



**Hillingdon Safeguarding
Partnership**



Child Neglect Strategy

2024 – 2027

The vision of the Safeguarding Children Partnership is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive.

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1. Introduction

Neglect remains a priority area for the Hillingdon Safeguarding Children Partnership. In May 2024 there were 114 children who were subject to a Child Protection Plan under the category of neglect. In line with the national picture, neglect remains the most common form of harm resulting in a child protection plan, accounting for 40% of the total plans made. This revised strategy acknowledges the progress made thus far and outlines our next steps. The goal is to empower the partnership to effectively prevent neglect, identify where it is occurring, and to safeguard children who are affected.

The NSPCC's 2022 report 'Neglect: Learning from Case Reviews,' underscores the severity of neglect as a form of harm. Insights from this document have informed the framing of our strategy. The report recognises that both families and professionals can feel overwhelmed and demoralised by neglect-related issues. Children often endure repeated attempts by professionals to improve their situation. Case reviews emphasise the significant challenge professionals face in identifying and promptly addressing neglect. As such, professionals across agencies working with children and families must be equipped to:

- Recognise physical, emotional, medical, and educational neglect.
- Understand the cumulative and long-term impact of neglect.
- Take timely action to safeguard children.

Neglect is defined in Working Together to Safeguard Children (2023) 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:*

- *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 caregivers)*
- *Ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.^{1'}

The NSPCC highlights 4 types of neglect:

- **Physical neglect** occurs when a child's basic needs related to food, clothing, or shelter are not adequately met. For instance, a child may consistently lack proper meals or live in inadequate housing conditions. Additionally, insufficient supervision can lead to potential accidents or harm. The chronic nature of physical neglect can desensitise professionals, making it harder to recognise the urgency of intervention. However, neglecting these fundamental physical needs can significantly impair a child's health and overall development.
- **Educational neglect** arises when a parent or caregiver fails to ensure that their child receives an appropriate education. Education is crucial for a child's cognitive, social, and emotional development. Neglecting education can hinder their future prospects. Examples of educational neglect include a child consistently missing school without valid reasons or a lack of engagement with educational activities.
- **Emotional neglect** occurs when a child does not receive the necessary emotional nurture and stimulation. This can manifest through various harmful behaviours. For instance, ignoring a child's emotional needs or dismissing their feelings can have long-lasting effects. Humiliating, intimidating, or isolating a child prevents healthy emotional development.
- **Medical neglect** involves a parent or caregiver failing to provide proper health care for a child. This includes dental care and disregarding medical recommendations. Neglecting medical needs can lead to serious health complications or exacerbate existing conditions. For instance, refusing necessary medical treatments or ignoring symptoms can significantly harm a child's well-being.

Jan Horwath (2007) identified additional categories of neglect to consider. These include:

- **Nutritional:** this typically involves a child being provided with inadequate calories for normal growth. This form of neglect is sometimes associated with faltering growth in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently, childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long-term consequences.

- **Lack of supervision and guidance:** this involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them, or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as under-age sexual activity or alcohol use. It can affect children of all ages. Parental supervision includes consideration for the child's safety according to the child's age and ability including anticipating potential dangers/risks and take appropriate action. Parents should hold their child and their needs in mind, anticipating these needs and responding appropriately (being re-active and pro-active as required).

The Safeguarding Partnership has consulted with our Children in Care Council to ensure children's views are represented and remain central to practice. Our children and young people were asked what neglect means to them; their responses are below:

- "when you don't get the necessary stuff you need like food, clothes that fit, blankets for warmth"
- "it's when you don't get what you need like food or people being nice to you"
- "lack of attention"
- "being hurt"

Hillingdon's Children in Care Council were also asked, "What is going well for them with the adults in their life?"

- "Adults listening to me"
- "Caring about me and taking me out. They keep me safe and are kind to me".
- "I enjoy cuddles".
- "My favourite things about my career is she does a lot for me and she is kind, they care about me."

2. Understanding Neglect

There is an overlap between emotional abuse and many forms of child maltreatment, and this is especially true of neglect. When practitioners are working with children who are experiencing neglect, an understanding of emotional abuse is also important. It is helpful to consider the quality of the parent/child relationship and impact of emotional neglect in addition to the more easily visible physical aspects.

