
Neglect Strategy

2022-24



DONCASTER
SAFEGUARDING
CHILDREN
PARTNERSHIP



**Neglect is abuse,
there is no excuse**

DONCASTER SAFEGUARDING CHILDREN PARTNERSHIP

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The DSCP would like to acknowledge the Birmingham Safeguarding Children Partnership Neglect Strategy as a useful and informative basis for developing this strategy.

1. Our Vision

“Every pair of child and young person’s shoes should be filled with someone who is happy and safe if we do not act to protect and ensure the safety of children in Doncaster we will have empty shoes”.



“Put yourself in my shoes”

(credit SYP/KCoulter Child Matters Training 2021)

1.1 Purpose of the strategy

The purpose of the strategy is to set out what Doncaster Safeguarding Children Partnership is doing to tackle neglect. The strategy has been built on the South Yorkshire Police shared vision, as stated above, and developed with our multi-agency partners. In Doncaster we are committed to reducing the impact and prevalence of neglect across the spectrum of need for all children and young people in our area. We will work together to raise awareness of neglect and reduce the prevalence of all children and young people suffering from neglect in Doncaster. This strategy is aimed at all children in Doncaster including unborn babies, those who have disabilities, and children of all age groups, including adolescents.

1.2 Work together

There is an agreement in place across Doncaster that early intervention is vital and that the best outcomes for children and young people come through early intervention and prevention; use of the Early Help assessment and a multi agency approach to ensuring the best outcomes for children to support resilience and change. However, not one service alone in Doncaster is responsible for working with vulnerable children and young people where emotional and physical neglect is a concern. We therefore have to work together to meet the needs of children and young people and enable them to feel safer and to know they have a voice to influence what happens to them.

We will do this by ensuring our plans for children and young people are multi-agency and focused on holistic needs, with clear goals and timely outcomes. We will ensure our assessments and plans clearly record the voice of the child/young person. As a partnership

we will work together to safeguard children and young people subjected to neglect, investigate where appropriate and prosecute the most serious cases. We will take decisive action when long term neglect is not addressed to protect children and young people.

1.3 Strategies that support our response to Neglect

It is recognised that neglect is broad ranging and in Doncaster, there are a number of strategies and work streams that support our agenda. We need to ensure we consider this when developing the Doncaster offer;

- Children & Young Peoples Plan
- Healthy Child Programme
- Starting Well Strategy
- Developing Well Strategy
- Vulnerable Adolescent Strategy
- Early Help Strategy
- Doncaster Domestic Abuse Strategy
- Doncaster Drug & Alcohol Strategic Assessment
- Parenting Strategy
- Anti Poverty Steering Group
- Mental Health Improvement Plan
- 1001 Days
- Stronger Families Programme



2. Background

2.1 Definition - What is Neglect?

Neglect is the persistent failure to meet a child's/young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's/young person's health or development. Neglect may occur during pregnancy for example as a result of maternal substance abuse, or neglect of the unborn baby's medical needs. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate and appropriate food of nutritional value, clothing and shelter (including exclusion from home or abandonment).
- protect a child/young person from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers).
- ensure access to appropriate medical care, treatment or dietary requirements.

Working Together to Safeguard Children 2018 - [Working together to safeguard children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Neglect can be characterised by the absence of a relationship of care between parent / carer and the child. A failure of the parent / carer to prioritise the needs of their child.

