



The Norfolk Safeguarding Children Partnership

Strategy to Identify, Prevent
and Tackle Neglect

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1. Introduction

- 1.1 Neglect continues to be a key priority for the Norfolk Safeguarding Children Partnership (NSCP). The last version of the strategy was published in autumn 2020 and much has been done to address the root causes and the partnership's response through the Neglect Strategy Implementation Group, however, what we have learned through Safeguarding Practice Reviews, audit and intelligence indicates that more work is required to improve practice in this area. The strategy has been revised to recognise progress to date and actions planned to focus resources so that the partnership becomes more effective in tackling and preventing neglect to help ensure all children and young people in Norfolk can flourish.
- 1.2 The appalling effects of chronic neglect are well-documented. Practitioners and academics are agreed that the cumulative nature of neglect can have a disastrous impact on all aspects of children's health and development. It impacts on children's learning, self-esteem, ability to form attachments and social skills in such a way that the effects can last into adulthood.
- 1.3 Neglect is complex: It is not that... neglect is impossible to define, but that it cannot be defined in absolute terms. Like other forms of child maltreatment, neglect needs to be interpreted in context¹. Nationally, it is well established that identifying, assessing, and responding to neglect remains challenging for multi-agency services. In responding to these challenges, multi-agency safeguarding practitioners have been supported by using an evidenced based practice model, and associated tools, to assess and respond to neglect. The preferred model in use nationally is the Graded Care Profile (GCP).²
- 1.4 The NSPCC's report on [Neglect: learning from case reviews](#), published December 2022 recognises that neglect is a serious form of harm. The learning from this document has helped to frame this strategy. In summary, the report recognises that both families and professionals can become overwhelmed and demoralised by issues of neglect. Children may experience repeated attempts by professionals to try and improve the situation. Published case reviews highlight that professionals face a big challenge in identifying and taking timely action on neglect. The learning from these reviews highlights that professionals from all agencies working with children or their families must be able to:
 - recognise physical, emotional, medical and educational neglect
 - understand the cumulative and long term impact of neglect
 - take timely action to safeguard children.

1 Child Protection and Introduction. Beckett 2007.

2 The Graded Care Profile is an assessment tool that helps practitioners take a strengths-based approach to measuring the quality of care a child is receiving and supports them to identify neglect. The tool is licensed and promoted by the NSPCC.

- 1.5 Norfolk published two Safeguarding Practice Reviews (SPRs) in 2022 - 23 where neglect was a major theme. Norfolk's Ofsted Inspection of Local Authority Children's Services, published January 2023, also picked up on neglect as an issue:

Family support services actively support children living in situations of neglect. For many children, positive changes are made. But for some, the changes are not successfully sustained after services withdraw, and cycles of neglect continue for these children. Systematic evidence-gathering and use of tools such as the graded care profile in family support services are limited.

While it is clear that the partnership is alert to the impact of chronic neglect, we need to ensure that children and families receive appropriate and timely interventions in order for children to get better outcomes.

- 1.6 The NSCP is strongly aligned with its sister board, the Children and Young People's Strategic Alliance (CYPSA) which is delivering the Flourishing in Norfolk Children and Young People Partnership Strategy. The strategy, and the work of CYPSA, is underpinned by a shared ambition to make Norfolk a place where all children and young people can flourish:

Family and friends

Children and young people are safe, connected and supported through positive relationships and networks

Learning

Children and young people are achieving their full potential and developing skills which prepare them for life

Opportunity

Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents

Understood

Children and young people feel listened to, understood and part of decision-making processes

Resilience

Children and young people have the confidence and skills to make their own decisions and take on life's challenges

Individual

Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness

Safe and secure

Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure

Healthy

Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

1.7 The NSCP is also firmly committed to the Flourish ambition . Neglect is a key factor that can negatively influence whether children and young people are able to achieve positive outcomes in important areas of their lives, and effective work to reduce neglect is a powerful determinant in improving outcomes. Through partnership working, being ambitious for and with children and young people, and addressing the causes and symptoms of neglect, this neglect strategy focuses on making Norfolk a county where all children and young people can flourish. **Seen through the Flourish lens, the impact of neglect can look like:**