Any child, regardless of age and economic status, can experience neglect. However, it is recognised that some children face an elevated risk. These include those children with disabilities, complex health

needs, those born prematurely, children in care, and those seeking asylum. Parental pressures can also increase children's vulnerability. This is particularly true for children living in families where there is domestic abuse, substance misuse, or a parent with a mental health issue or learning disability.

We also acknowledge that the experience of the COVID-19 pandemic is likely to have a long-term impact on families, especially for those who were already experiencing poverty. It must also be recognised that increased cost to living and harder living conditions within the UK mean more families are being exposed to poverty.

Neglect can also have severe consequences for vulnerable adults. It affects their physical health, emotional well-being, and overall quality of life, particularly if they are parents or care givers themselves. Professionals must be vigilant in identifying signs of neglect in adults. These signs may include poor hygiene, malnutrition, unexplained injuries, or social isolation. Everyone has the right to live in safety, free from abuse and neglect. Prompt referral of concerns of neglect, can contribute to safeguarding vulnerable adults and ensuring their well-being.

Practitioners often encounter difficulties in identifying indicators of neglect or fully appreciating their severity. Several characteristics of neglect can make it challenging for professionals to recognise when a threshold for action has been reached:

- **Chronic Nature of Neglect:** The persistent nature of neglect can lead professionals to become accustomed to a child's presentation, causing them to overlook or question the lack of progress.
- **Absence of Immediate Crisis:** Unlike some other forms of harm, neglect rarely produces an urgent crisis that demands immediate, proactive, and authoritative intervention.
- **Complex Identification Process:** Identifying neglect can be intricate. It requires looking beyond individual parenting episodes and considering the overall persistence, frequency, enormity, and pervasiveness of parenting behaviour that may be harmful and abusive.
- **Reluctance to Pass Judgment:** Professionals may hesitate to pass judgment on patterns of parental behaviour, especially when these behaviours are culturally embedded or associated with social disadvantages such as poverty.

- **Multifaceted Impact:** Neglect often coexists with other forms of abuse, resulting in multi-type maltreatment experienced by the child.

In March 2020 the Department for Education published 'Complexity and Challenge: A Triennial Analysis of Serious Case Reviews 2014 – 2017'. The study's primary aim was to understand the key issues, themes, and challenges from the 278 serious case reviews undertaken during this period. It found evidence of neglect in almost three quarters of the cases reviewed. Features of neglect were apparent in 112 out of 165 (68%) fatal cases and 96 out of 113 (83%) non-fatal serious harm cases.

The Relationship Between Poverty and Child Abuse and Neglect: New Evidence (2023) is a major review of children's social care in England and Scotland. It found that family poverty and inequality are key drivers of harm to children. The report analysed 90 papers from various academic disciplines across 15 developed countries. The gender, age, ethnicity, and health or disability of children and parents influence the ways in which adverse economic conditions affect family life. Significantly, over 30% of children in England live in poverty, the report highlights an increase in the prevalence of families affected by 'deep poverty'. Deep poverty involves a higher level of income unpredictability often due to benefits administration practices and housing issues; this creates insecurity for families which in turn leads to adverse outcomes for children.

Research also highlights a particular challenge for professionals in recognising the neglect of children from more affluent backgrounds. As above neglect is commonly associated with families from lower socio-economic demographics with evidence that children living in environments of deprivation and social inequalities are at higher risk than children from more privileged backgrounds. This may be because more affluent families are less visible to services, furthermore, when these families do come to attention there is the potential for risk to children to go unrecognised. Professionals may align themselves with parents who are of similar social status, with assumptions made about parenting capacity.

- Despite living in affluent households, children can still be affected by parental alcohol and substance abuse, as well as domestic abuse. It is a common misconception that such problems only occur in economically disadvantaged families.

