**Pan Bedfordshire Neglect strategy 2023 - 2026**

## Foreword by our Scrutineers/Safeguarding Partners?

## In Bedford Borough, Central Bedfordshire and Luton (Pan Bedfordshire) our aim as the three Safeguarding Children Partnerships is to work together to strengthen, support and develop our workforce and practice to improve outcomes for all of our children.

In the latest [Neglect: learning from case reviews Summary of key issues and learning for improved practice around neglect December 2022](https://learning.nspcc.org.uk/media/1345/learning-from-case-reviews-neglect.pdf) it highlighted from case reviews the impact of risk factors on the parents’ ability to provide safe and appropriate care, and to meet their children’s needs. These included:

* parental domestic abuse or drug and alcohol misuse, mental health problems or learning disabilities
* young parents
* social isolation
* financial problems including housing problems, homelessness, poverty and unemployment
* children with complex health needs, disabilities or who were born prematurely.

It is crucial that all our practitioners consider and assess the impact of all of the above on children. We want adults and children’s services working together with parents, especially fathers or male carers, making the connections and potential child safeguarding concerns. Information about the risks to children and vulnerable adults is shared to safeguard and promote the most vulnerable in our communities.

Case Review found that Practitioners did not always recognise signs of neglect. Issues were treated in isolation without considering or addressing the causes. Indicators included:

* tooth decay and repeated episodes of head lice
* accidental injuries
* faltering weight gain or weight loss and speech delay
* poor school attendance
* missed health appointments
* unsuitable home environment
* dirty or inadequate clothing.

We want this strategy to help and support our practitioners to identify all of the above as possible indicators of neglect.

We recognise that one of the most significant issues currently facing children and their families Pan Bedfordshire and nationally is the impact of COVID and the cost of living crisis. Poverty can have a catastrophic impact on children and their families. Not only through the lack of food, warmth, housing, clothes and basic supplies but the discrimination, exclusion, and lack of opportunity that they experience as a result of this. Living in poverty and experiencing neglect may make children more vulnerable with the additional burden of significant gaps in their educational attainment, poor physical and mental health, plus worse employment opportunities.

We are committed to challenging child poverty and reducing the barriers that children and families who live in poverty face. We will achieve this is by ensuring that the workforce, our practice and the way that we work with children and their families as partnerships supports those that are living in poverty and experiencing poverty-related difficulties. This Strategy aims to support practitioners to better understand the impacts of neglect on children and their families and provide guidance on how to work differently and better with those who are experiencing neglect.

**Introduction**

The most likely reason for a child in Pan Bedfordshire to need support and/or protection is neglect. Neglect can cause significant and long-term harm but can be hard to identify. All children (including unborn babies) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be warm and consistently emotionally available as well as to provide them with stimulation, guidance and boundaries. Children are neglected if the things they need to develop and grow are not provided for them.

Having a shared understanding and definition of neglect across all services and partners is key to developing and embedding a collective approach through practice and training.

The definition of neglect within [Working Together to Safeguard Children (2018)](https://www.workingtogetheronline.co.uk/) states it 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 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 care- givers);**
* **Ensure access to appropriate medical care or treatment.**

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

It also highlights that “children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their [day-to-day lives](https://bedfordscb.proceduresonline.com/contents.html). These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; domestic abuse, including controlling or coercive behaviour; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.”

**It is important to remember that neglect can be fatal to the child.**

“The majority of neglect related deaths of very young children involve accidental deaths and sudden unexpected deaths in infancy where there are pre-existing concerns about poor quality parenting and poor supervision and dangerous, sometimes unsanitary, living circumstances which compromise the children’s safety …. these issues include the risks of accidents such as fires and the dangers of co-sleeping with a baby where parents have substance and/or alcohol misuse problems.”



**Purpose and scope**

The purpose of this Strategy is to outline the aims and objectives, key principles, and the strategic action plan for Pan Bedfordshire’s approach to dealing with neglect. It takes into consideration the statutory definition, current picture of neglect Pan Bedfordshire and the practical aspects of addressing the issue, which includes engagement, and training of frontline staff and enhancing their understanding and skills to enable identification of those at risk of neglect, early recognition of neglect and timely intervention.