- **Family and friends:** parents who neglect their children may well love them but do not have the life experiences to parent well enough.
- **Learning:** education can be impacted if children are coming from chaotic and/or neglectful homes where they don't feel safe, contained or supported to achieve
- **Opportunity:** can be limited if academic achievements are compromised and/or the family has low aspirations
- **Understood:** children may find it difficult to articulate their lived experience of neglectful caring but know that it is different and/or not good enough.
- **Resilience:** is tested when basic needs are not being met
- **Individual:** child/ren's unique needs may not be recognised, particularly in larger sibling groups
- **Safe and Secure:** children are focusing on surviving rather than thriving
- **Healthy:** medical Neglect will have short, medium and life- long implications for a child and young persons health and wellbeing.

Neglect can therefore be seen as the inverse of enabling children to flourish, so it is important to refer back to the Flourish Outcomes framework. (Appendix 1)

1.8 The previous strategy focused on three key aspects: community response; contributory factors; and the emotional impact of neglect on children, families and professionals. Achievements include: the development of communication assets: piloting a Norfolk version of the GCP; working with families on a Flourishing Families self assessment tool which signposts parents and carers to services and resources to help support them to make sustainable change; and establishing a comprehensive data profile to better quantify and qualify the presenting and underlying causes of neglect. However, there remains a need to improve the safeguarding system to better identify, prevent and tackle neglect. This strategy draws from local and national learning in relation to neglect and incorporates the recommendations from Norfolk's case reviews and audits (Appendix 2).

2. Definition

2.1 For the purposes of this strategy, the national definition will apply:

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

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers); or*
- *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 Interagency Working to Safeguard and Promote the Welfare of Children. July 2018).

2.2 In Norfolk we also need to establish a shared understanding of chronic neglect in terms of impact on the child/ren. By chronic we are talking about low level neglect over a longer period of time resulting in cumulative harm as well as cyclical neglect where things may appear to improve for short periods and then deteriorate again in a repeat pattern, making it difficult for the child to feel secure.

2.3 The word neglect in the context of children can be very triggering therefore it is important that we carefully consider the language we use, ensuring that it is descriptive and child focused. Dr Karen Treisman MBE thinks of neglect in terms of relational poverty, i.e. being poor in community and lacking effective support systems. It is also helpful to consider neglect in terms of both relational trauma and relational resilience, i.e. thinking about the impact of unmet needs over time and how that frames people’s sense of identity and world view.

2.4 It is important also to describe the different types and presentation of neglect in order to identify the most appropriate intervention. For example:

- **Disorganised neglect:** family has multiple problems and are crisis ridden. Care is unpredictable and inconsistent, there is a lack of planning, needs have to be immediately met to avert crises. Parent appears to want or need help and professionals are welcomed, however efforts by professionals are often sabotaged.
- **Emotional neglect:** opposite of disorganised families, where focus is on predictable outcomes. Family may be materially advantaged and physical needs may be met but no emotional connection made. Children have more rules to respond to and know their role within the family. Parental responses lack empathy and are not psychologically available to the child. Parental approval/attention achieved through performance
- **Depressed neglect:** parents love their children but do not perceive their needs or believe anything will change. — Parent is passive and helpless. — Uninterested in professional support and is unmotivated to make change. — Parental presentation is generally dull/withdrawn

2.5 Educational Neglect: There is no statutory definition of educational neglect but it is a failure to ensure that a child receives the a suitable education which is likely to seriously impair the learning and educational development of the child. It is a likely outcome of a range of contributing factors and these attributing factors are rarely just an 'educational issue'. It may include:

- Acts of omission/commission which have a **detrimental impact on a child's learning and development.**
- The failure to provide for the child's basic educational needs.
- Child is not registered at school or provided with a suitable education otherwise.
- Persistent or severe absence from school
- Failure to access the support available from a school and/or another agency to address a child's educational needs
- The ongoing failure to provide a child with the resources and environment they need to learn