- Children may experience parents who often work long hours, leaving their children alone or under the care of paid professionals, Assessing the psychological and emotional availability of such parents in these situations presents complex challenges.
- Researchers Luthar and Crossman (2013) found that affluent parents tended to adopt a more permissive attitude toward drug use, sexual activity, and sexuality. Consequently, their children may be exposed to greater risks.
- Research report 'An Exploration of How Social Workers Engage Neglectful Parents from Affluent Backgrounds in the Child Protection System' found that some affluent parents used their social and financial capital to manipulate the child protection system. These parents obstructed interventions, for example by threatening legal action or directly contacting senior managers and councillors. This made it difficult for social workers to intervene in suspected child abuse cases, posing serious challenges for safeguarding children at risk.

3. Principles

Our neglect strategy is underpinned by the following principles:

- We commit to maintaining **a clear focus on the child**, understanding their lived experiences. By prioritising their well-being, we can tailor our interventions effectively.
- We recognise the importance of **understanding wider family dynamics**. Through family networking, we delve into the intricacies of relationships, with a specific focus on the role of fathers. By identifying drivers for parental behaviour, we empower parents and carers to make sustainable changes.
- We advocate for **whole system leadership** in raising awareness and tackling neglect. All partner agencies share responsibility for maintaining professional standards within their organisations. By working collaboratively, we enhance our collective impact.
- We establish **clear lines of accountability**, delineating roles, and responsibilities in cases of neglect. This clarity ensures efficient coordination and effective decision-making.

- We adopt a **shared, multi-agency approach** to identifying and intervening in neglect cases. Operational oversight and a long-term perspective guide our actions. By collaborating across agencies, we address neglect comprehensively.
- We understand that **some children face greater risks** due to their diverse needs, we tailor our response, making use of an intersectional approach that supports identification of risk and strength.
- We recognise that neglect exists across all strata of society. Our **culturally literate approach** enables us to address this issue effectively, regardless of background or context.
- We equip ourselves to recognise and **manage the complexity and stigma** associated with neglect. Focusing on unmet needs, we strive for holistic solutions.
- We acknowledge the intricate nature of neglect and its impact on the workforce. **Practical and emotional support for practitioners** ensures their well-being and effectiveness in safeguarding children.

4. Supporting Practice: Tools and Training

The Hillingdon Safeguarding Partnership commissions specialist multiagency training on recognising and working with child neglect. This quarterly training consistently achieves high attendance rates (94%), emphasising the commitment of partner agencies to enhancing their skills in this area. Furthermore, the Safeguarding Partnership has embraced 'Practice Briefings' as a knowledge-sharing mechanism. These concise briefings disseminate insights from local and national reviews, inspections, and research. Frontline practitioners across agencies benefit from this accessible resource, which is also available on the Hillingdon Safeguarding Partnership Website.

Professionals working with children and/or parents share responsibility for recognising neglect and taking action to mitigate its impact on children. Signs and indicators of neglect naturally vary depending upon children's developmental needs and ages. Whilst the presentation of neglect differs between infants and adolescents, the fundamental need for support and protection remains consistent. Universal services, including schools, general practitioners, and other health providers, play a pivotal role in promptly identifying and responding to cases of neglect.

Accurate assessment of need relies upon good communication, information sharing and partnership working between agencies, and with parents. Information sharing agreements are in place that support this. Practitioners should always seek consent from a parent to share information unless to do so would place a child at increased risk of harm.

Practitioners should maintain an approach of professional curiosity, consistently seeking to understand how known information impacts the child. When children experience neglect, it is beneficial to explore the quality of the relationship between the parent and child. Understanding this dynamic helps identify why the child's needs may not be adequately met. This consideration is particularly crucial for practitioners who primarily work with adults. The phrase "Think Family" serves as a helpful reminder to consider the impact of adult issues on parenting capacity.

Given what we know about the harmful effects of chronic neglect on children the impact of professional intervention should be subject to ongoing review. Where there is a difference in professional opinion practitioners should make use of the escalation procedures.

There are a range of assessment tools available to support evidence-based identification of neglect. These include:

- The **Hillingdon Neglect Tool and Checklist** was developed by Children and Young People's Services to support professionals to identify signs and indicators of neglect. It has been built into the local authority's recording system and will be shared with multiagency partners.

