



# NOTTINGHAM & NOTTINGHAMSHIRE CHILD NEGLECT STRATEGY



Nottinghamshire  
Safeguarding  
Children Partnership

2021 – 2024

## FOREWORD

Child neglect has a lifelong impact on a person's wellbeing, and it is vitally important that as a Partnership we do all we can to prevent it.

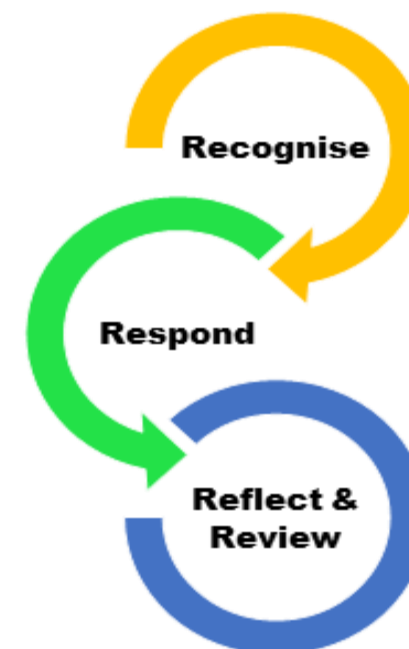
Both the Nottinghamshire and Nottingham City Safeguarding Children Partnerships recognise that tackling neglect must be a priority if we want to improve our children's life chances and prevent poor outcomes later in life.

We are also writing this strategy in the context of a global pandemic and we know that Covid-19 has only exacerbated pre-existing structural, socioeconomic and health inequalities. Factors that increase the risk of children experiencing neglect are likely to be more prevalent e.g. reduced financial resilience due to worklessness or debt and challenges for the emotional mental health and wellbeing in our communities.

This joint strategy sets out what we intend to do over the next three years to prevent neglect and minimise its impact through strong and effective collaborative working across all organisations that have a duty to promote the welfare of children and protect them from harm. We need a Neglect Strategy because:

- Neglect is the most common reason for a child in Nottinghamshire and Nottingham City to be made the subject of a child protection plan.
- Neglect is the form of abuse more likely to be repeated.
- Neglect exposes children to other forms of abuse, e.g. exploitation/increased vulnerability.
- Neglect can be difficult to identify, making it hard for professionals to take action to protect a child.
- Neglect is an area where there can be drift and delay; professionals can become desensitised to a child's living conditions and experiences of poor parenting.

This strategy focuses on three key objectives and outlines the actions we have agreed to deliver as a partnership to make lives better for children experiencing neglect in Nottinghamshire and Nottingham City.



**Recognise** – ensuring that neglect and the impact of neglect on children is understood and identified.

**Respond** – ensuring that good quality, multi-agency support and intervention is available and makes a difference for children experiencing neglect.

**Reflect and Review** – ensuring that we work together with children, families and communities to continue to monitor the impact of our work and continue to develop our partnership response.

## No one knew what was happening until the house was raided

"My experiences of being neglected as a child are with me every day. No one was there most of the time and, even when they were there, they weren't properly there as they were out of it. It was just hell.

Mum wouldn't even notice whether I had or hadn't gone to school as she was always upstairs smashed out of her face. I wanted to go to school as I didn't want a life like my parents. I had tried to speak to schools but they thought that because I was the good kid there wasn't really that much going on.

I think that children who are neglected might have a second life when they are at school or with their friends because if you can put a smile on your face and pretend that everything is OK then for a minute you can even fool yourself into thinking that everything is OK.

**"I was often left by myself and I felt so lonely. I even felt lonely when mum and dad were in the house because they just weren't there, like mentally they were completely out of it."**

I often felt low and one of my lowest points was when I tried to go and speak to my mum and dad about their drug use. They denied it all and just kept yelling and yelling, so I left. I didn't know what I was going to do, it was like everyone hated me and thought I was lying and I felt that I was completely alone. It felt completely hopeless. I took an overdose as I felt there was no way out. I wanted them to listen to me."