The National Child Measurement Programme:

<https://www.gov.uk/government/publications/national-child-measurement-programme-childhood-obesity>

Refer to Appendix 1 for Categories of Neglect (Howarth 2007)

2.1 Why is it important to prevent neglect

National and local research tells us that practitioners are still failing to recognise and prevent the signs of neglect and the possible long-term consequences. The earlier the intervention the better the outcome for the child/young person. There are a number of factors, sometimes combined, that will increase the likelihood of neglect in some families. A quarter of children/young people are born into home environments that are not conducive to good parenting because the household is affected by domestic violence, parental conflict, mental illness or drug and alcohol problems, poverty, social isolation, parental capacity and parental history of neglectful parenting. These are risk factors and do not equate to neglect, this list is not exhaustive and caution needs to be taken not to make assumptions. It is important to recognise strengths in families and acknowledge how some families despite adversity provide more than adequate care for their children/young people. Refer to Appendix 2: Impact of Neglect (Horwath 2007)

This Joint Targeted Area Inspection programme which began in May 2017, examined the multi-agency response to older children who are experiencing neglect and found that:

- Neglect of older children sometimes goes unseen.
- Work with parents to address the neglect of older children does not always happen.
- Adult services in most areas are not effective in identifying the potential neglect of older children.
- The behavior of older children must be understood in the context of trauma.
- Tackling neglect of older children requires a coordinated strategic approach across all agencies.

<https://www.gov.uk/government/publications/growing-up-neglected-a-multi-agency-response-to-older-children>

2.2 Consequences of Neglect

Child neglect is one of the most prevalent forms of child abuse (Avdibegović & Maja, 2020). Whilst it is often associated with other forms of abuse, neglect is different because it encompasses omissions or negligence in meeting the basic needs of a child. When these omissions are reoccurring over time they can lead to serious health complications including the death of a child. The mortality rate of children who are severely neglected is higher than the rate of severely physically abused children (Child Welfare Information Gateway 2012), with 30 – 40% of abuse related deaths a result of neglect (Berkowitz, 2001).

Neglect has been highlighted as one of the biggest threats to the development and welfare of children, Watson (2005) found that research into the direct consequences of neglect are minimal and often in the shadow of other forms of abuse. Of the research that has been undertaken into the impact of child neglect there are consistent findings that the consequences of neglect are multi-faceted and long-standing (MacMillan, 2000). Changes in brain maturity is the bedrock for the growth and development of children.

Egeland et al. (2002) concluded that children who have experienced high levels of neglect present as individuals who are more passive, withdrawn, apathetic, less involved in the social and physical environment, they will take on the role of being helpless when under stress and showing significant developmental delays. In addition to this neglected children can internalize pieces of information, which they perceive to mean they are worthless and assume they are unable to achieve success in acquiring friends, the academic field or even being noticed.

Considering the longer term implications of childhood neglect, there is a greater risk of adults presenting with mental health problems such as depression, post-traumatic stress disorder, anxiety disorders, suicide attempts, psychoactive substance abuse, and other forms of risk behavior (Widom et al. 2017, Gil et al. 2009, Norman et al. 2012). In addition to this there are increased risks of them engaging in criminal and violent behaviors as adults (Daniel et al. 2011, DePanfilis 2006) and in having cognitive, linguistic and behavioral difficulties (Spratt et al., 2012). Parents of neglected children were more likely to have been neglected or have experienced abuse during their own childhoods (Metzler et al. 2017). Suggesting that there

could be an intergenerational transmission of parenting style inclusive of neglectful parenting traits.

2.3 Adverse Childhood Experiences

Childhood experiences have a massive impact on lifelong health and opportunity. **Adverse childhood experiences (ACEs)** refer to stressful or traumatic events that children and young people can be exposed to as they are growing up. ACEs range from experiences that directly harm a child/young person, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children/young people grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment. There is however a distinction between 'normal' stressful life events, such as parental divorce or illness of a loved one, and adverse childhood experiences, very traumatic life events, such as being or seeing someone else physically or sexually abused.

ACEs can have a negative impact on development in childhood and this can in turn give rise to harmful behaviours, social issues and health problems in adulthood. There is now a great body of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body's system for defending against diseases. The more ACEs a child/young person experiences the greater the chance of health and/or social problems in later life.

ACEs research shows that there is a strong dose-response relationship between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, chronic obstructive pulmonary disease; heart disease; cancer), increased levels of violence, and lower academic success both in childhood and adulthood.

