



**Solihull**  
**Safeguarding**  
Children Partnership

Listening, Learning and  
Improving Outcomes for  
Children and Young People

RESPECTFUL CHALLENGE • ACCOUNTABILITY • LISTENING • LEARNING • INCLUSION

# Neglect Strategy 2022-2024

Solihull Safeguarding Children Partnership

## 1. Introduction

*“How we respond to and protect children from the harmful effects of neglect is one of the most pressing and challenging aspects of safeguarding work in this country. Neglect is consistently the most common initial category of abuse for children on a child protection plan, accounting for nearly half of all plans”.*

*(Complexity and challenge: a triennial analysis of SCRs 2014-2017 D of E 2020)*

This document sets out the rationale for a new Neglect Strategy. It is underpinned by the guiding principles of the UN convention of the rights of the child and sets out the priorities for an effective multi-agency response to childhood neglect in Solihull.

The Strategy will be implemented through a Delivery Plan. A Neglect Pathway sets out what a response to concerns about Neglect should look like in Solihull and a Neglect Toolkit supports practitioners in the identification and assessment of Neglect.

## 2. Guiding Principles

The UN convention on the rights of the child underpins this strategy and should be promoted by all organisations working with children and their families.

In working to safeguard children and young people Solihull Local Safeguarding Children Partnership will strive to ensure all children:

- Protected from violence, abuse or neglect
- Receive an education that enables children, to fulfil their potential
- Are raised by, or have a relationship with, their parents/ families
- Are able to express their opinions and be listened to.

*“All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.” (UN convention on the rights of the child; Article 2)*

In order to be successful, this strategy is grounded in the following principles for local partnership working:

- **The Childs ‘Voice’** – in all of our work on neglect, it is vital to listen, hear and observe the child, and to focus on their experiences and the impact neglect has had - and is having - on their lives. This means understanding what a day in their life looks and feels like from their perspective.
- **Participation of parents and carers** – as with hearing the voice of the child or young person, so it is equally important that the earliest opportunity is taken to work collaboratively with **all** parents and carers - including fathers - to ensure they are listened to and involved in discussions and decision making. Practitioners who work for organisations that provide services directly for parents (rather than for children) may be ideally placed to gain the perspectives of parents and facilitate a collaborative approach to help achieve the best outcomes for the child/ren.
- **Meaningful conversations, with relational people, at the earliest opportunity** – we want children, young people and families to receive the help and support they need by being able to have meaningful conversations, with services they already access, as early as possible in the life of a problem. This includes conversations with practitioners who work directly with adults;

professionals need to consider if the adult they are supporting has parental/caring responsibilities and identify at the earliest opportunity any needs that may impact on their care of a child. Preventative and early help responses to neglect are critical to avoid issues escalating and children experiencing cumulative and further harm.

- **Strengths-based practice** - work with families to address neglect must maintain a focus on investing in the relationships we have with children, young people and their families, and with colleagues and partners to improve outcomes, prevent or resolve harm. All practitioners and agencies, even those who may not work directly with children, have a responsibility to offer both support and challenge to families and to each other in order to respond robustly to neglect, whilst utilising the strengths of whole families. Solihull has adopted a strengths-based practice called 'Signs of Safety' which pays equal attention to what professionals and family members recognise is working well and what they are worried about, so that collectively they can consider what needs to happen.
- **Trauma-informed practice** – Professionals need to understand the impact of previous trauma on functioning/parenting/ability to respond to interventions. Those services which only have contact with parents have a vital role here, and need to be actively checking if the adults they are working with have parenting/caring responsibilities. Understanding the impact of childhood adversities, on issues such as social isolation, stress and difficulties with interactions, can make a difference when planning an intervention to reduce stress, strengthen life skills (e.g. setting & meeting goals, managing emotions, understanding behaviour, creating daily routine and supporting children's development) and build supportive relationships.

Traumatic experiences for children can initiate strong emotions and physical reactions that can persist long after the event. They may feel overwhelmed by the intensity of their physical and emotional responses. Repeated exposure to traumatic events can affect the brain and nervous system and increase health - risk behaviours; at no age are children immune to the effect of traumatic experiences. Where practitioners do not take a trauma informed approach, they are less likely to be able to engage with children and families who have experienced trauma.

