

*“All partners are committed to working together so that every child in Salford has a safe and happy childhood.”*

November 2019

# Thriving Families and Neglect Strategy 2020 – 2023

Supporting the City to ensure children's needs are met and to tackle childhood neglect.

## Foreword

The experience of neglect during childhood can have significant, long-lasting and pervasive consequences, affecting all aspects of a child's development and their lives into adulthood. It is the most common type of abuse experienced by children and is increasing in Salford, as nationally.

Neglect has been a priority for the Safeguarding Board and Partnership for the past five years and we know we need to do more so that children have their needs met by their parents or carers, and support is provided where this is not the case. We want to ensure that we identify and prevent unmet needs from escalating so that all children in Salford have the childhood they have a right to. We want all families and children within them to thrive.

Therefore, we are delighted to support this strategy which focusses as much on helping families to thrive as responding to neglect, as part of our whole City vision with other strategies such as the [anti-poverty strategy](#).

We speak for the whole partnership when we ask everyone in Salford to support our campaign to increase the number of thriving families and reduce neglect.

**Steve Dixon**



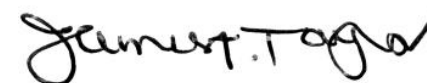
**Chief Accountable Officer, NHS Salford CCG**

**Shaun Donnellan**

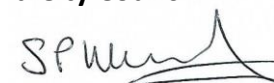


**Chief Superintendent Territorial Commander for Salford, Stockport & Trafford Districts, GMP**

**Jim Taylor**



**Chief Executive, Salford City Council**



**Simon Westwood**

**Independent Adviser, Salford Safeguarding Children Partnership**

## Defining Unmet Need and Neglect

All grown-ups everywhere have a duty to uphold Article 27 of the Convention on the Rights of the Child: the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

The statutory definition of neglect is laid out in [Working Together to Safeguard Children](#):

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.

In simple terms, neglect is when a child is not getting the important things that they need like clean, warm clothes or enough to eat, or love. It is when a child is not being looked after properly by their parents and it might include not being kept away from dangerous situations or not being taken to the doctor when they are ill or hurt. Whilst the statutory definition refers to '*persistent failure to meet needs*', neglect can be episodic or cumulative. It can also be intentional or unintentional.

In Salford, we believe that in order to tackle neglect, we need to change our language and strengthen the way we work with parents who may be unable to meet the needs of their children for some, or all of the time.

A parent/carers may not be meeting their child's needs in a number of ways, as the table below shows. Appendix 1 provides more detail of what this may present as at different ages.

Type	Features associated with type of neglect
Educational neglect	A parent/carers fails to provide a stimulating environment or show an interest in the child's education at school/education provision. They may fail to respond to any special needs and fail to comply with state requirements about school attendance.
Emotional neglect	A parent/carers is unresponsive to a child's basic emotional needs. They may fail to interact or provide affection, undermining a child's self-esteem and sense of identity. (Most experts distinguish between emotional neglect and emotional abuse by intention; emotional abuse is intentionally inflicted, emotional neglect is an omission of care.)
Medical neglect	A parent/carers minimise or deny a child's illness or health needs and/or fails to seek appropriate medical attention or administer medication and treatment.
Nutritional neglect	A child does not receive adequate calories or nutritional intake for normal growth (also sometimes called 'failure to thrive'). At its most extreme, nutritional neglect can take the form of malnutrition or obesity.
Physical neglect	A parent/carers does not provide appropriate clothing, food, cleanliness and/or living conditions.
Supervisory neglect	A parent/carers fails to provide an adequate level of supervision and guidance to ensure a child's safety and protection from harm. For example, a child may be left alone, abandoned, left with inappropriate carers, or they may not be provided with appropriate boundaries about behaviours (for example, under-age sex or alcohol use) may not be applied