### 

### **Our Underpinning principles and values**

* To consider the lived experience of the child and how all agencies work together to improve this.
* A shared understanding of the consequences of neglect and effects on a child’s health, safety and development including the impact of emotional neglect – taking an ACEs/trauma-informed approach
* That there is recognition that the best outcomes for children will be achieved through early intervention and prevention
* To ensure that the workforce is provided with and know how to use the [Graded Care Profile 2 (GCP2)](https://bedfordscb.proceduresonline.com/files/grade_care_profile.pdf?zoom_highlight=GCP2#search=%22GCP2%22) and training to work effectively
* To ensure that good multi-agency assessments lead to clear and decisive planning to prevent drift and delay and ensure children are provided with the right help at the right time
* To ensure that interventions improve and sustain the outcomes for children in the long term
* Work with children needs to be measured by its impact on outcomes
* To ensure that there is a culture of supportive challenge where
* agencies and workers are able to effectively challenge others
* about the work they are doing with children and families
* Prevention and early recognition of neglect followed by timely assessment and intervention
* Clarity over thresholds of need and distinctions between, for example, emerging circumstantial neglect or persistent neglect causing significant harm
* A uniform, consistent and integrated approach from all agencies and effective collaboration between them including effective [information sharing](https://bedfordscb.proceduresonline.com/p_information_shar.html?zoom_highlight=Information+sharing) to lead to appropriate and timely interventions
* All agencies have a role in prevention and signposting support and education for parents and carers
* Recognition of the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.
* Recognition that [child exploitation](https://bedfordscb.proceduresonline.com/contents.html) is an increasing area of threat linked to neglect, encompassing sexual and economic exploitation, for example, county lines activity – child exploitation is a priority for the Safeguarding Partnerships
* Recognition that children with special educational needs and disabilities are potentially more vulnerable
* Ensuring that a ‘whole family approach’ underpins how services work with children and their families and this approach is adopted by all partners
* Routine assessment of progress made by families and work with children to be measured by impact on outcomes, rather than processes and services involved
* Appropriate statutory action to be taken if sufficient progress has not been made and existing support and intervention have not been successful in addressing the level of risk present
* All practitioners must be [“professionally curious”](https://bedfordscb.proceduresonline.com/files/prof_curiosity.pdf?zoom_highlight=Professional+Curiosity#search=%22Professional%20Curiosity%22), feel confident to challenge families and each other about understanding the situation and the sustainability of any improvements required.
* [Historical information](https://bedfordscb.proceduresonline.com/p_chronology.html?zoom_highlight=chronology) must be considered to inform the present position and identify families at risk of intergenerational neglect.
* The views of children and families must be taken into consideration and lessons should be learned from experiences of those living with neglect.

**National Picture**

National learning from case reviews in which a child has been seriously or fatally injured, highlights the following key features:

* Practitioners must understand and recognise physical and emotional neglect, and the impact of cumulative and long-term effects of neglect
* In cases where practitioners worked with families over a long period of time, or where families were hostile to intervention, a need was identified for safe spaces in which practitioners could discuss cases and explore concerns.
* Cases where a lack of professional curiosity was highlighted included those involving:
* adolescents – leading to a focus on ‘troubling’ behaviour, rather than the causes of the behaviour
* babies – leading to acceptance of explanations for injuries which were incompatible with babies’ stage of development
* [fathers and men in families](https://bedfordscb.proceduresonline.com/files/fathers_guidance.pdf?zoom_highlight=fathers#search=%22fathers%22) – leading to a lack of consideration of men’s capacity to provide care or support to their families, as well as any risks they might pose
* minority ethnic groups – leading to a lack of consideration of how ethnicity or cultural background might impact on parenting style, beliefs and interaction with the wider community.
* Teenagers can be missed; especially where there are younger children in the home.
* [Tooth decay](https://bedfordscb.proceduresonline.com/files/pan_beds_neglect_oral_health_briefing.pdf) can indicate neglect.
* Systems should be in place to monitor [was not brought](https://bedfordscb.proceduresonline.com/files/not_brought_briefing.pdf?zoom_highlight=Was+not+Brought#search=%22Was%20not%20Brought%22) to appointments and practitioners should [know what to do when there are concerns.](https://bedfordscb.proceduresonline.com/files/not_brought.pdf?zoom_highlight=Was+not+Brought#search=%22Was%20not%20Brought%22)
* Frequent accidents may indicate poor quality parenting frequent visits to A&E should cause concern.
* Maintain a focus on the best interests for the child rather than the immediate needs of the parent who may be demanding.
* Improvements to home conditions should be regularly reviewed to ensure they are sustained.
* Be aware of the possibility of [working with parents where improved outcomes for children are not achieved](https://bedfordscb.proceduresonline.com/p_non_compliant.html?zoom_highlight=outcomes) for a number of reasons and respectfully challenge when they fail to follow agreements.
* See the bigger picture and take account of family history.
* Undertake robust and comprehensive assessments and actively review these.
* Use supervision to avoid case drift.
* Inter-agency communication and [information sharing](https://bedfordscb.proceduresonline.com/p_information_shar.html?zoom_highlight=Information+sharing) should be reviewed regularly. Barriers to sharing information between safeguarding partners were highlighted in almost half of all reviews (2021). Issues included: relying on other agencies to make referrals, not valuing information from third sector organisations, different IT systems and difficulties around what to share, when and how.

(NSPCC, Sept 2015 and NSPCC 2021):

### 

### **The impact of COVID**

The NSPCC commissioned work to consider the impact of lockdown on social isolation and child mistreatment and identified some key issues which resonate locally.