- **All families are unique** – as are the individuals within them. It is important to fully understand family histories to address root causes of neglect and get interventions right for each individual and unique family. This has to include fully understanding the intersectionality of an individual of protected characteristics and lived experiences. There is a need to reduce the potential for 'revolving door' syndrome and fully understand the cumulative risk of harm to a child when different parental and environmental risk factors are present in combination, or over periods of time. We should not lose sight of the child in addressing the needs of their parents and carers; this is especially important in services that may not actually have contact with the child. Effective collaboration is needed to ensure children and young people are not provided with short-term responses to neglect without addressing the root causes.

## 3. Definition

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

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)*
  - b. protect a child from physical and emotional harm or danger*
  - c. ensure adequate supervision (including the use of inadequate caregivers)*
  - d. ensure access to appropriate medical care or treatment*
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs'.*

(Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children, DfE 2018)

The signs of neglect of older children may be more difficult to identify than signs of neglect in younger children, and older children may present with different risks. For example, older children may want to spend more time away from a neglectful home, and, given their experience of neglect, they may be more vulnerable to risks such as going missing, offending behaviour or exploitation. When older children who have experienced neglect come to the attention of agencies, the most obvious risks of, for example, exploitation or offending behaviour may elicit an appropriate response from professionals initially. But, without understanding and addressing the underlying impact of neglect, the effectiveness of any work to support these children will be limited.

Professionals and parents will often focus on an older child's presenting behaviours rather than considering the presenting issue within the context of possible neglect, and professionals can fail to take action with parents regarding any ongoing neglect. As children get older we expect them to take more responsibility for their actions. Older children, however, still need a great deal of parental care, support and guidance. Parenting older children requires different skills, as does undertaking direct work with older children. (Growing up neglected: a multi-agency response to older children; Ofsted, Care Quality Commission, Her Majesty's Prison and Probation Service, and HM Inspectorate of Constabulary and Fire & Rescue Services, 6 July 2018)

Howarth (2007) identified six types of neglect;

- Medical
- Nutritional
- Physical
- Lack of supervision & guidance
- Emotional
- Educational

This breakdown is helpful for practitioners to begin considering where the child's needs may be being neglected. Solihull LSCP has developed a [Neglect Tool Kit](#) to sit alongside this strategy that explores these areas in more depth.

The impact of neglect on a child's development may not be apparent at an early stage except in the most extreme cases. However, the effects of neglect can be harmful, cumulative and long-lasting for the victims. The impact of neglect can become more severe as a child grows older encompassing multiple areas; for example, if a child experiences neglect that leads to a delayed development of the brain, this can lead to cognitive delay or psychological problems which may manifest as social and behavioural problems. Therefore there is a need to understand that the impact of neglect can vary based on:

- The child's age;
- The presence and strength of protective factors;
- The frequency, duration, and severity of the neglect;
- The relationship between the child and caregiver.

<https://www.childwelfare.gov/pubPDFs/neglect.pdf>

## 4. National Context

Neglect is the most common category of abuse for child protection plans (CPPs) in England (25,330 children at 31 March 2019) and the second most common for the child protection register (CPR) in Wales (1,005 children). Analysis from Serious Case Reviews 2014 - 2017 shows there was evidence of neglect featuring in nearly three-quarters (208 of the 278, 74.8%) of the SCR reports examined. Features of neglect were apparent in 112 out of 165 (68%) fatal cases and 96 out of 113 (83%) non-fatal serious harm cases. Neglect was the category of abuse in 50/84 (59.5%) children who were subject to a child protection plan at the time of or prior to the incident leading to the SCR and for whom the data were available. This report recognised that the impact of poverty is, perhaps, reflected in the increasing prevalence of neglect

both in national analyses of SCRs and in wider child protection investigations nationally:

*“A scrutiny of the current reviews suggests that in the majority of cases references to poverty were oblique and there was little detail of how it impacted on parenting capacity or the children's lived experience. In some instances, practitioners sign-posted families to food banks and other relevant charities, however the underlying causes were not addressed. The response appears to be incident driven and no long-term plan to address the causes and consequences of poverty was recorded.”* (Complexity and challenge: a triennial analysis of SCRs 2014-2017 D of E 2020)

However, there is also a popular misconception that neglect only affects families living in poverty. There is increasing evidence to show that child neglect also occurs in families from the highest social class (Bellis et al, 2014). It can be argued that in some cases professional judgements were particularly susceptible to unconscious bias as a result of the family's socio-economic status. This particular issue has been highlighted in a number of serious case reviews (Carmi & Walker-Hall, 2015).