2.6 The definition of medical neglect involves carers minimising or ignoring children's illness or health (including oral health) needs and failing to seek medical attention or administering medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child's birth, fail to seek ante-natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse; (Horwath 2007). NB Medical neglect also tends to be a feature of many neglect cases. Through apathy rather than avoidance, children are often not immunised, taken for medical help, given medication, or returned to hospital for initial or follow up procedures and reviews. (Howe 2005)

3. Principles

3.1 The NSCP adheres to the following principles in the development and implementation of this strategy:

- We will maintain a clear focus on the child and understanding their lived experience
- We will ensure that we understand the wider family dynamics through family networking – with a focus on the role of fathers - and drivers for parental behaviour so that we support parents and carers to make sustainable change
- We will have whole system leadership in awareness raising and tackling neglect with all partner agencies taking responsibility for professional standards within their organisations.
- We will have clear lines of accountability, roles and responsibility in cases of neglect
- We will have a shared, multi-agency approach to identification of and interventions for neglect, including operational oversight and understanding of longer term impact/drift
- We will demonstrate commitment to equalities and diversity acknowledging that some children are at more risk due to their diverse needs
- We will be culturally competent in this area of work, recognising that neglect is present in all strata of society
- We will be competent and confident in recognising and managing the complexity and stigma attached to neglect, with a focus on unmet needs
- We will ensure that the complex nature of neglect and the impact on the workforce is acknowledged and that there is practical and emotional support in place for practitioners



4. Strategic Aims and Objectives

The NSCP's aspiration would be to eradicate neglect in whatever form it manifests itself. In acknowledging that some of the variables involved are beyond the Partnership's ability to control or alter, the strategic aim seeks to:

Minimise the risk of children experiencing neglect in the county of Norfolk and to support those that are experiencing or have experienced it.

As noted in the introduction, neglect is highly prevalent and has the potential to overwhelm, therefore this strategy has set some parameters to make our objectives achievable with three overarching aims. The objectives/ high level actions we will take to achieve the strategic aim and the rationale behind them are listed against each strategic statement below.

4.1 We will be child focused in order to effectively address the longitudinal impact of neglect to address the 'start again' syndrome and provide practical challenge to professional optimism. Building on what we have learned from the recent Safeguarding Practice Reviews, we recognise the need to treat each child as an individual and better understand their lived experience of neglect over time. We recognise that neglect cases can be resource intensive and have an emotional impact on both the children and families as well as the multi-agency professional network. Supporting and motivating families to address their behaviours and make sustainable changes is key to finding solutions to address neglect, so that we build resilience and raise the aspirations of children and young people.

Rationale – excerpts from Cases AK and AL:

Case AK: The pattern of multi-agency responses to the neglect [...] was characterized by responding to incidents of acute concern when they arose. Each period of intervention by Children's Services appeared to be influenced by the view that this was a family known well and the parenting was seen as not quite good enough but not quite bad enough to lead to higher thresholds of intervention. The risks were not viewed through a lens that considered the changing context and dynamics of the risks within the family as they evolved. [...] the overall pattern/ history of the children's experiences was not considered in weighing the risks, and there was a repeated syndrome of starting again.

Case AL: A possible systems barrier noted by practitioners was that when seeking to refer families to CADS a question is often asked about what the identifiable immediate risk to a child is. It is not clear that this was the case in the referrals for AL's Family but was seen by practitioners as a possible systems issue. Such an approach may mitigate against considering the longer-term and more amorphous nature of neglect where there may not be a clearly identifiable and anticipated harmful event but there is a need to identify a pattern where parenting may not be good enough to meet children's needs, including siblings' needs, over time. This may require greater information gathering and analysis at the edge of the child protection threshold to assess the probability of harm if action is not taken. This has implication for the interaction between referrers and the CADS service and the possible need for challenge between agencies and or escalation to consider a wider range of possibly harmful behaviours, omissions or patterns and not just single harmful events.