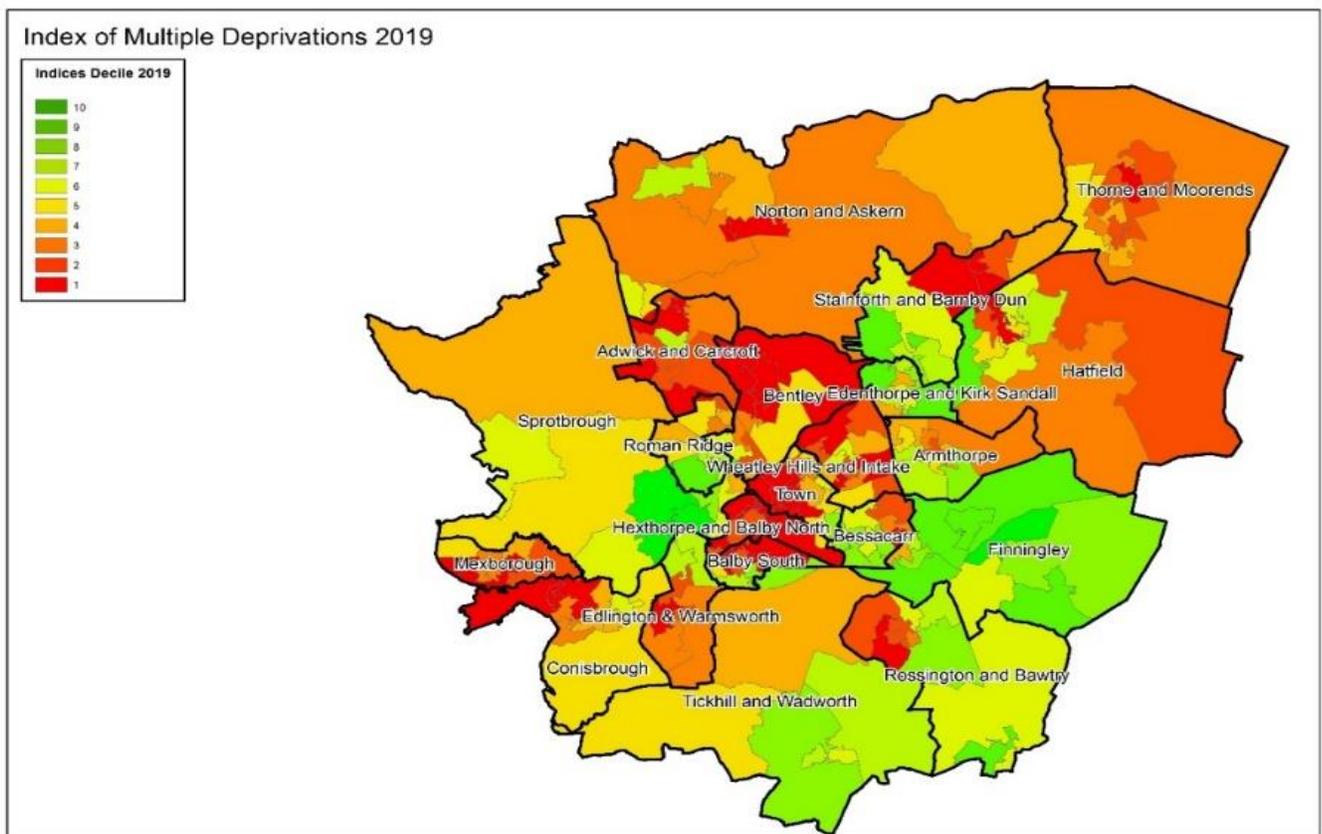
The ultimate aim for ACEs informed practice is to create a society in which ACEs occur far less frequently, and where they do the child/young person and the family are offered support at the earliest opportunity.