There is a possibility that in a very small minority of cases neglect will be fatal, or cause grave harm; this should be part of a practitioner's mind-set. This is not to be alarmist, nor to suggest predicting or presuming that where neglect is found the child is at risk of death. Rather, practitioners, managers, policy makers and decision makers should be discouraged from minimizing or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift. (Neglect and Serious Case Reviews, A report from the University of East Anglia commissioned by NSPCC January 2013)

Any child can suffer neglect. But some children and young people are more at risk than others. These include children who:

- are born prematurely
- have a disability
- have complex health needs
- are in care
- are seeking asylum.

Ofsted, Care Quality Commission, Her Majesty's Prison and Probation Service, and HM Inspectorate of Constabulary and Fire & Rescue Services in their report 'Growing up neglected: a multi-agency response to older children (2018)' also recognised:

- 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 potential neglect of older children
- The behaviour of older children must be understood in the context of trauma
- Tackling neglect of older children requires a co-ordinated strategic approach across all agencies

This report also recognised that strong leadership and drive, and active engagement and commitment of a wide range of agencies, including adult services, results in shared ownership of a strategy to improve services for older children suffering neglect.

## 5. Local Context

Solihull is a Metropolitan Borough Council in the West Midlands, situated between two of the region's larger city councils; Coventry and Birmingham. It is also bordered by Staffordshire, Worcestershire and Warwickshire. In 2017 there were 41,500 children and young people aged 0-15 years living in Solihull. This equates to 19% of the population and is in line with the England average. The North Solihull locality has a larger overall population aged 0-15 years (21%), with a notably larger 0-5 years population (9%). The Solihull 0-15 years population is projected to increase by 8% in the 10 year period 2017 - 2027. By far the largest level of growth is projected to be among those aged 11-15 years (19%).

Data from the 2011 Census shows that 83% of the Solihull 0-15 years population were white and 17% from a Black or Minority Ethnic background. The 0-15 years Black or Minority Ethnic population among younger people in Solihull is larger than older age groups (11% 16 – 64 year olds, 3% aged 65 years+).

In January 2018 there were 9,075 pupils from a Black or Minority Ethnic background attending a state funded Solihull primary, secondary or special school. This equates to 24% of all pupils compared to the England average of 25%. The size of the Black or Minority Ethnic population attending school in Solihull is influenced by the fact that nearly 8,000 pupils who attend school in Solihull live outside the borough, equating to 23% of the school population (12% primary, 36% secondary, 15% special). Migration into Solihull is driven by adults aged 20-39 years and their children, with moves to and from Birmingham

accounting for 40% of migration turnover in Solihull, adding a net 8,800 people to the population over the last 5 years. This creates a complex landscape as practitioners are required to have an understanding of processes for each local authority area, and of the protocols for information sharing and for transferring cases, to ensure that children and young people at risk of neglect receive the right support and interventions when they move across borders.

For the most part trends in Solihull mirror those that are taking place nationally. For instance:

- The rate of A&E attendances and emergency admissions among children under 5;
- The number of school pupils with a Special Educational Need, particularly autism;
- The rate of hospital admissions for self-harm among young people aged 15-19;
- The percentage of Year Six children classified as obese.

There is, however, a demonstrable inequality between the most and least deprived sections of the population in Solihull; this is reflected in differing life expectancy among the 17 Solihull wards. For instance, on average people living in St Alphege can expect to live nearly 11 years longer than people born in Chelmsley Wood.

The inequality in life expectancy and healthy life expectancy between the most and least deprived Solihull communities is mirrored by a range of key health, wellbeing, lifestyle and service demand measures. For instance:

- Emergency hospital admissions in Chelmsley Wood are 53% above the England average, but 5% below the England average in St Alphege;
- Hospital stays for alcohol related harm in Chelmsley Wood are 40% above the England average, but 11% below the England average in St Alphege;
- The premature mortality ratio is three times higher in Chelmsley Wood than St Alphege;
- 21% of Solihull residents working in routine and manual occupations smoke compared to 6% in managerial or professional occupations.