**“For most children, this last year has been the longest stretch of time in their lives spent away from friends and trusted adults outside the home. The impact of lockdown on children’s emotional and mental health, combined with almost full-time confinement in their homes and changes to their routines, has created new vulnerabilities and exacerbated existing ones. Children with digital access are spending more time using social media and online resources: this increases the risk that they may experience online-facilitated grooming or other online harms, during a period when demand for online child sexual material is known to be on the rise. For children who are already experiencing abuse or neglect by household members, confinement at home has meant prolonged exposure to potential harm.”**

[Isolated and Struggling: Social isolation and the risk of child maltreatment, in lockdown and beyond, NSPCC, June 2020](https://learning.nspcc.org.uk/media/2246/isolated-and-struggling-social-isolation-risk-child-maltreatment-lockdown-and-beyond.pdf)

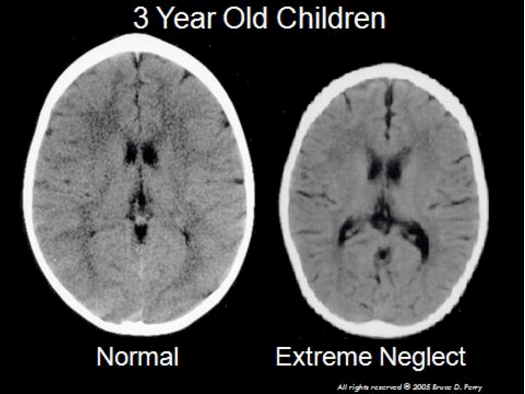
**“Not being able to meet face to face presented issues for the provision of and engagement with services and the efficacy of risk assessments. Changes to services also presented some positive opportunities, including: telephone calls providing a less intimidating alternative to face-to-face appointments; non-attendance at school providing opportunities for agencies to visit vulnerable children at home; and the scaling back of social care home visits leading to improved interagency working as social workers relied on other agencies to be their ‘eyes’ on children. The pandemic also had a significant impact on the lives of families and children, including: feelings of isolation during lockdown and agitation once restrictions were lifted, challenges balancing childcare and work, lack of support and monitoring by social networks, delays in seeking support because of fear of infection, and financial issues.”**

[**A summary of the annual review of Local Child Safeguarding Practice Reviews and rapid reviews, NSPCC, May 2021**](https://learning.nspcc.org.uk/media/2590/annual-review-lcsprs-rapid-reviews-summary.pdf)

The Safeguarding Children Partnerships will ensure that the impacts of COVID are recognised and actions taken to minimise longer-term effects, where practically possible, through enhanced service provision and/or restoration of services.

**What is the impact of neglect for children at different ages?**

Research has shown that children’s experiences of neglect, and the short and long term impact it has on them, can vary with age. For example:

* **prenatal neglect** - adverse experiences during pregnancy have been linked with a number of poor outcomes, including low birth weight, premature birth, higher risk of sudden infant death syndrome (SIDS) and impaired cognitive and social functioning;
* **infancy (birth - 2 years)** - Disinterest or failure to offer stimulation (e.g. through games like ‘peek-a-boo’) will limit the child’s cognitive development as well as their attachment, since babies learn and develop neural connections and cognitive functioning through interaction with the world and with their caregivers;
* **pre-school (2 - 4 years)** - children of this age tend to be mobile, but lack understanding of danger and need close supervision for their physical protection, which neglectful families may not provide. Children who are experiencing neglect may not be appropriately toilet trained, and their language development may be delayed;
* **primary (5 - 11 years)** - if neglected children have delayed cognitive development, school can be a source of frustration and distress. Signs of neglect such as dirty clothing will be apparent, which may lead to embarrassment and social difficulties. Children without boundaries may find it difficult to follow school rules, and if neglect includes failure to ensure school attendance their attainment is likely to be affected;
* **adolescence (12 - 18 years)** - neglect is likely to have an impact on their ability to form and maintain friendships. If they have never been taught to prepare meals, their diets may lean towards high-fat, high-sugar convenience foods. Some children display behaviours that place themselves or others at risk of harm e.g. alcohol or substance use, risky sexual behaviour or criminal activity may be attributed to or exacerbated by a lack of parental supervision.

[**Children with additional physical or learning needs, with disabilities or long-term health conditions**](https://bedfordscb.proceduresonline.com/files/neglect_dh_disability.pdf?zoom_highlight=neglect#search=%22neglect%22) are particularly vulnerable to neglect. This is because their needs can be difficult for carers to meet and because they may be impaired in their ability to communicate and to understand what is happening to them. They may also be receiving care from a number of carers, increasing the possibility of neglect or abuse.

When working with children with underlying additional needs it is, therefore, even more important to ensure their experience is captured. Any speech and language needs should be taken into account and specialist advice sought to understand the child’s needs where appropriate.

When considering whether a child is experiencing neglect, a child with additional needs or a disability may experience the same issues as other children but they can also be at risk of other types of harm. These can include failure to meet the child’s communication needs, failure to use equipment that has been provided, failure to provide medication or a special diet or denying the child access to play or stimulation.