## What We Know About Neglect

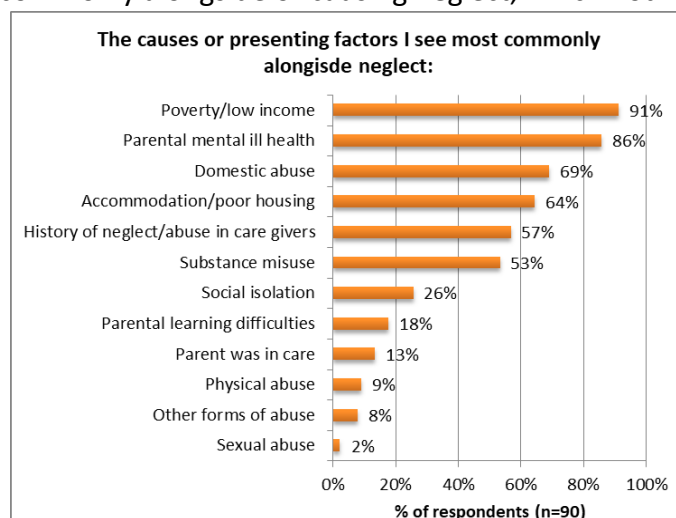
Detailed national and local evidence is provided in the Salford Needs Assessment undertaken in October 2019 to inform this strategy.

It is challenging to quantify neglect. We do not know the exact prevalence of neglect or number of parents who are unable to meet their children's needs in Salford. Rawson *et al*, 2011 found that 4% of under 11s and 11% of 11- to 17-year-olds had experienced neglect at some point during their lives.

Professionals responding to the survey reported that they see more children experiencing all types of neglect now than they did three years ago. They selected their top five causes or presenting factors that they see most commonly alongside or causing neglect, which not only chimes with other evidence but also places the impact of poverty and parental mental ill health as present in over 75% of episodes of neglect.

The needs

assessment identified key factors which are *root causes* of, *presenting factors* or *impacts* of children's needs not being met.



### Root Causes:

Child's disability, nutritional neglect, adverse childhood experiences including parental mental health, alcohol and drug misuse, domestic abuse, parents living away from the family home such as separation, in prison, working across borders, diverging opinions about risk and thresholds by professionals, housing issues, debt issues, chaotic lives, parental capacity/understanding, professionals not taking into account historical concerns.



### Presenting Factors:

Poor school readiness, behaviour or change in behaviour, poor communication skills, obesity, parent or child not engaging with professionals or services such as education, health or support services. Not brought to, or attending appointments, self-reporting and disguised non-compliance, episodic neglect (bouncing), drift.



### Effects/Impact:

Developmental delay or disability, focus on parental needs rather than outcomes for the child, poor health, poor self-esteem or emotional literacy, poor educational attainment, poor life chances into adulthood, death.

Categorising the causes helps to focus our strategy on those factors we require partners to affect or have little direct control over; those which

we need to work across the partnership, and finally our culture and how we work with families.

<b>SOCIAL FACTORS:</b> <i>changes to the underlying needs faced by the local community and parents in Salford that results in changes to the numbers of children and families requiring help</i>	<b>SYSTEM FACTORS:</b> <i>the way that the system of services in Salford responds to families requiring help</i>	<b>PRACTICE FACTORS:</b> <i>the way that professionals work with families.</i>
<ul style="list-style-type: none"> <li>• Population and Demographics</li> <li>• Poverty</li> <li>• Housing</li> <li>• Adverse Childhood Experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Perceptions of Thresholds Partnership working</li> <li>• Information sharing</li> <li>• Leadership</li> <li>• Service commissioning and provision across the system</li> </ul>	<ul style="list-style-type: none"> <li>• Models of practice</li> <li>• Doing 'to' or 'with'</li> <li>• Skills and knowledge of professionals</li> </ul>

Salford's Neglect Needs Assessment also tells us that:

- Some of the wider determinants such as poverty, childhood obesity, dental decay, homelessness, school readiness and school attendance are worse in Salford than the national average.
- Of the 20,500 contacts to the Bridge in 2018/19, 1,437 (7%) were categorised as 'neglect'. However, we know this is significantly under-reported and it is likely that there were elements of neglect

in other reasons. For example, there were 4,239 for 'parenting issues'; 557 'general family issues'; 3,467 'early help'.

- In 2017/18, 16.8% of social care assessments completed in Salford had a presenting factor of 'neglect' compared to 18.4% nationally. Neglect is rarely the only factor, with parental mental health a factor in over half.
- As an indicative measure of destitution, 3,025 foodbank vouchers were issued and 1,941 children fed in 2017/18 of which children's services was the largest referrer (1,669 children fed).