There is a strong correlation between these health and wellbeing measures and inequality in the wider determinants of health, such as employment, housing and the living environment.

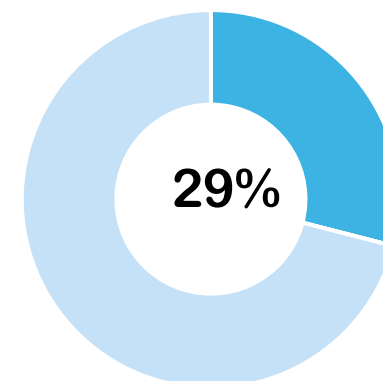
[https://www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence\\_Joint-Strategic-Needs-Assessment-Evidence-Summary.pdf](https://www.solihull.gov.uk/sites/default/files/migrated/InfoandIntelligence_Joint-Strategic-Needs-Assessment-Evidence-Summary.pdf)

The HM Revenue & Customs (HMRC) define the poverty line as the proportion of children living in families in receipt of out-of-work benefits or those in receipt of tax credits where their reported income is less than 60 per cent of UK median. The data shows that there is a higher proportion of children living below the poverty line in Wards situated in North Solihull:

Children and Young People Aged 0-19 Living in Poverty		
	Number Aged 0-19	Rate (% all CYP aged 0-19)
England	2,414,092	18.2%
West Midlands	334,922	23.3%
Solihull	6,921	13.5%
North Solihull	3,636	23.2%
West Solihull	2,631	10.0%
East Solihull	647	6.9%
<i>Source: HMRC</i>		

For a number of years prior to the Covid-19 pandemic neglect was the single most prevalent reason for children becoming subject to a Child Protection Plan in Solihull. In Q4 (2019/20) more than half (51%) of all CPPs were due to neglect, which was in line with the national trend. The percentage of new CPPs due to neglect reduced significantly during 2020/21, most probably due to the periods during lockdown where children were largely hidden from view and the impact of neglect was not being seen by professionals.

- Q4 (2020/21) percentage of all Child Protection Plans active at snapshot where the category of abuse was Neglect **(43/149 = 29%)**

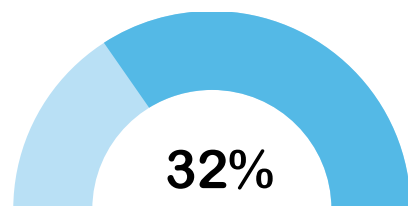


- Q4 (2020/21) percentage of all Child Protection Plans active at snapshot for 12 months or longer where neglect is a category of concern **(15/20 = 75%)**



- Percentage of Child Protection Plans due to neglect commencing YTD (2020/21) where child becomes subject of a plan for a second or subsequent time within 24 months of an earlier neglect plan being active **(0/65 = 0%)**
- Percentage of Child Protection Plans commencing YTD (2020/21) where Neglect is a category of concern **(65/201 = 32%)**





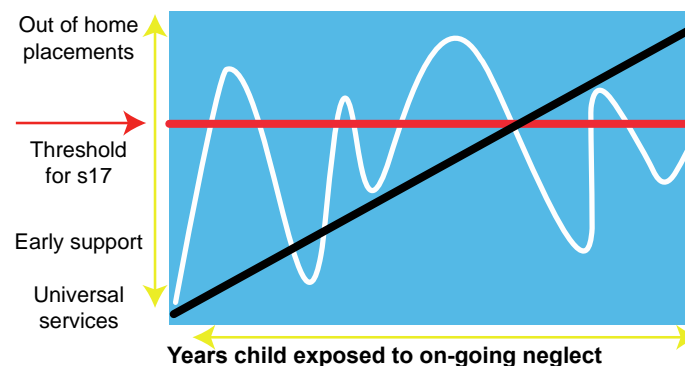
Over 200 practitioners have been trained to use the Graded Care Profile 2 (GCP2), a tool to work with parents to identify strengths and areas of improvement to prevent neglect, however this does not equate to the number of cases where the tool is actually being used in cases. This suggests that, despite it being endorsed by the LSCP, the GCP2 is not yet fully embedded into frontline practice.

See Appendix 4 for a summary of the headlines from Solihull's multi-agency analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) conducted in February 2021.