**Self-Neglect** is an area that can be overlooked by practitioners. It is a lack of self-care to an extent that it threatens personal health and safety. This can also consist of not accessing services to meet health and social care needs. Self-neglect manifests in different ways. It can be caused through the individual’s traumatic lived experience, including abuse, loss and other psychological factors. [Hoarding](https://bedfordscb.proceduresonline.com/files/hoarding_sab.pdf?zoom_highlight=hoarding#search=%22hoarding%22) can also be a feature when it comes to self-neglect.

Self-Neglect can also contribute to the neglect of children if the self-neglecting adult has care of the children. For practitioners it is important to be able to recognise self-neglect in adults to ensure that whilst addressing safeguarding concerns relating to children we are able to respond to adult safeguarding needs including Self Neglect. It requires being proactive making the appropriate referral to Adult Social Care. It is important to be mindful of where self-neglect may occur in adolescents and to respond accordingly.

**Adolescent Neglect**

It is crucial to be mindful that just like younger children, adolescents are as susceptible to experiencing neglect. There is evidence from research and practice that some practitioners struggle to identify adolescent neglect and are unsure what to do when they come across it. Studies show that this can be just as detrimental and can be one of the contributing factors to other concerns such as contextual safeguarding concerns where neglect may be a ‘Push’ factor. The Ofsted [Growing up neglected: a multi-agency response to older children report](https://www.gov.uk/government/publications/growing-up-neglected-a-multi-agency-response-to-older-children) (2018) was compiled from targeted inspections on multi-agency responses to neglect in adolescents. The report found that neglect of older children can go unseen and in turn the group may be “skilled at hiding the impact of neglect”.

With adolescent neglect, the idea of increased resilience due to the child’s age can cloud practitioner’s perception of risk that the adolescent is subjected to. It can also cloud the practitioner’s ability to note the impact on the adolescent of neglect. Rigid procedures that are led by the age of the child and not the assessed individual need and vulnerability of adolescents can result in adolescent neglect being missed and significant harm taking place.

Parental neglect of adolescents can contribute to low sense of self-worth and affect mental wellbeing of the adolescent. This can manifest as self-harm or displaying behaviours that place themselves or others at risk of harm which may occur as a result. Vulnerability is increased due to antisocial behaviour, drug taking, addiction, unwanted/unplanned pregnancy and suicide. Other factors that are present in adolescent neglect are homelessness and strained family relationships of which could be a symptom of the neglect taking place.

It is important to recognise with adolescent self-neglect; practitioners sometimes assume that older adolescent behaviour is a result of personal informed choice and may be reluctant to intervene. Where there is a detrimental effect on the adolescent’s health and wellbeing, safeguarding intervention is necessary. This may conflict with adolescent’s personal choice. Adolescent ‘choice’ is sometimes misinterpreted as informed choice akin to adult decision-making. Conceptualising choices as ‘lifestyle choices’ can lead to victims of harm being denied appropriate support.

**The impact of neglect in adolescents can include:** poor educational attainment, low self-esteem, mental health difficulties, difficulty in forming healthy relationships, risk of exploitation.

**Warning signs for practitioners to look out for might be:** poor school attendance, inability to concentrate, withdrawn or disruptive behaviour in school, self-harm, involvement in criminal or antisocial activity, drug and/or alcohol misuse.

**When a child is emotionally neglected they may become obsessed with anyone who shows them the slightest amount of affection.**

**Contextual Safeguarding:**

Where adolescent neglect has been identified it is important to consider the familial and external factors that could be impacting on this. Recognise that these young people who have experienced adversity or harms in earlier childhood are sometimes left with unmet

needs that they seek to address via testing boundaries in adolescence. Working actively with young people’s relationships and lived experiences is essential to keeping them safe.

**Diversity and Cultural Factors:** need to be considered including factors such as access to resources for some communities which may contribute to patterns of neglect. Many children and young people who come from Black and minoritised ethnic communities experience racism, bias, stereotyping or cultural misunderstanding as they grow up. It might happen at an individual, institutional or societal level and might be displayed consciously or unconsciously. This can result in some children being more likely to come to the attention of child protection services, while other children are less likely to receive effective support (Nuffield Foundation, 2020).

When we talk about people from Black and minoritised ethnic communities we are referring to a wide range of people from a variety of backgrounds with different individual experiences, including different experiences of racism/ marginalisation and other forms of oppression. This includes groups such as Gypsy, Traveller and Roma communities. To make sure children from Black and minoritised ethnic communities get the help and support they need, the adults working or volunteering with them and their families need to:

* understand the challenges they face
* build trusting relationships
* take appropriate action to help keep children safe
* use a strength-based approach to empower parents and carers from Black and minoritised ethnic communities to take steps to keep their children safe.

There may be societal barriers including language barriers and resources that impact on the family being able to access necessary services. This can prevent families having the appropriate resources and support to help them address neglect concerns. When working with families it is essential that they fully understand the concerns of practitioners, where necessary, through the use of interpreters and translation services. It is important to ensure that practitioners do not rely on families to translate and families need to be given adequate support to engage in processes/planning.