Objectives and high level actions:

- Establish an Accumulative Neglect Operational Oversight Forum (ANOOF) responsible for overseeing current practice in neglect cases and reporting into the Neglect Strategy Implementation Group
- Develop tools to enable better use of multi-agency chronologies and genograms, including cultural genograms, in order to inform case management; underpinned by clear information sharing agreements
- Use data to identify known risk factors and better target interventions to families,
- Gather intelligence to build picture on
 - (a) cohorts of children who may be more vulnerable to neglect
 - (b) cohorts of parents who may be more neglectful
 - (c) children and young people's experience of cumulative experience of neglect
- Effective monitoring to guard against case drift

4.2 We will establish a better understanding of best practice and understanding of factors which contribute to the risk of neglect so that we can address the needs of parents, children, families and communities. The workforce and communities have a more holistic understanding of contributory factors – including domestic abuse, substance misuse, parental mental health, incarceration, parental experience of Adverse Childhood Experiences (ACEs), intergenerational neglect and impact of poverty – resulting in improved risk assessments and more transparent conversations.

Rationale – key issues identified in the NSPCC's report on Neglect: the learning from reviews

- Being child focused: understanding their lived experience and focus on improved outcomes
- Complex needs and risk factors
- Recognising the signs of neglect
- Engaging families/accessing and engaging with services
- Information sharing
- Professional desensitisation and normalisation
- Health: response to missed appointments and untreated health conditions, accidents and/or injuries
- Assessing parental capacity to change through robust and comprehensive assessments
- Providing timely and holistic early help

Objectives and high level actions:

- Data overlay of contributory factors
- Support for all staff with specific focus on professions working in early intervention and prevention, including Neglect Champions
- Development and training, including the Norfolk Graded Care Profile
- Interface between the Neglect Strategy and Norfolk's Social Mobility Agenda to establish better understanding between poverty and neglect and effective interventions
- Work collaboratively with adults social care and other partners to develop a more Think Family approach to neglect

4.3 Staff and families will have space to reflect on the emotional impact of neglect on themselves and develop resilience, perspective and a shared language to manage that impact. The safeguarding system, workforce and families they are working with are supported to develop a shared understanding of the neurological, psychological, emotional and physiological impact of toxic stress and are solution focused when addressing the complexities of neglect

Rationale – excerpt from Norfolk SCR Case AF³: ‘Safeguarding children is a human service, the emotional content of the work has a bearing on how children are safeguarded. The psychodynamic aspects (including how defences are constructed against the inherent anxiety) need greater attention and ways found to acknowledge the impact and mitigate the risks to enable the workforce to think and act.’

Objectives and high level actions:

- Agencies invest in becoming more trauma aware/trauma informed to enable the frontline to actively deliver early intervention and prevention services with the support of strategic leadership
- Systemic and clinical supervision offered
- Multi-agency reflective practice sessions offered across the partnership, including schools and early years
- Dissemination of learning from Norfolk SCRs/SPRs on neglect through a trauma informed lens in tailored SCR/SPR roadshows

4.4 We will disseminate learning from Safeguarding Practice Reviews (SPRs) and other independent scrutiny reports and act on the recommendations. This Neglect Strategy incorporates those recommendations, aligning them where appropriate with the overarching strategic statements above (4.1 – 4.3). The recommendations are summarised as Appendix 2. NB Adolescent neglect will have some crossover with the other NSCP priority, Child Exploitation, and activity will be co-ordinated with the Vulnerable Adolescent workstream.

Threaded throughout all NSCP activities is a proactive approach to capturing the voice of the child. This includes providing case studies to demonstrate how learning from local and national SPRs is translated into good practice as well as how we involve services users (children and families) in service development. Direct links will be made between the Neglect Strategy Implementation Group (NSIG), the NSCP Business Unit and children and young people’s groups, with the support of Norfolk County Council’s Participation Team.