## 6. Why we need a Strategy

Each day the safety and well-being of some children and young people across Solihull are threatened by neglect. Intervening effectively in the lives of these children and their families is not the sole responsibility of any single agency or professional group, but rather is a shared concern. This strategy is being developed in response to learning from rapid reviews, which follow serious incidents where children have died or experienced serious harm, and findings from Solihull LSCP's multi-agency case audits (2020) which identified a need for professionals to better understand and recognise the cumulative impact of neglect.

Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life (Bryce, 2018). Local learning is informing us that the lived experience for a child is not being fully understood, and instead the focus is often on a single issue or event which raises concern to the threshold for Children's Services intervention; ignoring that the child/young person may have been suffering neglect at various other thresholds before this event. The diagram below (from Horwath) demonstrates the lived experience of neglect for a child/young person (white line) in relation to the various thresholds of intervention. However, the black line demonstrates the cumulative impact of the fluctuating degrees of abuse and neglect the child/young person has experienced in their life:



In not recognising this cumulative impact, interventions can be ineffective as they are not linked to past trauma for the child/young person and, very often, for parents too. Expectations of families can be set without a clear understanding of the starting points for each individual family member, and plans become unrealistic and inevitably do not achieve effective change. Any change that is achieved is often short lived and not maintained when statutory services withdraw; this

cycle itself has a negative impact for the child/young person and contributes to the cumulative harm.

This strategy aims to drive the need for joined-up working, with objectives understood across and within all disciplines. There is a need for all professionals to recognise that their role is to exercise **professional curiosity** in their contact with children and families, especially in respect of the impact of neglect on older children/ young people, even if their organisation only works directly with the adult family members. To fully understand the child's lived experience agencies need to work closely together at the earliest opportunity; recognising their own field of expertise will have its limits and there is a need to join up & value the expertise of other professions to inform decision making. The only person who really knows what their life is like is the child/young person, and no matter how young they are they will be communicating their experiences through words, looks, behaviours or even avoidance; professionals need to observe, listen, recognise and respond to the 'voice' of the child/young person and ensure it is informing their decision making.

Many people who have previously experienced neglect talk openly about feeling let down by **professional over-optimism** in the face of contrary evidence; Dr h.c. Jenny Malloy (@HackneyChild) describes the joy of workers when her parents advised them that the children had had a bath that week; she then describes her hair having been matted with blood due to her scratching it so hard because of nits, but this being ignored while the celebration of the bath took place (which actually never happened). There is a need to recognise **disguised compliance** when it occurs and to understand its contribution to the cumulative impact of neglect on the child/young person.

This strategy aims to provide a framework within which workers are supported to recognise disguised compliance, to demonstrate professional curiosity and to guard against professional over-optimism.

## 7. Aims of the Strategy

In Solihull we want to ensure that professionals across the partnership:

- Work to a shared understanding of neglect, definitions, causes and impact across Solihull;
- Identify children and young people at risk of neglect at the earliest opportunity;
- Ensure effective assessments at all levels of intervention;
- Respond promptly and effectively through interventions which address the root causes of neglect and make a sustainable difference to children and young people;
- Maintain a focus on the actual lived experiences of children and young people;
- Ensure that children and young people are protected from harm and minimise the long-term effects of cumulative neglect

## 8. Strategic Objectives

- To secure and sustain a collective commitment to addressing and responding to neglect across all partner agencies, including those who do not work directly with children, and to demonstrate effective leadership in driving the appropriate system, culture and process changes forward.
- To ensure that services are commissioned to enable/require them to support early intervention where there are neglect concerns

- To improve the awareness and understanding of neglect in Solihull, including services for adults, children, young people and families and the wider general public. This means developing a common definition of neglect – to include neglect of older children.
- To improve the early recognition, assessment and response to children and young people living in neglectful situations. This includes the use of the Early Help Assessment, GCP2, appropriate information sharing and agreed thresholds of intervention.
- To ensure that professional interventions to address neglect are based on good quality assessments and target the root causes of neglect in order to make a tangible difference to the lived experience of children and young people
- To ensure professionals have knowledge and skills to support their practice and that they receive supervision and management oversight to support reflective practice and critical decision making in neglect cases

## 9. Strategic Priorities

### Priority 1: Leadership and Partnership

Secure a collective commitment to tackle neglect across the partnership, with other strategic boards and commissioners to demonstrate effective leadership in driving forward changes required

- Leaders and commissioners drive the development of a shared definition of neglect to create a culture where neglect is understood and responded to by professionals working with adults, children, young people and families and the wider general public.