### Sophie's Story

NSPCC - <https://www.nspcc.org.uk/what-is-child-abuse/childrens-stories/sophies-story>

## THE VIEWS OF CHILDREN, YOUNG PEOPLE AND FAMILIES

**"My dad doesn't feed us. He is never here and I am not allowed to see my mum. Most days I go to school feeling ill because I am not eating or sleeping properly. I often have a headache or bellyache. I wish I could go into care."**

Childline counselling session with a girl aged 12 (NSPCC, 2015)



***"I feel my friend is being neglected by his mum. She leaves him home alone, without gas/electricity or food. Sometimes he is left until the early hours of the morning because his mum is in the pub.....he cries to me about his home life"***

***"My dad has mental illnesses which make him have severe mood swings...Dad stays in bed all day and doesn't provide for us. My house is filthy and I have to take care of my little brother all the time. I have started to harm myself to try and cope. I just feel like running away or ending my life"***

*\*Turnbull, M (2015) Hurting Inside: NSPCC report on the learning from the NSPCC helpline and ChildLine on neglect. London: NSPCC*



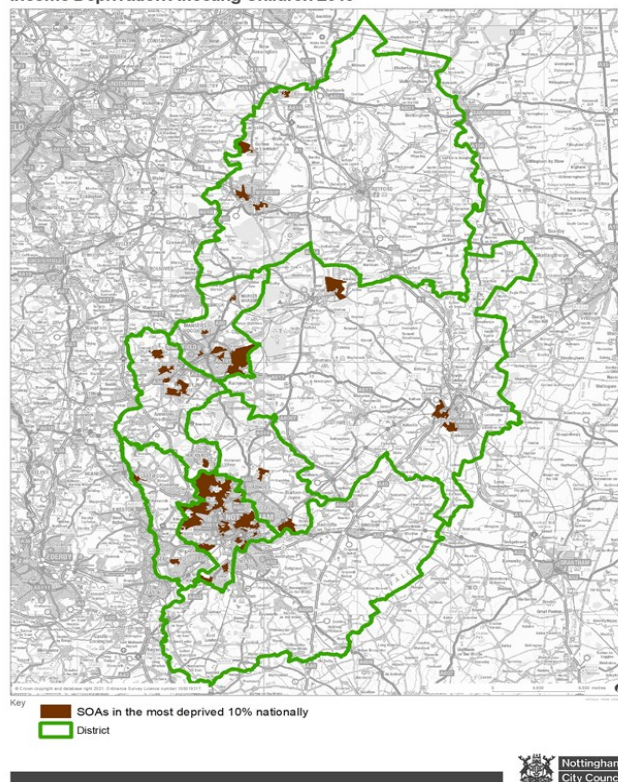
## KEY FACTS – NOTTINGHAMSHIRE

- As of 2019, there were 167,600 children (aged 0-17) living in Nottinghamshire. That equates to 20% of the population.
- In 2019/20, 8.6% of assessments completed identified neglect as a factor. This was a reduction of 33% from 18/19 and below the statistical neighbour average of 18.2%.
- 25% of all Child in Need Plans as at the 31<sup>st</sup> March 2020, were as a result of abuse or neglect. This was a decrease of 9% from 18/19 and is below the statistical neighbour average of 51.9%.
- Children experiencing neglect account for 44.8% of all child protection plans started in 2019/20. This represents a 4% decrease from the previous year and is below the statistical neighbour average of 50.8%.
- 49% of the children who entered the care of the local authority in 2019/20 had abuse or neglect identified as the primary category of need. This is a 6% decrease on 19/20 and is lower than the statistical neighbour average of 58.4%.
- In 2016, 14.7% of children in Nottinghamshire were living in low income families. 2016 data indicates that on average, there are fewer children in poverty in Nottinghamshire, than in England (16.3%), however data across districts are variable.
- Nottinghamshire ranks as the 92<sup>nd</sup> most deprived local authority according to the Income Deprivation Affecting Children Index.

