

**Brighton & Hove Safeguarding Children Partnership**  
**Neglect Strategy**  
**2021 - 2023**



**Safeguarding is Everyone's Responsibility**

# Contents

## Contents

## Page

Foreword by Lead Partners, BHSCP	3
Why do we need a neglect strategy?	4
Defining neglect	5
Statutory multi-agency assessment	6
Neglect and assessment considerations	7
Good practice principles when tackling neglect	9
Addressing neglect	10
Tackling neglect: A strategic framework	11
How will we measure our success?	12
References and case study	13
Contact us	14



# Foreword: Lead Safeguarding Partners

All children deserve the chance to grow up in a loving, secure family and have the opportunity to achieve their full potential. Sadly, we recognise that not all children have the same experiences and not all children in our city are brought up in families able to care effectively for them.

Article 19 of the United Nations Convention on the Rights of the Child states that Governments must do what they can to ensure that “children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone who looks after them.”

The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Child neglect is the most common and pervasive type of abuse in the UK today and requires a coordinated and rigorous professional response at all levels. Consequently, neglect continues to be one of Brighton & Hove Local Safeguarding Children Partnership’s (BHSCP) key priorities for 2021-23.

The BHSCP believe that all children in the city should have trusted, committed and able professionals who are able to swiftly identify and respond effectively to child neglect.

The Partnership has refreshed its Neglect Strategy for the city, setting out Brighton & Hove’s approach to tackling neglect. The overarching aim of the strategy is to ensure the early recognition of neglect and improved responses to it by all agencies, so that the day to day lived experience of children improves swiftly, the risk of harm reduces and life chances improve. This strategy is our shared commitment to re-focus our efforts to improve identification of children experiencing neglect and to more effectively join up the support offered to our city’s families.

It is important to stress that this strategy has been developed in response to local knowledge as to the causes and effects of neglect, learning from local reviews and audit and from the Department for Education (DfE) findings from analysis of serious case reviews: [Complexity and challenge: a triennial analysis of SCRs 2014-2017 \(rip.org.uk\)](https://www.rip.org.uk/complexity-and-challenge-a-triennial-analysis-of-scrs-2014-2017) (March 2020).

The strategy is also supported by the BHSCP’s child neglect training which provides professionals with an overarching understanding of the issues surrounding neglect, how it can impact on the children and young people to whom it relates and how early interventions and safeguarding procedures can be used to reduce the risk and improve outcomes for children experiencing neglect.



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# Why do we need a neglect strategy?

Neglect is a serious and pervasive form of maltreatment that occurs across childhood and adolescence with potential long-term consequences. Babies and young children are particularly vulnerable and dependent, which makes them especially fragile and places them at higher risk of abuse and neglect. Adolescents have also been highlighted as highly vulnerable. Whilst the harm from neglect can be particularly damaging in the first 18 months of life, it can have a demonstrated cumulative impact across childhood, the impact of which can be keenly felt as children progress through their adolescence. The consequences of neglect can last a lifetime, span generations and for some children prove fatal.

Neglect has been found to be the most likely form of maltreatment to recur and the different types of neglect can occur together and/or with other forms of maltreatment (e.g. emotional, physical and/or sexual abuse).

Neglect remains a key priority for the Brighton & Hove Safeguarding Children Partnership (BHSCP) for 2021-23. The strategy is informed by both local and national learning and research:

- Following implementation of new safeguarding children partnership (SCP) arrangements in September 2019, the BHSCP has started or concluded four learning/case reviews, all of which feature or centre on child neglect. It is of note that in some of these instances, neglect has co-existed with other forms of abuse, including Child Sexual Abuse (CSA) and physical abuse.
- A BHSCP audit focusing on neglect of children under 4 years of age (completed in June 2021). Key findings included the need to consider the whole history of the child when determining thresholds. This includes the long-term impact for children living just below the threshold for a substantial proportion of their life

including families with a narrative of geographical transience (and the associated potential to lack detailed knowledge of the family). Additional findings including the impact of parental substance misuse; ensuring that action plans remain focussed on the child (it is not about meeting parental needs); effective inter agency communication; and looking beneath the surface (i.e. not just addressing a presenting problem but also critical thinking and analysis of underlying causes and factors).