3 Norfolk Safeguarding Children Partnership SCR, Case AF, published January 2020.

5. Measuring Impact

- 5.1 This strategy will have a detailed action plan sitting underneath it to monitor progress against the objectives, including key milestones. As an NSCP priority, mechanisms are in place to ensure that the strategy implementation is timely and monitored for impact.
- 5.2 Quantitative and qualitative measures are included against this priority are in the NSCP Business Plan. The data profile developed under the previous iteration of the strategy will be kept under review to measure progress and impact.



5.3 The data focus is on developing an understanding of factors driving neglect, and detecting any important trends or changes – rather than monitoring performance or developing targets. The data available to quantify incidences of neglect, and any associated factors, come from partners’ core business systems. As such, data is limited to some extent by the classification systems and recording practices adopted (usually by law). These data considerations are only part of important context around data and neglect, best described by the [NSPCC in their statistical review](#), with key contentions summarised below:

How can the data be used

Data can only ever tell part of the story. Its important to bear in mind the limitations of the data available.

| You can use this data to: | But you can't use it to: |
|--|---|
| Get a sense of how many children experience child neglect | Definitively say how widespread child neglect is |
| Say how many child neglect cases are known to and recorded by services | Equate figures from services with the prevalence of child neglect |
| Identify the most common characteristics amongst children who experience neglect | State that children who have these characteristics are the only ones who experience neglect |

The table is taken from www.learning.nspcc.org.uk/research-resources/statistics-briefings/child-neglect

5.4 The indicator set is included as Appendix 3. The **assumptions in establishing indicators are:**

- Indicators will align with broad aims and objectives outlined in strategy
- Proposed indicators will need to be available within existing data collection and reporting arrangements (e.g. no new data collection proposed).
- Indicators will ideally be available quarterly.
- Indicators will in the first instance monitor activity, not performance.
- Possible indicators will not be regarded as viable or proposed until their availability is confirmed by relevant data teams

5.5 The NSCP data set is supported by the Flourish Outcomes Monitoring Framework, a set of quantitative and qualitative indicative measures which look across the eight Flourish domains to help answer the question “Are children and young people in Norfolk Flourishing?”

6. Leadership and Governance

- 6.1 As a priority area, Norfolk's Neglect Strategy will be governed by a discrete multi-agency NSCP subgroup, chaired by Children's Services Director of Commissioning, Resources & Partnership.
- 6.2 The Neglect Strategic Implementation Group (NSIG) has clear Terms of Reference and representation from strategic leaders from across the partnership. NSIG reports to the NSCP Partnership Group.
- 6.3 The Neglect Strategy Implementation Group (NSIG) is strategic and is supported by three subgroups with identified leads to deliver against the strategic statements set out under Section 4. The NSIG is responsible for improving multi-agency practice and the subgroup leads will support specific developments against their areas of responsibility, as detailed in the action plan.



Appendix 1 Flourish Outcomes Framework

Family & friends

Children and young people are safe, connected and supported through positive relationships and networks.

- As many children and young people (CYP) as possible are able to live safely with family
- Where CYP are not able to live with their family, they have the support they need to build a stable foundation of positive relationships
- CYP have positive childhood experiences in their homes, schools and communities
- CYP have the support they need from their parents and carers
- CYP have positive role models and trusted adults in their lives
- CYP have the skills and opportunities to develop positive friendships and relationships which support them throughout their lives

Learning

Children and young people are achieving their full potential and developing skills which prepare them for life.

- CYP establish a great early years foundation for learning and see the benefit in becoming lifelong learners
- CYP enjoy learning and developing skills and feel positive about what they can achieve
- CYP have good engagement with learning in and out of school, including attendance and extra-curricular opportunities
- CYP make the best possible progress in learning and education
- CYP are supported by families, professionals and communities at all stages of their development
- YP are equipped with the skills and confidence to live as independently as possible

Opportunity

Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents.