- Leaders and commissioners ensure their staff are sufficiently trained and supported to recognise and respond to neglect using early help assessments, GCP2, appropriate information sharing and agreed thresholds, for babies, children & adolescents.
- Leaders & commissioners ensure that early identification and the effective response to neglect is a priority across all organisations, both statutory and non-statutory and for all age ranges.

### Priority 2: Prevention

Improve awareness, understanding and early recognition of neglect

- The multi-agency workforce has a better understanding of neglectful parenting and its potential impact for babies, children and adolescents.
- The multi-agency workforce is better able to recognise and respond to neglectful parenting at the earliest opportunity, and practitioners are trauma informed and confident enough to identify early where sustained change in families cannot be achieved
- Members of the community are better equipped to recognise neglect in all its forms, and understand the harm it may cause, so are willing and know how to report it

### Priority 3: Intervention

Improve the effectiveness of interventions to tackle neglect

- Effective, multi-disciplinary assessment processes are in place and routinely used. The Neglect Toolkit, GCP2, Signs of Safety and a trauma informed approach are utilised to enable a comprehensive consideration of the wide-ranging aspects of parenting and risk factors
- Understanding the child/ young person's lived experience is central & practitioners are trauma informed. Children, young people & families are supported to develop the skills, knowledge, resilience and capabilities required to be self-reliant and thrive.

- At the earliest signs of neglect co-ordinated multi-agency services respond and assess the root cause of the issues. Interventions clearly match these assessed needs and targets are achievable in realistic timescales with their purpose being agreed and understood.

#### **Priority 4: Professional challenge & support**

Constructive challenge amongst colleagues, within agencies and between agencies, will happen in the best interests of children.

- Professionals receive effective supervision to help them test, challenge and reflect upon their analysis of risk to children and young people, particularly in the context of neglect and the cumulative indicators of harm
- Professionals challenge each other and escalate as appropriate when there are professional differences of opinion
- Professionals re-consider their view of the child's situation in the light of new information, and to continually re-frame their assessment when new information or challenges arise

## 10. Review and Evaluation of this strategy

This Strategy will be reviewed on a two-yearly basis for relevance and effectiveness. The first review is due in September 2023. The Delivery Plan will be monitored against identified outcomes and the difference made to children, young people and their families will be evaluated through audits and other quality assurance activity.

## 11. Measuring Success

The success of the strategy will be measured based on a range of quantitative and qualitative measures:

#### **Quantitative Measures**

- Increase in the number of early help assessment and plans for being completed by the multi-agency workforce, not just children's services.
- Increase in the number of GCP2 assessments being completed
- Reduction in percentage of repeat child in need and child protection plans for neglect (this is where the first plan was for neglect and has been closed and then there is a requirement for a second plan because of neglect)
- Reduction in the number of children becoming looked after where neglect is identified as the primary reason

#### **Qualitative Measures**

- Audits of neglect cases evidence early identification and response to neglect and clear plans which demonstrate progress & avoid drift and delay to reduce the impact of neglect on children
- Audits of early help assessments, social work assessments and their corresponding plans demonstrate effective use of the neglect toolkit, GCP2 and Signs of Safety approach to improve outcomes for children and young people

- Audits of Child Protection and Care plans demonstrate effective recognition of the impact of neglect and have multi-agency investment to reduce the chronic activation of the child's stress systems, enhance the capacity of the adult (parent/ carer) for providing responsive caregiving and have investment in helping the child to develop core life skills they have missed because of the neglect.
- Service user feedback evidences effective use of the neglect toolkit in engaging with children and families and reducing, preventing and responding to neglect

## 12. Appendices

### **Appendix 1 Solihull Neglect Toolkit**

[https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2022/12/6.-Neglect\\_Toolkit\\_update-DEC-2022.pdf](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2022/12/6.-Neglect_Toolkit_update-DEC-2022.pdf)

### **Appendix 2 Inter-agency Neglect guidance**

West Midlands Safeguarding Children Procedures (Section 2.9)

<http://westmidlands.procedures.org.uk/pkphl/regional-safeguarding-guidance/neglec988>



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