



CSCP

CROYDON SAFEGUARDING
CHILDREN PARTNERSHIP

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CHILD NEGLECT STRATEGY 2022

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The Challenges and Impact of Neglect

This strategy is a refresh of the original strategy, so that children affected by Neglect are “**seen, heard and helped**”.

Local Safeguarding Practice Reviews have highlighted that children of different ages can suffer from the impact of neglectful parenting. Nationally we know that around 62% of serious case reviews include Neglect, and that under 5's are particularly vulnerable to Neglect. Safeguarding Practice Reviews in Croydon show a similar pattern and include the impact of Neglect on older children and young people. A recent SPR covers the case of a [Croydon child who was subject to Neglect](#) within the home. This led to issues around Contextual Safeguarding and the eventual death of the child after an altercation with another young person.

The 2020 Ofsted Children's Services inspection of Croydon states regarding Neglect that Croydon has:

Effective use of the family group conferencing service leads to timely identification of members of the wider family to offer support or to provide care to children. Increasing use of assessment tools with families in identifying and understanding the impact of neglect is helping to ensure that children receive a timely and well-coordinated service.

In addition, the report states Social workers and Independent Reviewing Officers (IROs) are focused on ensuring that children's health and emotional well-being needs are met. However, case records do not consistently contain information about health appointments.

Children's services and health professionals are committed to improving the timeliness and quality of initial and review health assessments for children in care. A recently established operational health group is focused on improving processes and developing training across services. The current absence of shared data is limiting progress in identifying and understanding the impact of delays in assessment and provision of appropriate health services. This is particularly pertinent in Croydon, due to the high levels of children who have experienced neglect.

The report is an improvement on the 2017 report that included a number of findings in relation to Neglect. Including poor use of practice standards and assessment tools. Even as in this report an area for improvement has been identified Croydon have been proactive in identifying a solution and Ofsted have commented that services are committed to identifying a solution.

Visions and Principles

Our Vision

The Croydon Safeguarding Children Partnerships' vision is to **see, hear and help** children affected by neglect at the earliest opportunity through providing the right kind of intervention at the right time; recognising and responding to Neglect, reducing repeat referrals, and ending the cycle of neglect.

This strategy is intended as a practical guide for tackling child neglect and it identifies four strategic priority areas for improvement. The strategy recognizes the four types of neglect identified by Howe, D (2005) as the basis for understanding what causes neglect to work with children and their families effectively.

- **Emotional neglect**
- **Disorganised neglect**
- **Depressed or passive neglect**
- **Severe deprivation**

Our Principles

The following principles are set out to help achieve this vision. These principles underpin the commitment and approach of all local safeguarding partners to respond to neglect and achieve the aims and objectives of this strategy.

That children of all ages affected by neglect are seen, heard, and helped – with a recognition and understanding of their lived experience (ACES) and how neglect impacts on their development and life opportunities,

We work with families to help them achieve positive and sustained change using strengths-based approaches and interventions to address concerns,

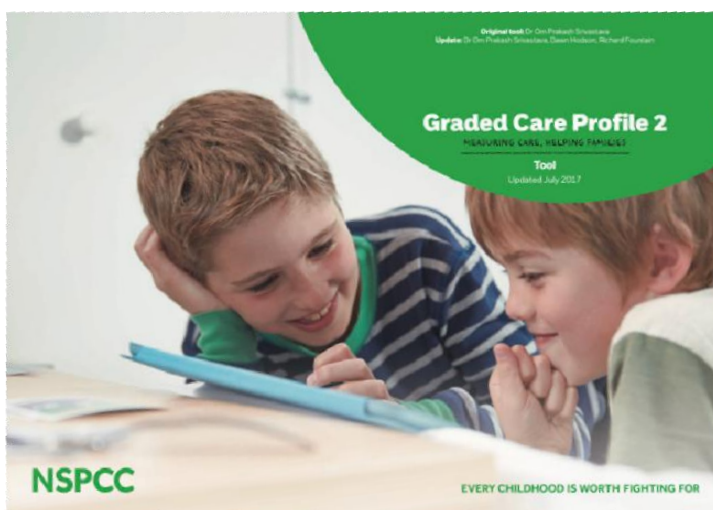
Children and families are supported with timely, appropriate, and effective support and interventions,

Recognising (and acting on) the signs and symptoms of neglect at the earliest opportunity is a priority for all partners,

Children and Adult services take a whole family approach, understanding each family's context, needs, history, and support network, (and where required information is shared to ensure robust working practices)

Shared understanding of the risks and impact of child neglect drives collaborative and joint working amongst all partners, through joined up procedures, use of the Graded Care Profile 2.