Having conscious or unconscious bias can lead to practitioners not taking neglect concerns about children from Black and minoritised ethnic communities as seriously as they might do for children from other communities. Practitioners might dismiss certain behaviours or practices as being part of that community’s culture and as a result not take the necessary protective action. Some practitioners might worry about being perceived as culturally insensitive or racist if they raise concerns about children in Black and minoritised ethnic communities. Practitioners need to consider and find out about parenting practices and beliefs in the child’s family and culture. Practitioners need to ask open questions about a child’s lived experiences, building up a picture of their life and identify any concerns.



**Poverty and Neglect:** [The relationship between poverty and child abuse and neglect: new evidence (Nuffield Foundation)](https://www.nuffieldfoundation.org/wp-content/uploads/2022/03/Full-report-relationship-between-poverty-child-abuse-and-neglect.pdf) ([Briefing note](https://www.nuffieldfoundation.org/wp-content/uploads/2022/03/Briefing-note-relationship-between-poverty-child-abuse-and-neglect.pdf) and [Executive summary](https://www.nuffieldfoundation.org/wp-content/uploads/2022/03/Executive-summary-relationship-between-poverty-child-abuse-and-neglect.pdf)). Over 30% of children in England live in poverty. Deep poverty has increased rapidly in the past five years and family poverty and inequality are key drivers of harm to children. Poverty affects every aspect of family life. Poverty is inextricably implicated in other factors which increase the risk of harm: including domestic violence, poor mental health and substance use. Children’s age and ethnicity interact with poverty in ways that increase inequalities. The evidence for this relationship between poverty and neglect is much stronger than five years ago.

Increases in income reduce rates of neglect significantly. Economic shocks increase neglect unless families are protected by welfare benefits. The redistribution of economic and social resources should be an essential element of preventing harm, keeping families together and reuniting separated families. Insecurity and unpredictability of income, housing and employment, often the result of benefits administration practices or a lack of rights, compound the problems of parenting on an inadequate income.

The neighbourhood a family lives in can also influence the likelihood of neglect including the impact of the local environment (such as buildings and parks), access to locally based resources such as shops, schools, leisure facilities or health care.

When parents’ feel that their difficulties in meeting children’s basic needs are not recognised or responded to, it compounds feelings of shame and stigma. In turn, this disrupts the chances of child protection services establishing effective relationships with families under pressure.

**Whole Family Approach (Think Family)** seeks to secure improved outcomes for adults, children and families by coordinating the support and delivery of services from all organisations. Neither the adults nor children exist in isolation so it is important to use a holistic approach to respond to the family’s needs.

The presence of additional vulnerabilities such as mental health, substance misuse, trauma, domestic abuse and learning disabilities can result in parents needing additional support to ensure the best outcomes for their children. It is important that when working to safeguard children, practitioners have a holistic approach which also identifies and responds to parent’s vulnerabilities by putting in place appropriate expert services. By doing this, practitioners are safeguarding both the adult and child by reducing risks stemming from the identified parental vulnerabilities. When considering any vulnerabilities or risks that they have identified practitioners should consider the support available to the individual and family from extended family and the wider community.

Applied in Practice, a whole family approach requires a coordinated, multi-agency response with practitioners working together with the family to achieve shared goals. The approach should make the best of the specialist knowledge, resources and training available within the partner agency network to respond to the family’s needs whilst also responding to the individual needs within the family.

**Pre-Birth Intervention** work to address possible neglect concerns needs to begin well in advance of the birth due date. Learning from research into Sudden Unexpected Death in Infancy (SUDI) identified that in some cases, there had been concerns well before the birth of the child, some of which had not been captured. It is therefore important that assessment capacity takes place well in advance of the baby’s due date. This is so that a package of support including from Midwifery services, Children’s Social Care and other relevant key agencies can equip parents with resources to prepare them for birth and support them during this transition. Within the [pre birth assessment](https://bedfordscb.proceduresonline.com/p_prebirth_assess.html), it is also important to assess risk around the parents’ ability to develop and change their parenting in response to the child’s development and changing needs.

A recent study by the Child Safeguarding Practice Review Panel and the DfE (2020) [Safeguarding children at risk from sudden unexpected infant death](https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death) identifies that the presence of neglect is one of the factors likely to increase the risk of SUDI in infants and sets out some recommendations to practice as below:

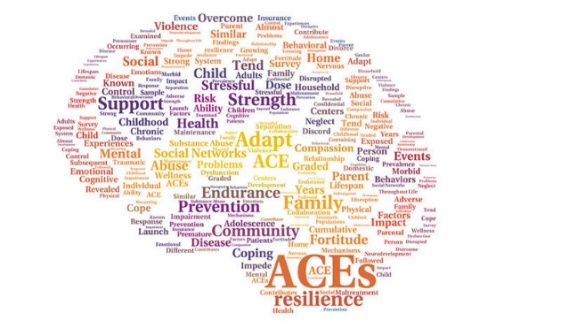
* Engaging with HV, midwifery and GP support;
* Promoting breastfeeding and smoking cessation;
* High quality and engaging safer sleep information including safer sleep advice staged and differentiated in line with ante-natal and post-birth cycle;
* Targeted safer sleeping advice and support from midwives;
* HV and GPs Effective, timely, consistent and grown-up safer sleep conversations;
* Early help and targeted support for vulnerable parents – ‘coaching’ model early on;
* Adult-focused, child safeguarding aware, advice and support signposting from other practitioners.