3. What does data tell us about neglect in Doncaster?

3.1 Deprivation and Neglect

Neglect remains the most common form of child mistreatment in the UK, it is the most common reason for a child/young person being subject to child protection plans. There are clear links between child neglect and families living in deprived areas. In Doncaster approximately 22% of children under 16 are living in low-income families. The areas of highest deprivation are recorded in the illustration below.



3.2 Neglect and Early Help

In Doncaster, the number of cases open to Early Help where neglect is a feature by vulnerability, has risen over the past 12 months from 187 (June 2020) to 243 at June 2021. This is a 29.9% increase as illustrated in the table below.

Table 1: Early Help Open Cases where Neglect is a feature by Vulnerability

Month	Jun 2020	Sept 2020	Dec 2020	Mar 2021	Jun 2021
Total Early Help Open Cases where Neglect is a feature	187	201	215	236	243

3.3 Social Care Contacts - Neglect

From June 2020, there has been increase of contacts in relation to child neglect peaking in March 2021 at 54.3%, as shown in the table below.

Table 2: Social Care Contacts in relation to Neglect

Month	Jun 2020	Sept 2020	Dec 2020	Mar 2021	June 2021
Total Contacts	1994	1998	4474	5738	6260
Rate of Contacts with Neglect	20.5%	31.5%	41.5%	54.3%	28.4%

In relation to Child Protection Plans, there is a significant gap between the categories of emotional abuse at 62% (representing mostly domestic abuse cases) and of neglect at 30.1% (statistical neighbour 49%, national 50% 2019/20 data).

3.4 Parental Alcohol Misuse

In Doncaster, it is estimated there are in excess of 800 children who live in the household of an adult with alcohol dependence. Recent data from Doncaster Children's Trust indicates that parental alcohol misuse is a factor in 58% of child protection plans. The prevalence of Parental Alcohol Misuse has significantly increased during the COVID-19 pandemic and is linked to domestic violence, mental health issues and the impact of wider socio-economic changes.

3.5 Multi-agency Audit Activity

The partnership undertook a multi-agency a neglect audit in July 2021. Six cases were audited through a multi-agency group, key findings of the audit indicated that:

- It was not evident in the case files that the views of the children/young people or their lived experience were adequately captured.
- There was no consistent evidence of the Neglect Toolkit being used to support children/young people and families to identify and respond to neglect.
- There needs to be consideration and development of how the quality and the care for children/young people and families is tailored to meet their individual needs. This means allowing practitioners to do things differently, including stepping out of given/expected timeframes if required, as well as using a healthy challenge to ensure that the right service/care is provided to children/young people and families.
- The current system is not set up nationally for services to deliver an individual approach to families and there is a local gap regarding exit strategies in the community.

As part of the audit process, it was identified that South Yorkshire Police have invested significant resource into understanding and acting on their powers where neglect is identified.

The findings of the audit have informed a multi-agency plan of action to drive continuous improvement and an effective response to neglect in Doncaster. Neglect is a priority for the Doncaster Safeguarding Partnership Board for 2021-2022.

4. Our Principles

4.1 Key Principles

We pledge to:

- Consider the lived experience of each child and young person and to ensure that all agencies and partners work collaboratively to improve outcomes.
- Ensure the workforce recognise and understand the impact of neglect, that thresholds of need are consistently applied and that they understand the vulnerabilities of families.
- Develop a workforce that is confident to recognise neglect and have the relationships with families to address issues

4.2 Right Help, Right Time, Right Person

These principles are the way we expect each other to work with children/young people and families.

We will:

- Have conversations and listen to children/young people and their families as early as possible
- Understand the child/young person's lived experience
- Work collaboratively to improve the child/young person's life experiences
- Be open, honest and transparent with families in our approach
- Empower families by working with them
- Work in a way that builds on the families' strengths
- Build resilience in families to overcome difficulties

4.3 Think Family – Whole Family Working approach

The Whole Family Approach is a family-led strategy that provides adults and children/young people with the tools they need to set goals together, create plans and to achieve those goals. By using the Whole Family Approach, family members work together to support each other's goals and achieve long-term change and stability

4.4 Signs of Safety

Signs of Safety is a strengths-based approach which builds on the relationships with families in order to achieve safety for children/young people. The model focuses on three aspects:

- What are we worried about?