- The triennial analysis of Serious Case Reviews 2014-17 found that “There was evidence of neglect featuring in nearly three-quarters (208 of the 278, 74.8%) of the reports examined. Features of neglect were apparent in 112 out of 165 (68%) fatal cases and 96 out of 113 (83%) non-fatal serious harm cases.
- A thematic analysis commissioned by the national Child safeguarding Practice Review Panel (National Review Panel) in 2020 identified the key impacts of COVID-19 on vulnerable children and families. This analysis found that “Parental and family stressors were a strong factor in incidents involving .....neglect”.

Of the 269 children who have a child protection plan recorded at 31 March 2016, 33.8% had recorded as neglect as the primary category of abuse.

This is below the national average of 50%; however Brighton & Hove has a higher percentage of children who have a child protection plan in place as a result of emotional abuse component: 59.9% compared to 38% nationally.

# Defining Neglect

## Definition of Neglect:

Under statutory guidance, Working Together to Safeguard Children 2018, the definition of child 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 mean that a parent or carer is not meeting their child's needs in ways such as:

- a. providing inadequate food, clothing and shelter (including exclusion from home or abandonment)
- b. not protecting a child from physical and emotional harm or danger
- c. inadequate supervision (including the use of inadequate care-givers)
- d. not ensuring access to appropriate medical care or treatment

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

## Types of Neglect

As well as the statutory definition it is important to have regard to the specific needs of children that are often subsumed under the term of 'failure to meet basic needs'.

These include:

**Medical neglect:** Failing to provide appropriate health care, including dental and maternity care, and refusal of care or ignoring medical recommendations.

**Nutritional neglect:** Failing to provide adequate diet and nutrition.

**Emotional neglect:** Failing to meet a child's need for nurture and stimulation, through e.g. ignoring, humiliating, intimidating or isolating children.

**Physical neglect:** Failing to provide for a child's basic needs such as food, clothing, or shelter.

**Lack of supervision and guidance:** Failing to adequately supervise a child or provide for their safety.

**Educational neglect:** Failing to ensure that a child receives an education.

For further information, please refer to [Neglect - BHSCP](#) and the [Pan Sussex Child Protection and Safeguarding Procedures](#).

**Affluent Neglect:** can be experienced by children in wealthy families and may be more difficult to identify, as the type of neglect experienced by children and young people in these circumstances is often emotional neglect.

Examples of affluent neglect include:

- Parents too busy to spend quality time with children leaving children feeling lonely and emotionally disconnected.
- Expectation for the child to perform academically, which may place undue pressure and lead to psychological and emotional problems for the child.
- Parental alcohol and substance misuse, domestic abuse, and parental mental illness are also found in affluent families; however, they are often less readily recognised.
- A lack of parental supervision and guidance, and potentially a relaxed approach to risk taking by their child may result in increased risks for their children, who may have the financial means to facilitate drug abuse and the independence to engage in harmful sexual activity.



# Statutory Multi-Agency Assessment

Howe's Child Abuse and Neglect Attachment research (2005), highlighted four defining forms of neglect. Each form of neglect is associated with different effects on both children and their parents. This has implications for the types of intervention offered. These are:

**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. Parents' feelings dominate, children are demanding/attention seeking and there is constant change and on-going disruption.

**Depressed or Passive Neglect:** Ranges from a parent being withdrawn or detached with the greater focus being on themselves, than their children and is characterised by a parent or carer, typically being, uninterested and unresponsive to professionals. The parent/carer does not understand the child's needs and believes nothing will or needs to change. They will fail to meet their child's emotional or physical needs and will appear passive in the face of apparent need.

**Severe Deprivation Neglect:** Ranges from a child being left to cry for prolonged periods, to a child being left to die. The child and the home will be smelly and dirty. The child is deprived of love, stimulation, and emotional warmth. The child may be completely ignored and left unsupervised within their own home or out on the streets.