What is the Graded Care Profile 2



In Croydon we use the Graded Care Profile 2 (GCP2) is a tool designed to provide an objective measure of the care of children who are, or maybe suffering from neglect. It is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children's developmental needs.

The Graded Care Profile (GCP) was originally created by consultant paediatrician, Dr. Srivastava. The NSPCC worked with him to redevelop the tool and create an updated version which is known as Graded Care Profile 2 (GCP2). This is an authorised and fully tested version of the GCP tool.

The GPC2 measures the quality of care given to an individual child over a short window of time (i.e.it represents the current level of care). It also;

- identifies where children require further support and whether the level of care received needs to be improved.
- implements a constructive working relationship with families.
- increases confidence in decision making at all levels.
- promotes multi-agency working and train professionals across agencies to use the tool – creating a common language and improving the quality of referrals.

The care given is graded between 1 (most positive) and 5 (most negative) in all areas of a child's needs. The grades are based on the extent to which the needs of the child are currently being met and the commitment of the parent/carer to the child in relation to particular areas of care. Training for the tool can be found on the CSCP website.

Neglect in Croydon

Neglect is often characterised by the failure of the parent/carer to prioritise the needs of their child or children, and the absence of a relationship of care between the parent/carer and the child. It can affect children of all ages and the impact of neglect is no less severe than other forms of abuse. Neglect can cause significant harm to children leading to poor health, education, social and life outcomes.

Safeguarding Practice Reviews have shown that neglect can be fatal. A second SPR has identified a young person who was a child looked after had multiple adverse childhood experiences. Sitting alongside chronic neglect, parental mental health & substance misuse. The young person was a victim of Child Sexual Exploitation and had numerous missing episodes. Unfortunately, the young person committed suicide during adolescence.

The 2020/21 Neglect data on the next page illustrates the profile of children at risk in Croydon and the challenges to deal with neglect effectively. The data identifies:

1. Neglect remains an issue of concern.
2. Low numbers of referrals into SPOC (now MASH) for Neglect Q1

Neglect as the issue of greatest concern	Overall Plans for Neglect	Aged 0-5	Aged 6-11	Aged 12+	Case data of note
SPOC Referral Neglect as concern Last Q3: 210 (5%)	Q4: 169 (5%) Q1: 151 (3%) Q2: 120 (3%) Q3: 153 (3%)	Q4: 74 (44%) Q1: 54 (41%) Q2: 44 (37%) Q2: 44 (37%)	Q4: 79 (47%) Q1: 47 (46%) Q2: 41 (34%) Q3: 59 (39%)	Q4: 26 (15%) Q1: 30 (23%) Q2: 35 (29%) Q3: 37 (24%)	SPOC Repeat contacts (same issue) Q4: 4 Q1: 8 Q2: 2 Q3: 7
Early Help Plans for Neglect Last Q3: 543 (8%)	Q4: 466 (7%) Q1: 439 (12%) Q2: 196 (6%) Q3: 218 (9%)	Q4: 106 (5%) Q1: 105 (19%) Q2: 39 (15%) Q3: 33 (15%)	Q4: 177 (8%) Q1: 186 (13%) Q2: 82 (2%) Q3: 89 (11%)	Q4: 183 (7%) Q1: 147 (5%) Q2: 75 (4%) Q3: 96 (4%)	
CiN Plans for Neglect Last Q3: 694 (69%)	Q4: 648 (72%) Q1: 606 (64%) Q2: 667 (67%) Q3: 652 (67%)	Q4: 193 (30%) Q1: 167 (28%) Q2: 187 (28%) Q2: 176 (27%)	Q4: 216 (33%) Q1: 239 (39%) Q2: 209 (31%) Q3: 203 (31%)	Q4: 239 (37%) Q1: 239 (39%) Q2: 271 (41%) Q3: 273 (42%)	Number of children on CiN Plan for 9m+ (Last Q3: 150) Q4: 138 Q1: 144 Q2: 127 Q3:153
CPP for Neglect Last Q3: 168 (55%)	Q4: 103 (35%) Q1: 135 (45%) Q2: 146 (39%) Q3: 144 (37%)	Q4: 43 (42%) Q1: 56 (47%) Q2: 64 (43%) Q2: 59 (41%)	Q4: 38 (37%) Q1: 36 (43%) Q2: 43 (38%) Q3: 43 (38%)	Q4: 22 (21%) Q1: 43 (37%) Q2: 39 (35%) Q3: 47 (33%)	Number of children on CP Plan for 9m+ (Last Q3: 90) Q4: 33 Q1: 39 Q2: 34 Q3: 108