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- What's working Well?
 - What are the next steps?

Using the model will keep children/young people at the centre and involve the family and wider network to understand the worries around neglect and help put effective and sustainable plans in place.

4.5 Capturing the Voice of the Child/Young Person

The Doncaster Safeguarding Children Partnership pledges to hear, listen and act on the voice of children and young people throughout everything that it does. We will:

- Seek feedback from children and young people suffering neglect on how effectively services have supported them.
- Incorporate the voice of children and young people in all DSCP multi-agency training.
- Ensure multi-agency audits have clear standards and measures about whether we have captured the voice of children and young people to identify themes and issues to report to the partnership and that where appropriate young commissioners are a part of this process
- Forge links with relevant children and young people's forums to identify opportunities to work together and co-produce

We will seek to ensure that children, young people and families are at the heart of all we do.

4.6 Multi-agency Training

Doncaster will work with partners to implement and embed awareness of neglect across the whole of the workforce. We will support professionals to ensure neglect is responded to confidently, competently, swiftly and effectively. We will ensure that our neglect training and development offer is accessible and responsive to learning from research and case audits.

5. Recognising Neglect

5.1 It is imperative that professionals seek to support families as early as possible to reduce the impact of neglect on the child/young person. When recognising and responding to neglect, practitioners need to take into consideration the wider family context, which may make a child or young person more at risk. Examples of which are as follows:

- There are parental/carer risk factors – domestic abuse, substance misuse, mental health needs, or learning disability.
- There are issues of capacity under the Mental Capacity Act for the parents, carers and children over 16 years of age.
- The child or young person is missing out on education, or not achieving in education.
- Adolescent decision-making is in conflict with that which may be consistent with their welfare.

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- The young person has social, emotional, complex health needs or mental health challenges.
 - Consideration of cultural beliefs
 - Change occurs for a family – including unanticipated events. A separation, divorce redundancy, the onset of illness, or a bereavement or the introduction of a new partner (and maybe their children) to the family can lead to neglect or impact on a parents' capacity to provide adequate care and support.
 - Consideration of poverty as a risk factor and the impact on the family – there is a strong association between families' socio-economic circumstances and the chances that their children will experience abuse or neglect. People living in poverty have additional strains and stresses in daily life that may affect their parenting capacity.
<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>
 - Wider support is lacking. When a young person and their family have few options for support – from extended family, neighbours, friends or school – there can be a higher likelihood of neglect.
 - Where the child or young person has complex or special needs we need to be more vigilant and aware of their needs as they are more likely to experience neglect.

A parent's bond and attachment to their child is instrumental in their ability to empathise and see their child as a person in their own right. The lack of emotional warmth is an indicator of neglect, and does at times impact on their ability to meet their child's basic physical and emotional care needs.

Professionals must respond to neglect with the same degree of seriousness and urgency as all other forms of child abuse. The earlier we intervene to prevent neglect the better the outcome for the child/young person.



6. Our Response - What we are going to do differently

We will support practitioners in identifying and assessing neglect by providing a range of tools that help highlight risks associated with neglect. Tools include:

- Graded Care Profile 2
- Three Houses and scaling tools
- Home conditions scale tool
- Assessment triangle
- Signs of Safety

6.1 Graded Care Profile

In Doncaster, we are working to implement the Graded Care Profile Tool. This is an evidence based tool that has been tested and designed to help child care professionals when working with neglect. We believe that if professionals consistently incorporate the use of this tool into everyday practice with families to identify areas of strength and areas that need support and improvement, it will enable us to recognise early signs of neglect. We will be specific and clear about what needs to change, consistently measure the quality of the care given to the child/young person over time and simply measure whether change is occurring. This will support the right families being stepped up into services and for those already receiving this service to know whether neglect remains the key issue that creates risk for the child/young person.