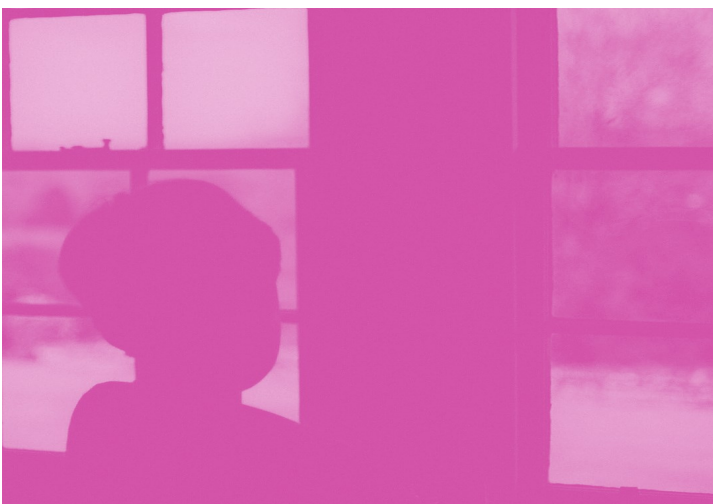
## Contributory factors to neglect

A number of social factors can increase the likelihood of neglect in some families, particularly when they present in combination with each other:

- Parental mental health problems
- Substance misuse
- Domestic violence and abuse
- Unemployment
- Poverty
- Poor parental functioning
- Inadequate housing
- Lack of a caring relationship.

It is important therefore that preventative approaches and links to other services working with children and families are considered to address the risk factors that can lead to neglect.

It is also important to note that these risk factors may, but do not always, prevent parents from providing adequate food and clothing, protecting children from physical and emotional harm or danger, ensuring adequate supervision and/or access to appropriate medical care or treatment – all elements of the *Working Together 2018* definition of neglect.



# Neglect and Assessment Considerations

**Poverty:** Living in poverty damages physical and psychological health in children and their families and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress. In spite of the extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects the majority of poor families do not neglect their children; in many studies examining the effects of neglect, the comparison population of children are experiencing equal poverty.

Yet the increased stress associated with poverty can make coping with the psychological as well as the physical and material demands of parenting much harder. In this respect poverty can add to the likelihood of poorer parenting and neglect and be one of many cumulative adversities a child experiences. In relation to parental stress, a high level of pervasive, smaller stressors is a risk factor for neglect, whereas acute major stressors may not be.

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances. Professionals' assessments of neglect are often characterised by an assessment of home conditions and a concentration on the physical aspects of neglect.

Linking neglect primarily with poor physical living conditions can however deflect attention from the equally harmful neglect that can also occur in well-ordered but physically and emotionally unresponsive parents, for instance:

**Social isolation:** Parents who neglect their children have been found in systemic 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. Social 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.

**Diversity, inclusion and equity:** Professionals need to have a clear understanding of what the impact protected characteristics may have on the way a child and family live on a daily basis. It is essential that partner agencies and organisations avoid unconscious bias when seeking to understand a child's and their family's identity. This includes:

- Establishing whether/how children and their families have faced discrimination and prejudice.
- Avoiding stereotyping children and families due to their protected characteristics.
- Thinking about whether a family's race, cultural and religious context is incorporated in assessments in a way which ensures that they receive the right support at the right time.
- Ensuring the needs of the child remain the focus of interventions, and that professionals' concerns are described in a culturally sensitive, accessible and inclusive way.
- Avoiding duplication of professionals' conversations with the family and making assumptions based on e.g. disability, gender, family history and language.

Communicating effectively by i) making sure that family members where English may not be their first language communicate with the help of interpreters and (ii) when communicating with someone with a learning disability, think about, tone of voice, body language, use of words and using appropriate

# Neglect and Assessment Considerations (continued)

## Addressing Neglect is Difficult

Due to its often pernicious and chronic nature, tackling neglect brings a number of challenges and pitfalls for the workforce seeking to support changes. These include:

- Loss of momentum and plans being followed through.
- Difficulty joining up adults' and children's services.
- De-sensitisation and demoralisation of practitioners.
- Failure to track referrals and collate data.
- Concern about blame where a parent is perceived as not intentionally abusive.
- Difficulty with legal thresholds.
- Lack of training and reflective practice.

**Contextual Safeguarding:** Adolescent neglect is often overlooked and can lead to risks not being identified and consequently remain unaddressed. Contextual safeguarding approaches seek to recognise and respond to young people's experiences of significant harm beyond their families. The literature review which accompanied the National Panel's report about criminal exploitation "It was Hard to Escape", (2020), identified a range of risk factors which increase potential vulnerability to criminal exploitation including experiencing neglect.

