age specific "day in my life" templates for the following range of children:
- Pre-birth
 - Baby
 - Pre school
 - Primary School aged
 - Teenager
 - A Disabled Child
- 14.2 The Neglect Toolkit also contains a chronology template for [Children's Social Care](#) and the [Wider Children's Workforce](#). The harm arising from neglect is rarely the result of a significant incident and is normally a case of accumulative concern, for example gradually deteriorating home conditions, repeated incidents of children attending school tired or repeat injuries as a result of poor parental supervision. A clear succinct chronology in neglect cases allows for an emerging pattern of concern to be identified quickly, as well as identifying areas of strength. In turn, chronologies enable levels of engagement, including capacity to change, to be identified. It also prevents "start again" decision making where individual situations of concern are looked at in isolation.
- 14.3 Chronologies can often be the first vital step in identifying and responding to neglectful parenting.
- 14.4 A [report template](#) has also been devised to guide professionals on how to analyse the information elicited from the use of the "day in my life" templates. This template provides a framework to support the identification of the family's strengths, what isn't working well for the child and family and what the next steps or plan should be.
- 14.5 Planning for the child and their families should be guided by use of the [Neglect Matrix](#) also found in the Neglect Toolkit.

15. Governance and Accountability

- 15.1 Each individual agency will be responsible for regularly reviewing progress against their action plans. This should take place in the organisation's existing quality assurance infrastructure.
- 15.2 The progress of the strategy and action plans will be monitored by the West Sussex Safeguarding Children Partnership. Progress will be reported to the Steering Group

which is the regular meeting where the three strategic partners meet and offer scrutiny on how well agencies are working to safeguard children.

- 15.3 Improving the recognition and response to neglect is a core part of the West Sussex County Council Children First Practice Improvement Plan and progress will also be closely scrutinised by the West Sussex Children's Improvement Board.