## KEY FACTS – NOTTINGHAM CITY

- As of 2019, there were 69,100 children (aged 0-17) living in Nottingham City. That equates to 21% of the population.
- In 2019/20, 20.8% of assessments completed identified neglect as a factor. This was an increase of 4% from 18/19 and higher than the statistical neighbour average of 19.3%.
- 62.6% of all Child in Need Plans as at the 31<sup>st</sup> March 2020, were as a result of abuse or neglect. This was an increase of 5% from 18/19, but is still below the statistical neighbour average of 68.9%.
- Children experiencing neglect account for 39.9% of all child protection plans started in 2019/20. This represents a 33% increase from the previous year and a move towards the statistical neighbour average of 46.4%.
- 72% of the children who entered the care of the local authority in 2019/20 had abuse or neglect identified as the primary category of need. This is a 1% increase on 19/20 but is still slightly lower than statistical neighbour average of 73.1%.
- 58.5% of children in Nottingham City live in families where no adults work or where those who are in work earn an income low enough to receive tax credits.
- Nottingham City is the 6<sup>th</sup> most deprived local authority according to the Income Deprivation Affecting Children Index.

Income Deprivation Affecting Children 2019



## RECOGNISE

Neglect is defined in Working Together to Safeguard Children 2018 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 caregivers)*
- d) *ensure access to appropriate medical care or treatment*

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

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 ‘failure to meet a child’s basic physical and/or psychological (and/ or emotional) needs.

### Neglect Types:

- Medical neglect – minimising or denying children’s health needs and failing to seek appropriate medical attention or administer medication/treatments
- Nutritional neglect – failure to thrive/childhood obesity
- Emotional neglect – unresponsive to a child’s basic emotional needs
- Educational neglect – failure to provide a stimulating environment, support learning or ensure school attendance
- Physical neglect – not providing appropriate clothing, food, cleanliness and living conditions
- Lack of supervision and guidance – failure to provide an adequate level of guidance and supervision

See Appendix 1 re: The experiences of neglect, by age, according to Jan Horwath’s classifications. (Emeritus Professor of Child Welfare at the University of Sheffield).

It is also important to recognise that some factors can make children more vulnerable to experiencing neglect, for example those with special educational needs/disabilities or children who are electively home educated.

## GOOD PRACTICE - Identifying Patterns of Neglect

Many chronic cases of neglect may be characterised by a lengthy pattern of actions or incidents, which, when seen in isolation may not cause concern. In cases of neglect, it is often the identification of a pattern of concerns that prompts statutory intervention. Good recording of individual events, and keeping a detailed chronology, can help partners to identify patterns and evidence chronic neglect. Good recording will help when seeking support from other agencies.



### SHARED PRIORITIES:

- 1) Work with parents/carers and communities to raise awareness of neglect and its impact.
- 2) Train and develop the workforce to ensure that all practitioners are able to identify neglect and know the pathways of support available for families.
- 3) Prioritise early identification and intervention – to ensure children get the right help, at the right time and ensuring help, support and intervention is considered, assessed and offered by all services.

## RESPOND

The partnership have agreed that the following shared principles will shape single and multi-agency agency responses to neglect in Nottinghamshire and Nottingham City:

**CHILDREN AT THE HEART** – The safety and well-being of the child or young person is paramount, and they must be kept at the centre of all of our work.

**VOICE OF THE CHILD** – It is vital to hear the child's voice and to focus on their experiences and the impact of neglect on their lives.

**STRENGTHS BASED PRACTICE** – Our work with families to address neglect must maintain a focus on investing in creating and maintaining purposeful relationships with children, young people and their families, and with colleagues and partners to build on strengths, improve outcomes, prevent or resolve harm.

**ENGAGEMENT OF PARENTS AND CARERS** – It is important that parents and carers are involved in discussions and decision making which impacts on them. This supports the strengths based approach and ensures that parents and carers are able to contribute to assessments and plans in relation to their families.

**HOLISTIC APPROACH** – The neglectful environments that some children and young people live in are often linked to the chaotic lives, needs and difficulties of their parents and/or carers.