**Impact of Covid-19:** research indicates that the impact of the Covid-19 pandemic has intensified issues such as domestic abuse, poor parental mental health, as well as alcohol and substance misuse.

However there has also been a significant fall in referrals to council children's services. This has raised concerns that some children at risk have become 'invisible' during the pandemic. It comes at the same time as an increase in serious incidents involving child death or serious harm, where neglect or abuse is known or suspected.

Nationally, The Child Safeguarding Practice Review Panel (National Panel) figures show that there were 536 serious incident notifications during 2021, an increase of 19% (or 87 notifications) on the previous year.

**Pregnancy:** A number of risk factors may be apparent during pregnancy. Parents and care-givers attitudes to the pregnancy and their expectations of the child and of parenthood are both important considerations. Non-attendance at antenatal appointments and not acting on medical advice may be risk factors or indicators of actual neglect. It is therefore important that pre-birth assessments are timely and completed well in advance of the baby's due date, enabling key agencies to support and equip parents with resources to prepare them for birth and support them during this transition. Within the pre-birth assessment, it is also important to assess risk around the parents' ability to develop and adapt their post-natal parenting in response to the baby's development and changing needs.

The Child Safeguarding Practice Review Panel's 2002 report: "Out of routine" identified neglect as a one of the factors likely to increase the risk of SUDI in infants. Recent research in the USA indicated that domestic abuse and violence is likely to increase the prospect of a premature birth and further USA research highlighted that premature babies are at increased risk of abuse and neglect.





# Good Practice Principles when Tackling Neglect

This strategy will be supported by the following principles of good joint working practices that ensure:

- Timely response provided by all agencies to expressions of concern about neglect.
- Understanding of the child's day-to-day experience.
- Adequacy of childcare must be addressed as the priority.
- Engagement with mothers, fathers, partners and extended family and community networks.
- 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.
- Effective tracking of families whose details change (name, address, school, GP).

## Principles of good joint working practices

All agencies need to consider historical information to inform the present position and identify families where inter-generational neglect is a risk that includes absent and new partners. Agencies working with children and their parents and carers are expected to contribute to improved understanding of patterns of neglect through the use of **multi-agency chronologies** to identify and evidence patterns of neglect.

Work to address neglect needs to be measured by its **impact upon outcomes** for the child. This requires good quality assessment and planning.

Effective **collaboration and partnership** arrangements are central to ensuring identification, assessment that supports and promotes consistency of practice; which then leads to effective challenge about improvement in a family's circumstances and its sustainability. Key to tracking improvements and robustly addressing a decline in a child's circumstance requires effective information sharing and risk evaluation.

**Help and support** needs to be of the sort that improves resilience and sustains the safety of children and young people into the future. Universal and early help activity across all agencies working with children and their families is crucial to the early recognition and identification of the signs and symptoms of neglect. Co-ordinated and targeted early help recognises the importance of effective collaboration amongst agencies, through early help Strengthening Family Assessments and Plans.

Suitable statutory action needs to be taken if insufficient progress is made.



# Addressing Neglect

Neglect causes significant harm to children; it alters life chances in relation to health, educational and social outcomes, and can potentially be fatal. A child's ability to form trusting relationships can be impacted upon and affect their own ability to parent in the future. Addressing neglect is multi-faceted and demands a systemic response from government through to front line provision. This includes:

- An inclusive BHSCP strategy for addressing neglect, including a crisis response.
- Agreed information sharing protocols regarding concerns about neglect.
- Greater precision given to legal and procedural terms and thresholds.
- Good quality information for children, parents and concerned others, with identified contact points.
- Universal and targeted provision for children and parents (separately and together) that addresses specific components of neglect.
- Located responsibility for achieving best practice on child neglect, in all relevant services – including emergency, community and adult services.
- Staff development and training plans that address staff security, health and safety, knowledge base, supervision, audit and case-work.

Assessment and risk analysis specific to child neglect, linking identified problems to the relevant service.