- The **Home Conditions Questionnaire** focuses on evaluating various aspects of the home environment. Key factors include cleanliness, odours, and the condition of surfaces and floors. By utilizing this assessment, professionals can identify potential hazards related to cleanliness and take necessary steps to safeguard the well-being of children and their families.
<https://www.socialworkerstoolbox.com/home-conditions-assessment/>

- **Graded Care Profile 2** (GCP2) is a valuable resource available to practitioners. Its purpose is to assess the quality of care provided to children across various domains, identifying areas of concern and tailoring interventions accordingly. A pool of licensed social workers affiliated with the NSPCC are equipped to lead training sessions.

- **The Clutter Image Scale** provides a structured approach to assessing clutter and its impact on children’s welfare and adult well-being. Practitioners can use this scale to evaluate home environments objectively. This is a widely used and helpful resource to aide communications between professionals and to support assessment of hoarding concerns. This tool should be routinely used to support assessment and communication with other professionals about hoarding concerns. <https://hoardingdisordersuk.org/clutter-image-ratings/>

5. Early Help: Stronger Families

In Hillingdon, the Early Help Assessment (EHA) is used to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a ‘Whole-Family’ approach owned by all stakeholders working with children, young people, and families. Working Together to Safeguard Children (2023) requires local agencies to have in place effective arrangements for the assessment of need for those children who may benefit from early help services.

The impact of neglect of children is often cumulative, advancing gradually and imperceptibly, this carries a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, Health, Schools/Education, Children's Centres, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and ‘start again’ culture.

To address neglect, it is essential that all agencies work together in an integrated way. Hillingdon’s Early Help offer, Stronger Families, is based upon the use of informed assessment to provide early support to children and families. The provision of early help is the most effective method of supporting families and reduces the likelihood that children will suffer harm.

6. Children’s Social Care

A clearly understood threshold for access to Children’s Social Care is crucial to ensuring that neglect is responded to robustly to protect children. The very nature of neglect - cumulative harm, non-incident focused, improving and worsening often can present challenges for practitioners assessing parental

behaviours and the impact on children. The completion of the Early Help Assessment as the method of referral to statutory services ensures that the child's circumstances are fully understood, and support can be provided by the most appropriate service.

Children and Young People's Services is accessed via the Stronger Families Hub where decisions are made about whether to progress a contact to a Child and Family Assessment under s.17 or s.47 Children Act 1989 or whether support can be offered via universal services, including Early Help. In 2014 The London Borough of Hillingdon adopted the London Child Protection Procedures and Practice Guidance; this document lays out the Continuum of Help and Support.

Professionals that complete an Early Help Assessment to refer to Children and Young People's Services can expect clear communication about whether the referral has been accepted, and the role of the referrer going forward. If the referral has not been accepted, information should be shared about this decision and what support the referrer can offer or seek for that child.

Referrals that have been accepted by Children and Young People's Services will be followed by a Child and Family Assessment that will seek to identify what is working well for the child in addition to identifying any ongoing support needs. Where the statutory threshold for social care support is met, a multiagency plan is developed to address identified needs. The aim of all plans is that children have permanent, safe, and secure homes where the adults can meet their needs without on-going support from statutory services.

Children and Young People's Services will work with universal services throughout their involvement with the child or young person and support a 'step down' approach to ensure that children continue to have the support needed, from the most appropriate professionals, at the end of statutory social work intervention.

7. Strategic Aims and Objectives

Prevention: To value the lived experience of children, young people, and their families, we focus on prevention. Our approach involves raising awareness about the signs, indicators, and impact of neglect. By doing so, we ensure that children, young people, and their families receive the necessary support through universal services.

Recognition: Another key aspect is recognition. We aim to deepen understanding of neglect among multiagency practitioners. We achieve this by providing high-quality training and resources. Additionally, we disseminate learning from practice to enhance awareness and knowledge.

Response: Our response strategy centres around incorporating the voice of children and young people. In single and multi-agency audits, their lived experience becomes central to practice. Practitioners continue to have access to high-quality training. We also track progress through specific indicators:

- Reduction in child protection plan re-registrations under the category of neglect.
- Fewer repeat referrals to social care following completion of Child and Family Assessments.
- Increased use of Stronger Families Plans to prevent harm due to neglect.
- Embedded use of agreed assessment tools resources across the multiagency partnership at all intervention stages.

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