**TRAUMA-INFORMED** – We will ensure our practice is trauma-informed and recognises the impact of adverse traumatic experiences can have on parenting and children's experiences of care.

**PREVENTATIVE AND EARLY HELP RESPONSES** – These are critical to avoid issues from escalating and children experiencing further harm.

## GOOD PRACTICE – Child Neglect Toolkit

A Neglect Toolkit has been developed to help practitioners working with families where there are concerns about the quality of care.

By using this toolkit in partnership with families it will support your practice and enable you to have honest conversations regarding levels of neglect. It will also help to recognise strengths, which can be extremely motivating for families when faced with professional worries. The toolkit is not a replacement for assessments such as the Early Help Assessment but may be used to complement them.

**The Child Neglect Toolkit is available**

[here](#)

[https://nottinghamshirescb.proceduresonline.com/p\\_neglect.html](https://nottinghamshirescb.proceduresonline.com/p_neglect.html)

### SHARED PRIORITIES:

- 1) Embed strengths-based approaches across the partnership, supported by the roll-out of training and development.
- 2) Launch and develop an Engagement Strategy, to help practitioners understand the barriers to engagement and how to overcome them.
- 3) Raise awareness of trauma-informed practice / adverse childhood experiences across partner agencies.
- 4) Embed use of the Child Neglect toolkit and research other tools that can be used across the partnership.
- 5) Support the workforce and parents to recognise the links between Sudden Unexpected Death in Infants (SUDI) and neglect, specifically in relation to unsafe sleeping practice.



### SHARED PRIORITIES:

- 1) Develop a shared performance framework to monitor the prevalence of neglect across the local area and to evidence the impact of our work across the partnership.
- 2) Engage with children, young people, parents, carers and communities to explore their experiences, inform decision and co-produce future work in this area.



## REVIEW AND REFLECT

The success of the strategy will be measured based on a range of quantitative and qualitative measures. The development of a comprehensive and clear set of measures, which effectively demonstrates the impact of our work on neglect in the short and long-term, is complex. Early indicators of success will evidence improvements in the identification of neglect and in the quality and reach of services for children.

It is harder to define the indicators of impact in the longer term. Measuring the life-long benefits of intervening early to tackle neglect is a challenge. We know that negative impacts of neglectful care are diverse, wide-ranging and long-lasting. Increasing positive outcomes (and decreasing negative outcomes) into adolescence and adulthood will indicate the success of our response to neglect as a partnership.

We are also committed to developing better mechanisms to capture feedback from children, young people, parents/carers and professionals. We will look to maximise opportunities to hear from children, young people and parents/carers through audits, conferences and reviews, surveys and existing forums. We will capture feedback from frontline staff through frontline visits, audits, staff surveys and training questionnaires across the partnership.

Each local authority area will develop a local multi-agency delivery plan to support this Strategy. Plans will be developed to identify clear actions and accountability across partner agencies. We will maintain a cross-authority group to support the delivery of this strategy and the development of local action plans. Progress will be reported into the County's Safeguarding Assurance Improvement Group (SAIG) and the City's Business Management Group (BMG) every six months.

This Strategy will be reviewed annually.

## Appendix 1 - Experiences of neglect by Horwath's classifications

*Experiences of neglect by age group – please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present.*

Age Group	Medical	Nutritional	Emotional	Educational	Physical	Lack of Supervision
<b>Infancy (0-2 yrs)</b>	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Some parts of the brain e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
<b>Pre-School (2-4 yrs)</b>	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200-1500 calories per day, and/or unregulated amounts of fat and sugar in the diet which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount of quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
<b>Primary (5-11yrs)</b>	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, poor nutrition or inadequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of healthy weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
<b>Adolescent (12+ yrs)</b>	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing health services. There may also be risk-taking behaviour e.g. sexual activity.	Adolescents may be able to find food, but lack of nutritious food and cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age, young people who are isolated through neglect (e.g. through poor hygiene will struggle). Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be developed by their living conditions, inadequate clothing, personal hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.