6.2 Neglect Champions

As part of the commitment to tackle neglect, partners across the borough will introduce Champions against Neglect. The expectation is that Champions will become experts in responding to neglect; provide support and guidance to others and contribute towards the strategic approach to tackling neglect across the borough of Doncaster.

6.3 Universal Services

The majority of children and families locally and nationally will have their needs met by accessing their local universal services. In general, children who only require universal provision are those with 'no identified additional need'. Early support starts with good perinatal care, Maternity and Health visiting services are essential universal services that begin the parents/child's journey. Support may be given from a range of agencies, providing information, advice and guidance, signposting to self-help support to ensure children, young people's health and developmental needs will be met by good parental care. Information about other resources available to families can be through the [Families Information Service website](#):

Families' needs change and there may be times when very quick low-level practical help is needed from another service. The Local Solution Groups can provide this type of response in the local area.

LocalSolutionCentral@doncaster.gov.uk

LocalSolutionEast@doncaster.gov.uk

LocalSolutionNorth@doncaster.gov.uk

LocalSolutionSouth@doncaster.gov.uk

6.4 Early Help Services

Improving our Early Help response to neglect is a priority for Doncaster, this will be done through multi-agency training to ensure people are alert to the indicators of neglect at the earliest opportunity. Providing opportunities for anyone carrying out the role of a parent (either on their own or with other people) to develop the knowledge, skills and experience they need to do this to the best of their ability. The sorts of activities could include:

- assisting to support a child/young person's learning;
- helping develop routines with children/young people;
- developing better approaches to understanding the child/young person's behaviour and communicating with them in a positive way; and
- activities that help mothers/fathers to bond more closely with their child/young person

This support can be developed in a number of ways, using the Signs of Safety approach to identify strengths within families, the use of the Outcome Star to support families to identify their own goals and how to achieve them – through 'top tips' and parenting guides, evidence based parenting programmes, antenatal /postnatal promotional guides, face-to-face discussions and home visits.

6.5 Parental Alcohol Misuse

We will work closely with the Parental Alcohol Misuse group to implement the recommendations outlined in the Doncaster Parental Alcohol Misuse Service Development Project conducted by Huddersfield University. Maintaining and fostering closer links between Aspire Alcohol and Drugs Service and Children's Services.

7. Our Priorities

7.1 Priority 1 – Strategic commitment across all agencies

Preventing neglect is a priority for Doncaster, to address this, we will:

- Launch Doncaster's Neglect Strategy across the borough
- Drive neglect as a key priority of the Doncaster Safeguarding Children Partnership through a whole family approach
- Ensure neglect is embedded in the DSCP's quality assurance framework and Section 11 audit
- Develop a neglect scorecard to enable us to measure success
- Develop a consistent practice standard through the implementation of the Graded Care Profile
- Refresh Signs of Safety training for practitioners
- Raise awareness and collaboration around neglect with other partnership boards.
- Develop practice guidance to support professionals who work with children, young people and their families where neglect is identified.

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- Ensure agencies take responsibility to communicate, implement and embed in their service this strategy, practice guidance, and reviewed policy, embedding a strong audit process to review their own effectiveness.
 - Develop a programme of multi-agency neglect themed audits to support enhancements in service delivery.
 - Consult children, young people and their families through evaluation to understand what services made the biggest positive impact for them.
 - Agree Multi-agency Action Plan that will set out what we need to do to achieve the aims and objectives of this strategy.

7.2 Priority 2 – Prevent neglect through Early Help

7.2.1 It is imperative that frontline practitioners identify signs of neglect at an early stage of partnership involvement. The impact of neglect of children/young people is often gradual and therefore there is a risk that agencies do not intervene early enough to prevent harm.