- CYP have improved equity of opportunity through the removal of barriers including improved economic, geographical and digital inclusion
- CYP have a wide range of education, employment, training, social and community activities available to them
- All CYP, at every age and regardless of disability or additional needs, have access to opportunities that suit their needs and ambitions
- CYP have the emotional, personal and practical support they need to make the most of the opportunities available

Understood

Children and young people feel listened to, understood and part of a decision-making processes.

- CYP are active, respected and included members of their communities as individuals and collectively
- All CYP voices are influential in all decisions made about their lives
- CYP feel adults respect their views and opinions and promote CYP influence
- CYP know their rights, how to make their views known and are confident to speak up
- CYP are confident that all strategies and services for CYP have their needs and ambitions at their heart
- CYP are confident that their voice will make a difference and can see the impact they are making

Resilience

Children and young people have the confidence and skills to make their own decisions and take on life's challenges.

- CYP can understand and make good decisions and are empowered to do so
- CYP know what independence entails and are able to transition in the best way for them
- CYP are supported to try new things, have a variety of experiences and be curious and aspirational
- CYP understand life can be complicated and know asking for help is OK
- CYP can recognise when they need help and have choice and control over the support they receive
- CYP have a range of options for support and advice

Individual

Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness.

- CYP are understood and valued as individuals and in their social groups
- CYP understand and value each other
- CYP and others on their behalf are able to tackle prejudice and discrimination
- CYP have safe spaces to explore, develop and become confident in their identity as they grow
- CYP's self-expression is prioritised, promoted and respected
- CYP have a range of opportunities to influence the wider world

Safe & secure

Children and young people are supported to understand risk and make safe decisions by the actions adults and children and young people themselves take to keep them safe and secure.

- CYP are free from exploitation, abuse and neglect
- Fewer CYP enter/re-enter the criminal justice system
- CYP are safe and secure in all settings, including where they live
- CYP feel that families, professionals and communities understand and carry out their role in keeping them safe
- CYP trust the people and systems that are there to help keep them safe, know where to go for help and feel confident and able to do so
- CYP know what to do to keep each other safe
- CYP are supported to understand and take appropriate risks

Healthy

Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives.

- CYP have the best achievable physical, mental and sexual health
- CYP know how to get healthy and keep healthy and are confident in their own self care
- CYP have choice in how they access health services, including the best possible virtual health experience
- CYP are supported at the earliest possible stage, reducing crises
- CYP know when and where to go for help with physical and mental health and have confidence and trust to do so

Appendix 2: SCR/Scrutiny recommendations

| Source | Recommendation | Category |
|------------------------------|--|-------------------|
| MAAG audit Neglect 2021 R2 | The Neglect Strategy Implementation Group include actions within the Neglect action plan to support effective, direct, timely and open communication across the partnership in neglect work. Information sharing the timely upkeep of records is one of the most basic tenets of good child protection practice. | Comms |
| AK5 (2023) | NSCP to write a position statement about 'physical chastisement' and substance misuse and be clear about how to promote and endorse this statement in practice. | Comms |
| AL4 (2022) | The Norfolk Safeguarding Children Partnership should review its guidance on Thresholds in order to support practitioners' understanding of neglect, the long term and cumulative impact of neglect and how to identify non-cooperation of care givers, as possible evidence of neglect. As well as highlighting examples of single significantly harmful events examples can be provided to help practitioners recognise that neglect includes not being brought to appointments, repeated refusal of services, not complying with advice or not administering or monitoring a child's medication. | Comms |
| MAAG audit Neglect (2021 R1) | Evaluation of the revised GCP includes a focus on: - the inclusive multi-agency use of the tool, - use of the tool over time, and - management oversight of the use of the tool. | Tools & resources |
| AH3 (2020) | Risk assessment tools to assess neglect should be reviewed to ensure that there is a common language and understanding of levels of concern over time. For example, the Graded Care Profile could be strengthened with photographs adapted from the Norfolk Safeguarding Adults Self Neglect and Hoarding Strategy, to better assess and share the views of professionals about the living conditions of children. | Tools & resources |
| AK1 (2023) | The revised Norfolk GCP must be used in cases of neglect with strong multi-agency leadership to ensure effective implementation. This should include agreeing clear roles and responsibilities for completing the Norfolk GCP in any safeguarding/care plan. Audit of neglect cases from across the child's journey to test effective implementation and assess how it impacts on planning and interventions within 12 months of publication. | Tools & resources |