Overall Plans for Neglect – Early Help

1,319 children/young people were on a plan with Early Help for Neglect, the highest age group being 6–11 year-olds, 40% (534 children), followed by adolescents 12+ with 37% (501 children and young people) and 0-5 year olds 21% (283 children). 6–11-year-old and adolescent 12+ are close in terms of numbers whilst 0-5 year-olds are lower

Overall Plans for Neglect – Child in Need

2,601 children/young people were on a Child in Need plan the highest age group adolescent 12+ 38% (1002 children and young people), followed by 6-11 year old 32% (843 children) and 0-5 year olds, 0-5 year old 32% (815 children),

Overall Plans for Neglect – Child Protection Plans

627 children/young people were on a Child Protection Plan for Neglect, the highest age group 0–5-year-olds 38% (242 children), 6-11 year olds, 37% (233 children), Adolescent 12+ 24% (154 children and young people).

The number of young people on CPP in comparison to CIN are low. The number may be expected to be higher as there have been links between SPR's and Neglect or it could be that the cases have been stepped down to Child in Need.

The 20/21 data highlights that services are being delivered to the younger age group highlighting that Neglect is being identified earlier and interventions being offered to reduce escalation.

It's positive that the majority of interventions for Neglect sit within Child In Need and are seen to be manageable without statutory interventions.

This data is children's Social Care data and does not reflect Neglect as seen by the wider partnership. For example, the Police have a different criminal definition of Neglect both data cleansing and Covid have impacted on the statistics, so we must view the numbers with caution.

The Impact of Neglect

In many cases of neglect there is a rarely a critical incident to show the extent of threat to a child's well-being, as with physical abuse for example. The cumulative impact of neglect however can cause long-term impact for a child's emotional, physical, social, and educational development. Neglect often co-exists with other forms of abuse – such as physical, emotional, and sexual abuse – it is important for professionals to be aware of the indicators of these too.

Research shows that the impact of neglect is greatest within the first 3 years of the child's development and during adolescence; neglect can interfere with important neurological developments which can negatively affect development, leading to life-long consequences for health, behaviour, and emotional wellbeing. [Contextual Safeguarding](#) is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

The 2021 Government report '[The Best start for life A vision for 1,001 Critical Days, The Early years Health Department Review](#)', focusses on the 1,001 critical days through pregnancy to the age of two. These critical days are when the building blocks for lifelong emotional and physical health are laid down. The Croydon Director of public health also produced their own report - the first 1000 critical days which was based on Croydon families.

The report has an action plan and states 'work to implement these actions start today'.

Action Areas

Ensuring families have access to the services they need.

- 1.** Seamless support for families: a coherent joined up Start for Life offer available to all families.
- 2.** A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
- 3.** The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.
- 4.** Ensuring the Start for Life system is working together to give families the support they need.
- 5.** An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
- 6.** Continually improving the Start for Life offer: improving data, evaluation, outcomes, and proportionate inspection.
- 7.** Leadership for change: ensuring local and national accountability and building the economic case. Work to implement these actions begins today

Neglect is discussed in the report including: the trauma a child can endure growing up to ACES and how it can impact on an adult and their ability to parent which has led to Neglect of their child.