Our needs assessment chimes with Turney and Taylor (2014) and Brandon et al (2008) who conclude that child neglect is a complex phenomenon with a range of possible inter-connecting 'causes', and this complex interplay of factors can compromise parents' abilities to offer satisfactory care to their children.

We know from the needs assessment that we have a good culture and partnership in which to implement the strategy. Professionals were very positive about knowing how to access specialist advice, how well agencies work together, having a supportive manager and feeling equipped to work with children at risk of, or experiencing child neglect and their families were positive.

## The Salford Partnership Way

**All partners are committed to working together so that every child in Salford has a safe and happy childhood.**

Within this vision we believe in:

- ▶ **A child centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children. For our strategy, this means ensuring we remain focussed on the lived experiences and how they are feeling.
- ▶ **Safeguarding is everyone's responsibility:** for services to be effective each citizen, practitioner and organisation should play their part. For our strategy, this means we agree with the African proverb that "It takes a village to raise a child" Our entire community of people must interact with children for them to experience and grow in a safe and healthy environment.

The Safeguarding Partnership principles guide our strategy and plan:

- 1) **Empowerment:** People being supported and encouraged to make their own decisions and with informed consent
- 2) **Prevention:** It is better to take action before harm occurs
- 3) **Proportionality:** The least intrusive response appropriate to the risk presented
- 4) **Protection:** Support and representation for those in greatest need
- 5) **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting safeguarding issues
- 6) **Accountability:** Accountability and transparency in safeguarding practice.

## Strategy and Objectives

Young People told us what they think are the most important needs to be met for them to thrive and not to be neglected.



Developed by Salford Youth Council  
October 2019



Parents and carers may need support with core parenting skills that can be part of every professional contact. These are likely to be GPs, schools, health visitors, communities for most families, and more specialist services such as hospitals.

We want everyone across the City to be clear that when parents/carers are not able to meet their children's needs to the extent that is abuse, that statutory intervention commences.

**Objective 1: Empower families and communities to meet their child's needs. Improve the awareness and recognition of childhood unmet need and neglect across the City.**

It is vital that neglect at all ages and stages, including pre-natal is understood, identified and addressed in a timely manner. This can be more difficult where the family is socially isolated, does not engage with professionals or attend appointments, educated through elective home education, missing out on education, or does not understand what their child needs.

We know that sometimes, parents just need a bit of help before their issues spiral, and we want to make sure that there is somewhere they feel confident to go to, to get the right advice and support at the earliest stage. This will also be the case for people working with families, such as schools.

Professionals want to empower our citizens, communities to be good Salford parents and friends. This will be achieved through campaigns, targeted sessions where our children and parents live, work, play and learn, such as community hubs, sports clubs, education providers, giving neglect a higher profile through the City,

We will continue to respond through our thresholds of need to ensure that children living with neglect receive the right help and protection at the right time so that their individual developmental needs are met, and they are protected from harm in a timely manner.

**Objective 2: We will work in partnership to overcome factors which prevent parents/carers from meeting the needs of their children.**

We are clear that parents/carers are responsible for meeting the needs of their children, but this is not always possible. We will ensure there are clear pathways and services to support them and the professionals who may be working with them, without taking on the parenting role ourselves unless statutory thresholds are reached.

We will ensure that our existing strategies, plans and commissioning which support parent's ability to meet their children's needs are aligned and lobby where necessary to bring about changes to overcome any factors which prevent children's needs from being met and contribute to the rise of neglect.

SSCP and individual organisations will review and/or reinforce implementation of policies that support parents and professionals, for example the SSCP escalation policy, threshold policy, disguised non-compliance policy, child not brought policies within health services.



**Objective 3: There is a robust system and services to assess and address neglect so that children are safe and cared for. Assessments and work with families is timely, effective and strengths-based.**

We want families and professionals to have access to evidence-based approaches and tools. We will revise our neglect tool, guidance and training for professionals, laying out clearly required timescales and expectations. Professional curiosity, challenge and relationship-based practice will underpin these.

All plans will be SMART – in other words they will clearly and succinctly evidence and record current concerns, what needs to change from this baseline, how, and by when (how urgent for the child); More importantly, we will encourage professionals to focus on the lived experiences of the child at every hour of every day and the impact of neglect on their emotional well-being. (Horwarth, 2017)

Work with the family will be recorded and information shared effectively, with good communication between professionals.