A **'Whole Family Approach'** needs to be owned by all professionals working with the local community. This includes opticians, GPs, dentists, fire officers, voluntary, advocacy and animal welfare groups.

A Whole Family Approach means that all agencies, irrespective of their particular focus upon one particular family member, take into account the needs of the whole family when making an assessment/ delivering an intervention.



# Tackling Neglect: A Strategic Framework

## Our Strategic aims are:

- **Raise awareness** and challenge neglect when we see it.
- **Identify neglect** at the earliest opportunity in children's lives.
- **Reduce** the number of children that suffer neglect and reduce the amount of time that they experience neglect for.
- **Mitigate the impact of neglect** upon children and young people.
- **Tackling child and adolescent neglect** is recognised by all as a key priority.
- **Develop and Support** a well-trained and equipped workforce that works together confidently to tackle neglect .
- **Help our community** to recognise and report neglect.

The BHSCP undertakes to deliver the following objectives:

Priority 1: Renew our strategic commitment across the partnership

Priority 2: Improve awareness, understanding and recognition of neglect

Priority 3: Prevent neglect through Early Help activity

Priority 4: Effective interventions that reduce the impact of neglect

## How we will achieve our objectives:

The BHSCP has developed an action plan, which sets out the detail of how these objectives will be delivered. This plan will evolve over the lifetime of the strategy and will be monitored through the BHSCP Monitoring & Evaluation Sub-group. The subcommittee will monitor progress on a quarterly basis and challenge multi-agency partners where appropriate.

## Review arrangements:

The BHSCP's Neglect Strategy will be reviewed no later than 31st March 2023.



# How will we measure our success?

Multi-agency audit of Strengthening Family Assessment (SFA) and Plans across the spectrum of need demonstrates that assessments are effective and the use of neglect tools is meaningful and timely.

Positive feedback from children and their families who have had a Strengthening Families Plan in place for neglect

Steady increase in the number of GCP2 tools completed with children and their families who have a Childrens Social Care Strengthening Families Assessment,

School attendance, including children who are recorded as missing education, will improve.



Rate of children who are not brought to medical appointments, particularly for adolescents, will decrease.

Increased number of children who are experiencing neglect discussed at the multi-agency Child Safeguarding Liaison Group.

Practitioners report neglect training has increased their confidence to recognise and respond to neglect.

Reduction in the number of repeat referrals to Children's Services post Strengthening Family Assessment, where neglect features.

# References and Case Study

## Case Study: “Cara” - Neglect and Complex Family Circumstances\*

### Cara’s story

Cara was a two-year-old White British girl who ingested a quantity of her mother’s methadone. She was born the youngest of five children to a mother struggling with long-term drug addiction and domestic abuse.

The family had a long history of contact with adult and children’s services; all the children had some degree of developmental need.

At one point the family were living with no furniture or carpets, all the children shared a single bed and there was very little food in the house. On other occasions the younger children failed to attend nursery because of unpaid fees. There were times when Cara’s mother borrowed money from relatives to buy food or depended on charities to supply food parcels.

The primary focus for agencies was to improve the physical conditions of the home and to ensure that the parents continued to attend their drug treatment programme.

Signs of improvement resulted in the case being closed to children’s social care. The underlying causes of the family’s poverty and its relationship with parental drug addiction were not explored.

Perhaps most significant was the lack of any exploration of the children’s experiences and how poverty impacted on their safety, health and overall development.

### Key Learning Points

The links between domestic abuse, substance misuse and poverty are complex and often inter-dependent. Addressing a single issue will not deal with the underlying causes.

Substance misuse can result in money needed for food and clothing being diverted to satisfy parental needs. Short-term solutions followed by case closure leaves children at risk.

Practitioners need to understand how poverty affects children and, through hearing their voices, seek to safeguard and improve the quality of their lives.

When families are receiving services from both adult and children’s services, information sharing, and joint working enables the development of more realistic plans to safeguard children.

The complexity of many families’ circumstances, the cumulative nature of adversity within these families, and the impact of these on children is a key feature here. Complexity and cumulative harm are not unique to situations of neglect but almost invariably they are a feature of families where children experience neglect.

\*Case Study taken from: “Complexity and challenge: a triennial analysis of SCRs 2014-2017” (published by HMG in May 2020).

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