The Challenges of Neglect

Considering the challenges to identifying child neglect - it can often become missed, minimised, or normalised; therefore, the risk of agencies not intervening early enough to prevent harm is very real. It is important all agencies play a role to spot unmet needs and respond as early as possible. **The Croydon Partnership Early Help Strategy** (whilst the current strategy is awaiting a refresh the ethos behind the paragraphs below still stands) sets out the approaches to achieve this. By making use of the partnership early help arrangements there is a greater opportunity to effectively support families and prevent children experiencing neglect. All professionals working with children should be able to recognise the indicators of neglect—for more information, refer to the Croydon Neglect Practice Guidance.

Social Workers and Family keyworkers *should be aware of:*

- The home is suitably furnished and free from safety hazards and have suitable safety features.
- The toys are appropriate for the child's age and development.
- There are suitable sleeping arrangements with enough beds for all occupants.
- There is evidence of a reasonable standard of hygiene.

Health Professionals *should be aware of:*

- Missed health appointments.
- Late or missed immunisations and developmental checks.
- Failure to meet milestones.
- Failure to seek appropriate medical or dental advice or treatment.
- Frequent presentation for accidental injuries due to lack of supervision
- Physical manifestations of neglect such as being hungry, appearing dirty or unkempt.

Schools and Early Years settings *should be aware of:*

- Poor attendance and persistent lateness
- Not meeting expected standards of attainment lack of uniform/equipment
- Lack of school/home contact and parental indifference to education or school's concerns poor quality of interaction between the child and parent
- Physical manifestations of neglect such as being hungry, appearing dirty or unkempt.

Police should be alert to children and young people coming to their attention because they are unsupervised or exposed to risk, or with a parent/carer with reduced capabilities (e.g. due to substance misuse). The Police should also consider how they used the term 'child appeared safe and well' and be clear that risk is appropriately identified.

YJS workers should be alert to those young people whose offending behaviour may be the result of neglectful parenting and lack of supervision or lack of concern to community based risks (including online).

Adult and Housing Services when working with families/parents, visiting homes, and seeing clients, professionals should consider the condition of the home, physical manifestations of neglect or the impact of the parents' vulnerabilities and needs on children within their household.

The Voluntary sector remain an integral partner in identifying, reporting, and working with children/young people who are neglected. Specialist Voluntary sector services can work with children/young people and achieve positive results, so it becomes apparent that no referral to statutory services is necessary.

[Working Together 2018](#) states local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children.

To achieve the best possible outcomes, children and families should receive targeted services that meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and their families from services such as GPs, education, and wider voluntary and community specialist support.

Professionals should not be afraid to contact local voluntary sector agencies directly in addition to statutory services i.e., health, social care. For example, a Health Visitor contacting a local food bank on behalf of a client.

The Croydon Safeguarding Children Partnership's vision is to **See, Hear and Help** children affected by neglect at the earliest opportunity through providing the right kind of help at the right time, responding to ongoing concerns, reducing repeat referrals, and ending the cycle of neglect. To achieve this, the following priorities will need to be delivered through a comprehensive implementation plan across the safeguarding partnership.

SEEN | HEARD | HELPED

SEEN *Children at risk or experiencing neglect are seen.*

The CSCP ensures that neglect is seen and understood through increased awareness of the needs of children at risk or experiencing neglect.

HEARD *Children at risk or experiencing neglect are heard.*

That all safeguarding partners understand how neglect can be prevented through early recognition of neglect and use of the Croydon Early Help arrangements.

HELPED *Children at risk or experiencing neglect are helped.*

The CSCP develops the quality and effectiveness of interventions to protect children and young people.

To achieve this the CSCP neglect priority group delivered coordinated action plan based on a previous version of this strategy the principles are still relevant and form the basis of good practice in Croydon.

SEEN Children at risk or experiencing neglect are seen.

Priority areas for action:

Reduced number of children requiring child protection plan for neglect

Increased use of GCP2 across all agencies and for different levels of neglect.

A confident and curious multi-agency workforce to recognise and respond to neglect.

Greater awareness of child neglect across communities and how to report concerns.

Increased evidence of child's experiences being heard and responded to, and an increased understanding amongst professionals of parental and family vulnerabilities.

Improved early recognition and response evident in referrals and appropriate interventions.

Improved collaborative working to prevent issues neglect requiring statutory interventions.