It also recommends that all key practitioners have an up-to-date understanding of the risks and circumstances for the family. This needs to be informed by all key partner agencies involved, including both non-statutory and statutory services. It is vital that the recommendations above are put into place early on in the intervention and best practice would be for timely intervention to inform a robust pre-birth plan. The intervention should continue after birth, to support the family in sustaining the achieved safety and progress. The recommendations promote a joint-agency approach to good practice, which is crucial throughout the safeguarding process at all points of achieving safeguarding.



**Trauma informed Practice:** Trauma refers to life events or circumstances that are experienced as harmful or life-threatening and that have lasting impacts on mental, physical, emotional and/or social well-being. Some children/young people/adults will have a traumatic response to exposure to harm that they have experienced. Trauma can present a sense of psychological threat to a child/ young person/adult’s physical integrity, sense of self, safety and survival. Children and young people may experience trauma as a result of a number of different circumstances including Adverse childhood experiences (ACEs), such as chronic neglect.

It is important to work in a way that recognises the family’s experiences. To achieve this using a [chronology, genogram](https://bedfordscb.proceduresonline.com/p_chronology.html?zoom_highlight=chronology) and case mapping is key. It is important to be mindful to how previous experiences might impact on parents and in turn, impact on children. In doing so, practitioners need to explore what are the parent’s own experiences of being parented and how these experiences contribute to the neglect concerns. Alongside intervention addressing issues of neglect, individual work with the parents’ own trauma can help to achieve better outcomes if this is a contributing factor to the neglect. For example, parental experiences of being parented themselves may be one in which neglect was normalised to an extent that it is now a feature in their own parenting.

**Adverse childhood experiences (ACEs):** are stressful, and potentially traumatic experiences that happen to children or young people ([Young minds 2022](https://bedfordboroughcouncil-my.sharepoint.com/personal/sally_stocker_bedford_gov_uk/Documents/Desktop/Adverse%20childhood%20experiences%20(ACEs))). Experiences of adversity can be one-off or ongoing threats to safety, welfare, stability, trust or bodily integrity. It is recognised that ACEs include poverty, exploitation, bereavement, bullying and other factors ([EIF 2020](https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next)) and there is a useful summary via [Young Minds 2022](https://www.youngminds.org.uk/media/ojpon1ut/addressing-adversity-infographic-poster.pdf).

There have been large ACE studies carried out and these studies show strong links between ACEs and poor health and social outcomes in adulthood. The research highlights the links between ACEs, health inequalities and the need to build strategies to increase resilience in childhood and adolescence through social and emotional skill development.

**Challenges to Addressing Neglect? What does not work well?** 

* Inadequate assessments that do not identify the seriousness, nature and cause of neglect. Insufficient consideration is given to the cumulative impact of chronic neglect because past history is not sufficiently considered. In such situations there is minimal use or consideration of [chronologies and genograms](https://bedfordscb.proceduresonline.com/files/guide_pract_chronol_geno.pdf?zoom_highlight=chronologies#search=%22chronologies%22). There is also no consideration of past harm and incidents are seen in isolation.
* Over assessing in the search for certainty, at the expense of meaningful intervention. It is important to be able to work with safe uncertainty.
* A lack of clear planning where there are not clear outcomes to measure change. Plans produced in such instances are not targeted and not reviewed frequently. This leads to drift which enables the cumulative neglect to continue.
* Practitioners feeling hopeless and unable to effect change, which can lead to drift and delay through premature ending of plans and signposting to other services. What can sometimes happen here is disagreements Pan Bedfordshire as to who should hold responsibility of supporting the family at this point. ‘Active looking away’ can occur despite a lack of progress which can lead to professional blind spots. At such times there has also usually not been an up to date joint agency assessment to update the circumstances prior to closure which could aid in noticing the cumulative increasing risk.
* Difficulties and confidence [working with Working with Parents where Improved Outcomes for Children are not Achieved](https://bedfordscb.proceduresonline.com/p_non_compliant.html). This can lead to accepting unlikely explanations, being unable to distinguish behaviour that is complaint and/or disguised compliance from real engagement and distraction tactics by parents getting in the way of progressing plans and assessing risk. A risk of parents withholding key information from some agencies whilst it is known to other agencies. There can be a positive relationship with a practitioner which may hinder their ability to challenge parents on concerns if there is a multi-agency perception that verbally challenging risk with parents is only the responsibility of the [Lead Practitioner](https://bedfordscb.proceduresonline.com/files/lead_practitioner.pdf?zoom_highlight=lead+practitioner#search=%22lead%20practitioner%22).
* Being over-optimistic about capacity for change or the ability to sustain change. In such situations, there has not been enough reflection, to explore gaps and inconsistencies. Case mapping has been absent. So has there either been disagreement across the partners regarding the level of risk which goes unexplored or there is a unanimous perception that progress is made in a multi-agency space where there is no room for [professional curiosity](https://bedfordscb.proceduresonline.com/p_pro_curiosity.html). There could also be disagreement around neglect thresholds and procedures which further contributes to splitting of practitioners.
* Becoming desensitised to the child’s situation and acclimatised to poor standards of care that normalises the concerns and again contributes to drift. This is more likely to occur if practitioners are working in isolation.
* Over-identification with parents by practitioners can mean the threshold for action can become too high
* Where intervention may necessitate a large number of practitioners, [information sharing](https://bedfordscb.proceduresonline.com/p_information_shar.html?zoom_highlight=Information+sharing) between them may become challenging and could lead to information being missed/not shared and meetings may not include all the key practitioners and their information.
* Failure to revise initial judgements.
* Concentrating on the processes and procedural ritual tasks (e.g. meetings & visits) to diffuse and manage uncertainty and anxiety, losing focus on the child and the purpose of the intervention.