**Objective 4: All professionals work with families and individual children in a strengths-based way that takes into account risk and protective factors.**

SSCP partners believe in, and utilise a strengths-based model of practice, and our approach to neglect should reflect this. Families will be helped to understand why changes are required and engage with any work identified.

We know that a parent's ability to meet their children's needs may not be consistent and involve more than one episode of neglect. We want to reduce the number of 'episodes' of neglect or escalation of issues that a child may experience by ensuring our professionals, tools and interventions are able to identify risk and protective factors, and ensure that improvements are able to be sustained.

All professionals must remain clear and supported that where the safeguarding and criminal definitions of neglect are met, it is absolutely right that we take immediate action to protect children.

Some children are more likely to suffer neglect. For example, disabled children are more likely to suffer neglect than a child without a disability; children may be undertaking a carers role for younger siblings due to their parent's inability to meet their needs; perceived cultural norms can prevent professionals from appropriately challenging the child's experiences. We will ensure that our policies, tools, interventions and our workforce are aware of the individuality of all parents and children.



## Objective 5: Leadership drives good practice and improvement in tackling neglect

We will strengthen the leadership of neglect across the City by identifying between four and six 'system leaders' who will drive our strategy and actions and providing specialist advice in their field, in addition to the Neglect champions who form our SSCP neglect sub-group.

Organisational and professional support for our skilled and knowledgeable workforce will include a range of development opportunities for professionals across the city; opportunities to learn from practice through case discussions;

Agencies should ensure their workforce is properly skilled to be able to identify and act on indicators of neglect in the families they work with. This includes pathways and their role in multi-agency support. It also means that the workforce should be confident in knowing when and how to share concerns about a child's welfare where child protection concerns may be apparent.

We expect each organisation and its leaders to ensure communication, implementation and embedding of this strategy, tools, and ways of working. We expect them to review their own effectiveness on a regular basis.

## How We Will Achieve Our Objectives

Our **Action Plan** includes details of what we are going to do, how we will make this happen, any external factors and resources required to do so and how this will be different for children now and in the longer term. The plan will develop over the lifetime of this strategy to ensure that as a City we are able to respond to changes and new ideas to meet our objectives.

## Governance and measuring effectiveness

This strategy will be owned and overseen by the Salford Safeguarding Children Partnership and its Neglect Sub Group. The SSCP will monitor progress through sub-group reports to the partnership and a neglect spotlight at least annually. This agenda will be shared with the 0-25 Advisory Board and wider system governance in recognition of the significant scope that thriving families and neglect has.

We will assure ourselves of the quality of our multi-agency response to neglect across services and demonstrate that our work has individually, and collectively impacted positively on outcomes and quality of life for children.

We have developed a Neglect Outcomes Framework across our objectives as well as the ten areas young people told us was important

to them. Through this framework, our Safeguarding Effectiveness Sub-Group, Neglect Sub-Group and our Youth Council we will consider how we are doing and where we can do better. We will also consult with children, young people, families and professionals about what has helped make the most difference and how supported they feel.

## Further information

Toolkit links on website

(<https://safeguardingchildren.salford.gov.uk/professionals/neglect/>)

Worried about a child

(<https://safeguardingchildren.salford.gov.uk/professionals/>)

### **Salford Safeguarding Children Partnership**

Sutherland House, 303 Chorley Road, Swinton, M27 6AY

Tel: 0161 603 4322

Email: [sscp@salford.gov.uk](mailto:sscp@salford.gov.uk)

Visit: <https://safeguardingchildren.salford.gov.uk/>

Twitter: <a href="https://twitter.com/salfordscp">@salfordscp</a> <a href="https://twitter.com/safeinsalford">#safeinsalford</a>
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## Appendix 1: Ways in which children and young people can experience neglect

Experiences of neglect by Horwath's classifications by age group. These are examples only intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may be present

	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
<b>Infancy; 0-2 years</b>	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
<b>Pre-school; 2-4 years</b>	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount 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.
<b>Primary; 5-11 years</b>	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.
<b>Adolescent; 12+ years</b>	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.