Objectives:

1. Improve awareness amongst practitioners of the risks, signs, and symptoms of neglect, achieving a common understanding and shared language.
2. Local communities, families and all children are helped to know what neglect is, where to access help and report concerns.
3. Each partner, working in collaboration, promotes awareness of how their services can be used to prevent and provide appropriate responses to children and young people experiencing neglect. (E.g., health visiting, school attendance, parenting support, dental hygiene etc).
4. CSCP achieves better insight into scale of neglect within Croydon through improved data collation and analysis.
5. Joint assessments and joint working are prioritised using the GCP2 to ensure needs are identified and responded to, with effective management oversight.
6. Improve the timeliness and decisiveness of action for children experiencing neglect, based on evidenced-based interventions, and good use of procedures and informed decision making.
7. Best practice is supported through use of the Graded Care Profile 2 and the introduction of a neglect practice guidance. The CSCP Child Wellbeing Tool is an alternative tool as GCP2 can only be used by trained and licensed practitioners.
8. A culture and practice which is trauma informed and curious in its approach, is developed and applied, especially in relation to older children and young people where neglect may be less apparent.

HEARD Children at risk or experiencing neglect are heard.

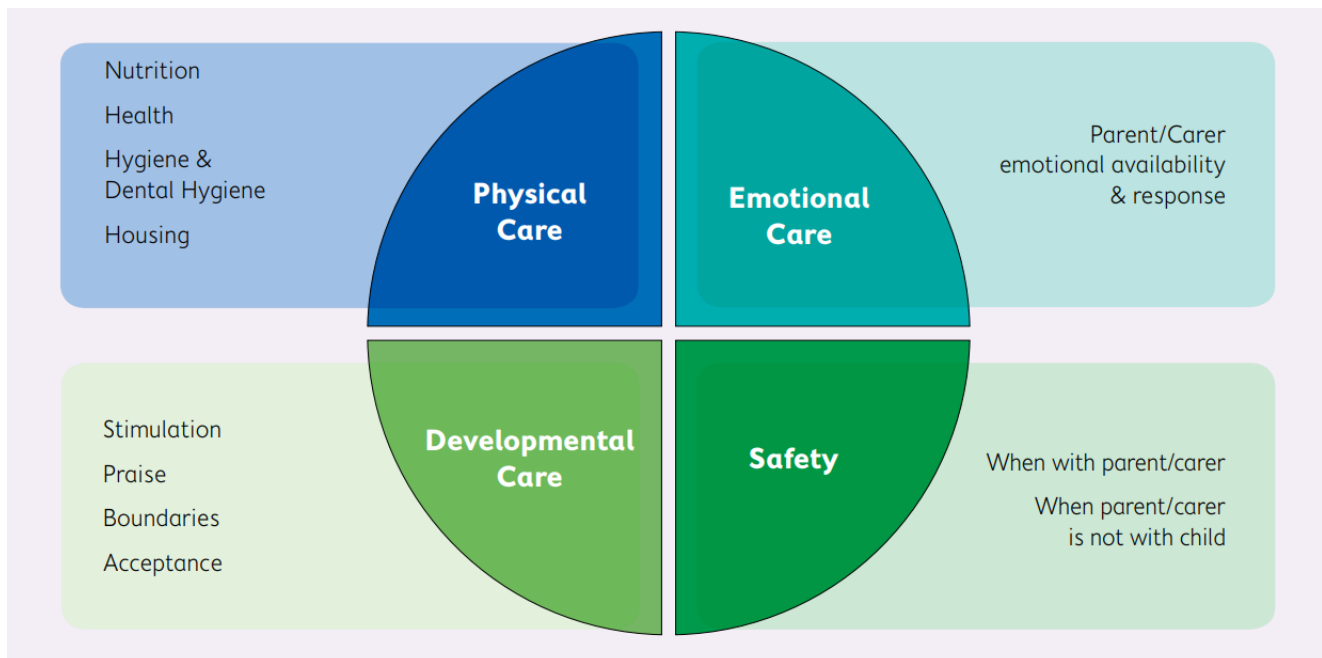
That all safeguarding partners understand how neglect can be prevented through early recognition of neglect and use of the Croydon Early Help arrangements.