**Good Practice Pointers - What works well?**

* Proactive assessment of neglect as an issue in its own right. Do not wait for an incident to happen and consider quality of the overall care of the child. Make use of tools and resources to identify and evidence neglect and **START EARLY**.
* Addressing the causes of neglect and not the symptoms, what are the vulnerability factors contributing to current concerns? Remembering to be Trauma Informed and making use of chronologies.
* Using an ecological framework (a theoretical framework that emphasizes the interaction between individuals and their surroundings; people affect and are affected by individual, interpersonal, organizational, community, and societal factors) to understand the complexity of neglect and offer more effective help. Work with the whole family network wherever possible.
* Multidisciplinary assessment with [effective sharing of information](https://bedfordscb.proceduresonline.com/p_information_shar.html?zoom_highlight=Information+sharing) and a clear plan which the family and practitioners understand the risk thresholds consistently. The multidisciplinary network will reflect the family’s needs and vulnerabilities.
* Understanding family histories and patterns of interaction over time using [chronologies, genograms](https://bedfordscb.proceduresonline.com/files/guide_pract_chronol_geno.pdf?zoom_highlight=chronologies#search=%22chronologies%22) and direct observation of family interactions.
* Matching interventions to identified needs by being flexible and creative about what can help individual families especially during and in the aftermath of COVID.
* Relationship based practice can build social support and networks to help families build resilience to promote sustained progress.
* Appropriate timescales and purposeful, focused help with clear plans reviewed to prevent drift.
* Measurable goals for change and ways to evaluate progress. Practitioners and families need to be clear about what an acceptable outcome will be for the child and how they will know this has been achieved.
* Being led by the child, their voice and lived experience. Find out what [daily life is like for the child](https://bedfordscb.proceduresonline.com/contents.html), how does the parenting impact on them. Direct Work needs to be purposeful and captured within records to evidence the impact of harm.
* Challenging practitioner blind spots using processes such as Supervision, Appreciative Inquiry, Systemic Approaches and [Social Graces](https://www.basw.co.uk/media/news/2020/jul/social-graces-practical-tool-address-inequality) and considering how factors such as Unconscious Bias can have an impact on assessment. It is important to strive to be Culturally Competent and Anti-Racist in practice recognising systemic disadvantages that can add further layers for communities and working to minimise these in reducing risk.
* [Professional Curiosity](https://bedfordscb.proceduresonline.com/files/prof_curiosity.pdf?zoom_highlight=Professional+Curiosity#search=%22Professional%20Curiosity%22) enables triangulation of information from different sources to gain a better understanding of families, and in turn enables us to assess risk more effectively by noticing gaps in the information. By doing so Practitioners are making deeper enquiries, proactively questioning and challenging appropriately. Professional curiosity also entails practitioners being accountable to explore and address blind spots so this is where Supervision is crucial.



**Pan Bedfordshire Priorities**

We have developed the following key priority areas that this strategy will focus on:

**Priority 1: Strategic commitment across all agencies to understand, prevent and reduce the impact of neglect Pan Bedfordshire**

**Priority 2: Better Understand Neglect through development of a data set, learning from audits and through research.**

**Priority 3: To re-launch and embed the Graded Care Profile (GCP2) Pan Bedfordshire.**

**Priority 4: To re-launch and embed the Neglect Screening Tool.**

**Priority 5: Equip our safeguarding workforce to respond to training and development needs in respect of Neglect.**

**Priority 6: To continue to raise awareness of Neglect.**

The Pan Bedfordshire Neglect Group have identified a number of key objectives in order to measure the effectiveness of this strategy, outlined below:

* Increase the number of multi-agency practitioners trained in understanding Neglect Pan Bedfordshire.
* Increase the numbers of multi-agency practitioners trained in GCP2 and confident in using the neglect screening tool to assist early identification of neglect;
* Increase in the number of families supported with a multi-agency whole family early help plan
* Reduction in the number of children subject to a Child Protection Plan under the category of neglect
* Reduction in the number of children needing to become looked after as a result of neglect
* Reduction in the number of missed medical appointments both prenatally and post-natally. See a reduction in children who were not brought to medical appointments including dental appointments.
* Number of Pan Bedfordshire multi-agency Neglect audits regarding early help/child protection assessment and plans carried out where the outcome is ‘Good Practice’



**How will the strategy be monitored?**

The multi-agency Pan Bedfordshire Neglect Group will through their annual strategy provide a response to the Priorities/objectives and will rigorously monitor and evaluate Neglect to establish how effective it is, through various methods such as assurance reports/audits/learning and feedback. This annual strategy will be reported on to the Pan Bedfordshire Coordination Group and three Safeguarding Children Partnerships.