7.2.2 Working Together (2018) requires local agencies to have in place effective assessments of needs of children/young people who may benefit from Early Help services.

7.2.3 In Doncaster, agencies should effectively utilise the Early Help Assessment to assess unmet needs and co-ordinate appropriate support.

7.2.4 The Graded Care Profile will be introduced into Doncaster to support the identification of neglect, and it is recognised that an enhanced communication strategy is required to communicate to practitioners the benefits of using this tool.

7.2.5 To address this, we will:

- Ensure that neglect is included in the revised Early Help Strategy.
- Promote the use of the Graded Care Profile across the partnership.
- Carry out audits of Early Help assessments to check the use of the Graded Care Profile.
- Ensure there is access to parenting courses that meet the needs of parents that are struggling to care for their children/young people.
- Develop good practice case studies.

7.3 Priority 3 – Improve awareness, understanding and recognition

7.3.1 An Ofsted visit to Doncaster in February 2021 found that the analysis of risk to children/young people experiencing long-term neglect for social work practice required improvement.

7.3.2 To address this, we will:

- Work with children and young people to get a better understanding of neglect from their perspective

- Launch a Neglect Campaign
- Review and refresh our website, including safeguarding procedures content around neglect.
- Improve the use of communication channels to promote awareness, understanding and recognition of neglect, including social media, newsletters, Twitter, etc.
- Introduce Graded Care Profile 2
- Support the setting up of Champions against Neglect within each agency.
- Provide a borough wide workforce development offer about recognising and responding to neglect at the earliest possible opportunity
- Deliver a borough wide communications campaign to enhance the profile of neglect within the partnership and community
- Neglect will be the focus of the DSCP annual conference featuring leading academics and sharing messages from research and Local Child Safeguarding Practice Reviews to inform our practice
- Link in with other Local Authorities and partnerships who use the Graded Care Profile to share learning and improve practice.

7.4 Priority 4 – Improve effectiveness of interventions and reduce the impact of neglect

7.4.1 Ensure our interventions promote immediate and sustainable improvement to the lived experience of our children and young people to prevent further exposure to neglect necessitating repeat episodes of intervention.

7.4.2 To address this, we will:

- Provide ongoing training and professional development opportunities to ensure that practitioners effectively identify and respond to neglect and its impact.
- Monitor and maintain multi-agency oversight of the process for the management of children’s cases where a child/young person who has previously been the subject of a Child in Need or child protection plan, where neglect is a feature, is referred for a second or subsequent time.
- Establish a Neglect Operational Group where the delivery of the strategy and operational impact of it can be reviewed, alongside learning from re-referrals and children’s cases where successful long-term impact is evident. Practitioners can share concerns, good practice and advice on neglect cases.

7.5 Priority 5 – Sustainability and Community Approach

We will;

- Ensure accessible multi-agency training is available to all staff across the partnership
- Analyse the data locally and compare it with national and regional comparators, published reports and research.
- Provide regular reports on findings to enhance service delivery.
- Identify themes and trends, using this information to inform our service developments

and identify vulnerabilities across the partnership landscape.

- Undertake regular audits to ensure implementation of Graded Care Profile across all agencies
- Monitor progress against the strategic objectives on a regular basis

8. Making our Priorities happen

8.1 Governance and Accountability

8.1.1 This strategy is owned and overseen by the Doncaster Safeguarding Children Partnership (DSCP) however; it requires all partners in the borough to commit to embedding the strategy across their organisations.

8.1.2 The DSCP will monitor progress against the strategic objectives on an annual basis. The effective delivery of the strategy will be reported to the Chief Officers Safeguarding Overview Group.

8.1.3 In Doncaster we use a Performance and Quality Assurance and Improvement framework that focuses on impact and outcomes, taking a step by step approach to improve conditions of wellbeing by understanding how we want those conditions to look and feel, how to measure changes; decide who needs to be involved and what practical steps need to be taken.