The aims of the strategy will be achieved through delivery of a co-ordinated action plan.

The Croydon Safeguarding Children Partnership will monitor the delivery of the plan throughout the life of the strategy and will refresh accordingly on an annual basis.

HELPED Children at risk or experiencing neglect are helped.

The CSCP develops the quality and effectiveness of interventions to protect children and young people. [The CSCP Child Wellbeing Tool](#) will help early identification of needs.



For a child to develop well, their physical, emotional, and developmental care and their safety, must be provided for. If on an on-going basis a child doesn't have these needs met, then the child's immediate and long-term health, learning and emotional development may be negatively impacted.

What is the CSCP Child Wellbeing Tool? – If you have concerns about a child's wellbeing, you'll want to consider if the family needs support or advice. This tool is a short and simple way to clarify those concerns and identify what advice or support is needed.

When should it be used? – This tool is best used when areas of concern have first been noticed. It can help you have a conversation with the parent/carer to explain what you've noticed and talk through what could help address this concern.

Who should use it? – Those working with children and families within community

settings – nurseries, dentists, GPs, adult support workers, childminders, school staff, pharmacists, housing officers, police officers and staff, youth workers and volunteers.

A note on what is not – This CSCP Child wellbeing tool is not a referral or assessment tool and should not be used instead of the Graded Care Profile 2. This tool can be used in cases where child neglect is known/suspected. Essentially, this tool strengthens the evidence required for onward referrals.

Objectives:

1. All partners working with families are pro-active in the use of the Croydon Early Help arrangements to access universal information, support, and services to prevent escalation of neglect.
2. Children’s needs are assessed in a timely way through use of the Graded Care Profile 2 to identify areas of concern and ensure child’s experiences are heard and understood.
3. The CSCP enables improved referrals for support through an accessible and effective threshold guidance.
4. Improve strategic and operational working between children and adult services, enabling a whole family approach.
5. Practitioners must remember the use of the Graded Care Profile 2 tool and seek the help of the colleague to ensure it completed. They also have access to training to enhance/increase knowledge about GCP2 via [training](#) provided by Croydon Safeguarding Children Partnership.

The Voice of The Child

Before the COVID-10 pandemic, we asked local children and young people what they think neglect is and to describe it. The quotes here illustrate some of the ways children and young people try to make sense of neglect and where they would seek support; for themselves or others. The responses given locally also echo those from national surveys, as shown here.

Many talked about feeling and being ignored, not having needs met, not being given the level of care a child should have, being abandoned, and not being helped. For those who have experienced neglect, the issue is more difficult to talk about.

Locally most children and young people said they’d seek help from a trusted adult (such as at school) or call ChildLine.

For this strategy to improve the recognition and partnership responses to neglect, understanding the child’s experience, is crucial.

What does neglect mean to children and young people?

“More 14 and 15 year olds reported low levels of emotional support than the 12 and 13 year olds who took part. Three times as many of the older group said their parents ‘hardly ever’ or ‘never’ helped if they had problems or supported them if they were upset - suggesting that many parents don’t prioritise this type of support as children become older.”

(Survey—Understanding Adolescent Neglect: Troubled Teens, Children’s Society 2016)

“Please don’t judge my parents, just because they are struggling doesn’t mean they are bad It can be a big burden for a child to ask for help”.

(Action for Children 2014)

Covid-19 and Neglect

The NSPCC paper '[Isolated and Struggling - Social isolation and the risk of child maltreatment, in lockdown and beyond](#)' states, the pandemic and government measures used to contain the spread of COVID-19 have not just affected families and children directly; they have also done so indirectly by disrupting the myriad of protective systems and services designed to detect, prevent, and respond to maltreatment. Under normal circumstances, universal services like schools, GPs, children’s centres, and health visiting are vital for detecting early signs of abuse and neglect, as are non-statutory early help interventions for families, and youth services.

This led to an increase in children and young people’s vulnerabilities, children for whom neglect was already part of their life, being in the home for a greater amount of time has meant prolonged exposure to being at risk of harm.

As part of [Croydon’s response](#), Education and Early Years made CIN an integral part of there their briefings and how to respond to each case appropriately.

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