# **Delivery Plan – Neglect**

**Aim** to recognise, prevent and reduce neglect to improve the safety and wellbeing of children Pan Bedfordshire.

## Priority 1 – Strategic commitment across all agencies to understand, prevent and reduce the impact of neglect Pan Bedfordshire

## Actions:

* Neglect Strategy developed by the Pan Bedfordshire Neglect Group
* Neglect Strategy delivery plan agreed and implemented by Pan Bedfordshire Neglect Group that reports to the three Safeguarding Partnerships
* Systematic approach to addressing the impacts of COVID to be identified
* Neglect Strategy and delivery plan is promoted across the Safeguarding Children Partnerships so that agencies are aware of their role in tackling neglect Pan Bedfordshire.
* Developing a poverty-aware workforce, which includes critically reflecting on practitioners’ own values and assumptions regarding poverty and risk

## 

## Priority 2 – Better Understand Neglect through development of a data set, learning from audits and through research.

## Actions:

* Multi-agency neglect case audits carried out
* Multi-agency neglect scorecard/dataset providing a comprehensive record and analysis of neglect data and interventions across Pan Bedfordshire produced to inform strategy and practice
* Ensure that reporting is robust and clearly identifies the correct need of the child.

**Priority 3:** **To re-launch and embed the Graded Care Profile (GCP2) Pan Bedfordshire.**

**Actions:**

* Implementation, monitoring and evaluation of GCP2 to support robust objective assessments of neglect and the journey of the child and family.
* To collate data and analysis of GCP2 Pan Bedfordshire.

**Priority 4:** **To re-launch and embed the Neglect Screening Tool.**

**Actions:**

* Implementation, monitoring and evaluation of the neglect screening tool.

## Priority 5 – Equip our safeguarding workforce to respond to training and development needs in respect of Neglect

**Actions:**

* [Multi-agency training](https://www.safeguardingbedfordshiretraining.co.uk/) provided regularly throughout the year
* An integrated approach to training to be developed to reflect a multi-agency approach to collaboration.
* Signs of neglect and pathways reflecting the links between obesity and neglect and poor dental health and neglect to be developed
* Online multi-agency neglect awareness raising course developed and rolled out. **Could this be made mandatory for all practitioners who work or may come across a child in their work day?**
* Neglect webpages produced to support practitioner learning and understanding of neglect on the new Pan Bedfordshire Safeguarding Partnerships’ website.

**Priority 6: To continue to raise awareness of Neglect**

**Actions:**

* To encourage the use of the [Day in My life tools](https://bedfordscb.proceduresonline.com/contents.html) to help practitioners understand what life is like for a specific child and their family, in their home and community. Understand the impact of neglect and poverty on a daily basis.
* To work with agencies to assure the Partnerships that poverty is identified, visible in assessments, reviews, case conferences and court reports. Practitioners are recognising the impact of poverty on children and their family’s lives and relationships and what support can be provided to alleviate the financial pressures.





**How will we know we have made a difference?**

* Parents and carers report they know how to seek advice and support
* Parents and children say early help services have made a positive difference to their lives
* Through assessment, parents/carers, children and practitioners identify what is working well and what needs to change
* Local communities have an awareness and understanding of neglect and can identify local champions to prevent neglect and signpost support
* Plans to provide support set out clearly what needs to change and how the change will be measured
* Practitioners are confident to recognise all forms of neglect
* Children who are suffering neglect are identified early (at the right time); the right help and support is in place
* A robust multi-agency dataset provides a comprehensive basis from which to identify local patterns of neglect and address any new and emerging themes
* Information, training and awareness delivered to practitioners around identifying and understanding neglect helps them identify neglect at the earliest opportunity and ensure early safeguarding intervention/s are in place.
* Children are kept safe from neglect because Pan Bedfordshire is following a clear, systematic, multi-agency strategic approach to tackling child neglect.
* Partner agencies are held to account for their performance and quality of interventions with regard to neglect
* The Safeguarding Children Partnerships understands the prevalence and causes of neglect through links with other Boards, Partnerships and Groups
* The impact of long term neglect is reduced because children who are living with neglect are identified early and the right help is put in place at the right time
* The Pan Bedfordshire safeguarding workforce is skilled, prepared, well trained and works effectively with others to reduce child neglect Pan Bedfordshire.