| Source | Recommendation | Category |
|---|---|-----------------|
| AH2 (2020) | In cases of neglect, the children's voices and views of their family's strengths and weaknesses must be evidenced through the use of existing tools, e.g. Signs of Safety. | WFD |
| AI1 (2020) | NSCP as part of a workforce development plan, identify and equip frontline staff with the confidence and skills to work with clients who have, or may have a 'learning difficulty' including the use of visual aids in order to communicate effectively. | WFD |
| AI2 (2020) | NSCP requires assurance that social workers and frontline practitioners working with children are equipped to test both an adult's understanding of the required changes, and probability of being able to successfully achieve these required changes. | WFD |
| Scrutiny paper Neglect training (2021 R1) | NSCP review how their training offer is advertised and consider additional approaches to increase knowledge of courses / training input available. This should be supported by members of the WDG promoting the training offers within their own agencies. | WFD |
| Scrutiny paper Neglect training (2021 R3) | The NSCP should pilot a multi-agency forum where structured case studies on neglect could be discussed with best practice highlighted and disseminated. This could draw from approaches developed in reflective practice sessions and joint agency group supervision as well as through the work of the Local Safeguarding Children Groups. | WFD |
| Scrutiny paper Neglect training (2021 R4) | NSCP should develop a system that would effectively measure the impact of training on practice. This would involve 6 and 12 month reviews of the effect training has on service delivery for individuals. | WFD |
| Scrutiny paper Neglect training (2021 R5) | The NSCP should seek reassurance from all strategic leads that training will be viewed as a priority and staff will be afforded opportunities to develop knowledge and practice whenever possible. Where there is evidence that such a culture does not prevail, the Partnership should challenge and support change. | WFD |

Appendix 3: Neglect Indicators

Using data to monitor the Neglect Strategy

The Data Review of neglect provided a number of findings that improve our understanding of neglect and the factors that may contribute to children and young people having a higher or lower risk of experiencing neglect. However, as most of the findings do not clearly highlight what constitutes ‘good’ or ‘bad’ performance in how we address neglect – for example we know what factors most associate with neglect, but we wouldn’t want to set targets on these. As such there isn’t a large suite of indicators or monitoring measure that we would use to measure success.

There are, however, a limited number of measures that would either enable us to identify any notable changes in the number of children and young people ‘presenting’ with neglect, or enable us to see whether support is being successful. These are set out below, with a rationale for their inclusion.

| Indicator | Rationale |
|---|---|
| No. new Child Protection Plans with ‘Neglect’ as the initial abuse type. | Enables us to broadly understand the level of neglect being recorded, and to understand whether this changing over time. |
| No. crimes classified as ‘cruelty to a child or young person’. | Enables us to broadly understand the level of neglect being recorded, and to understand whether this changing over time. |
| % new Social Work Assessments that identify Neglect with coinciding ‘Toxic Trio’ factors also recorded. | Enables us to understand some key drivers of neglect, and whether the recording of any of these are increasing or decreasing. |
| % new Child Protection Plans with ‘Neglect’ as initial abuse type, which are repeat CPPs. | Allows us to assess whether support for children experiencing with neglect is reducing long-term risks. |

The availability of data has not been confirmed for all of these indicators, and their inclusion and the regularity of reporting are subject to confirmation from teams responsible for the collation of that data. If available, these will aim to be reported quarterly as part of regular Norfolk Safeguarding Children Partnership reporting.

Over time the further reviewing of data, and monitoring of these indicators, may prompt additional measures or determine that the indicators being used are no longer useful. Any changes to the agreed monitoring framework will be agreed with Neglect Strategy Implementation Group.



flourish