9. Delivery Plan

To achieve our key priorities a delivery plan has been developed (Appendix 4). This will be reviewed and updated quarterly to ensure delivery of this strategy.



Appendix 1 – Categories of Neglect

Categories of Neglect

Emotional Neglect can be defined as the “hostile or indifferent parental behavior which damages a child’s self-esteem, degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development”. It is the non-deliberate consequence of a carer’s neglectful behavior (Iwaniec,1995)

Medical Neglect carers minimise or deny a child’s illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of health care including dental, optical, speech and language therapy, and physiotherapy.

Nutritional Neglect usually associated with inadequate food for normal growth leading to “failure to thrive”. Increasingly another form of nutritional neglect from an unhealthy diet and lack of exercise can lead to obesity, which increases the risks to health in adulthood.

Educational Neglect includes carers failing to comply with state requirements, but also include the broader aspects of education such as education and supporting their learning including that any special educational needs are met.

Physical Neglect refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from their peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, and exposed electric wires and sockets.

Failure to Provide Supervision & Guidance - refers to the carer failing to provide the level of guidance and supervision to ensure that the child is physically safe and protected from harm.

Appendix 2: Impact of Neglect (*Horwath 2007*)

The following summarises the main impacts of neglect at each stage:

- **Infancy (birth to two years)** – babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.
- **Pre-school (two to four years)** – most children of this age are mobile and curious, but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.
- **Primary age (five to eleven)** – for some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.
- **Adolescence (twelve to seventeen)** – neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide.'

Appendix 3 – Ways in which children and young people can experience neglect

(Source: Community Care Inform Research Resource, Horwath)

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	Experiences of neglect by Horwath's classifications					
	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Infancy; 0-2 years	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.
Pre-school; 2-4 years	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 and 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.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal 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, lack of routines 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.
Adolescent; 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited 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 by 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 affected by their living conditions, inadequate clothing, poor 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.

Appendix 4 – Neglect Strategy Delivery Plan 2022-23

Ref	Action	Who	When
1	Link with other authorities regarding the implementation of the GCP2 to share good practice	Angelique Choppin / Emma Smith	31/01/22
2	Develop the GCP2 implementation plan	Neglect Sub-group	28/02/22
3	Link in with PAM task and finish group to implement the recommendations from the PAM Service Delivery Project undertaken by Huddersfield University. <ul style="list-style-type: none"> Maintain close links between Drug and Alcohol services and Children's services 	Neglect Sub group	31/01/22 and ongoing
4	Set up a Neglect Operational Group that includes champions	Emma Smith, DCST	31/03/22
5	Develop a communication plan to; <ul style="list-style-type: none"> Raise the profile of neglect across Doncaster through a campaign Promote the use of the GCP2 	Neglect Sub-group / Comms Team	31/03/22
6	Recruit a GCP2 Lead	DSCP Business Unit	30/04/22
7	Deliver a Practitioner Event to Launch the Neglect Strategy, share learning from LCSPRs, audit and promote the use of GCP2	DSCP Business Unit	30/04/22
8	Ensure Neglect is included in the Early Help Strategy	Neglect Sub-group	31/05/22
9	Implement the GCP2 across the partnership	GCP2 Lead / Neglect sub group	30/06/22
10	Ensure Neglect is included in the S11 self-assessment	DSCP Business Unit	30/06/22
11	Develop a multi-agency Neglect training offer across the partnership <ul style="list-style-type: none"> Including a refresh of the signs of safety training 	Training Sub-group	30/09/22
12	Undertake multi-agency audit on Neglect and identify good practice case studies	Learning and Quality Improvement Group	31/10/22
13	Develop a scorecard for Neglect	Neglect Sub-group	31/12/22
14	Develop practitioner guidance for Neglect and the GCP2	GCP2 Lead	31/12/22
15	Develop delivery plan for 2023-24	Neglect Sub- group	31/01/23