

Neglect Strategy

- children, young people and families

2018/21

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WARRINGTON
Borough Council

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Foreword from the Lead Member for Children and Young People

I am delighted to present this new Neglect Strategy which will support all organisations working with children, young people and their families to improve their lives for years to come.

The purpose of this strategy is to prevent and reduce neglect within Warrington through a better understanding and more strategic approach to neglect. This is essential for everyone with responsibilities for safeguarding, as we know that when children are neglected there will be a detrimental impact on their development through childhood, adolescence and into to adulthood, and will often have enduring consequences throughout their lives.

“The cumulative and pervasive impact of neglect on the development of children and their life chances has to be properly addressed if they are to be able to contribute to and benefit from society as adults and future parents.”

In the Child’s Time – Professional Responses to Neglect, Ofsted 2014

Our efforts today to prevent and reduce neglect in Warrington will not only serve to protect individual children, but also have the potential to anticipate and avoid a wide range of health and other problems cascading down through future generations.

Our priorities in this new neglect strategy will support us to quantify the extent of neglect in Warrington, and ensure that all agencies are better able to recognise neglect at the earliest opportunity, and provide the most appropriate, timely and joined up response.



Councillor Jean Carter
Lead Member

Introduction

The neglect of children and young people is one of the most difficult areas within the child care and protection field to identify, assess and intervene in. Increased research over the past decade¹ has shown that neglect has emerged as the most prevalent type of harm children experience and results in more profound cognitive, social and psychological deficits than many other forms of abuse.

According to the Department for Education neglect is the most common reason for a child to be the subject of a Child Protection Plan in the England. In 2017 48% of all children subject to a Child Protection Plan in England under the initial category of neglect and in Warrington in the same time period this was 40%².

Neglect is the most frequent reason for a child protection referral to social services and features in 60 per cent of serious case reviews into the death or serious injury of a child. Latest provisional (year-end 2017/18) figures show that 39% of children subject to a child protection plan have a category of abuse of neglect, this evidences that this is the most common category of abuse in Child protection plans. The numbers of general referrals with a category of neglect are very low.

Research from the NSPCC³ on preventing child neglect shows that the most common form of child abuse across the UK is neglect and one in seven secondary school age children and one in 20 children under 11 will have been neglected at some point⁴.

Work undertaken by Action for Children⁵ highlights a clear emerging theme where the best results are achieved when intervention with families happens at the earliest possible opportunity, particularly in cases where the family is steadily declining into neglectful parenting.

In *The Child's Time: Professional responses to neglect*⁶ explores the effectiveness of arrangements to safeguard children who experience neglect with a particular focus on children aged 10 years and under drawing on case evidence and views of parents, carers and professionals.

The challenge for all children's services is to develop a coherent, integrated and effective response to neglected children and young people.

This revised Warrington Neglect Strategy has been developed to ensure our children's workforce are able to recognise neglect and provide an effective response which will improve outcomes for children, young people and their families. Integral in the strategy is the identification and engagement of families at the earliest opportunity by preventative services including effective assessment and development of a clear action plan.

¹The State of child neglect in the UK, University of Stirling, 1 January 2013 and Neglected Children and Their Families, 15 April 2008

²Characteristics of child in need: 2016 to 2017 England, Department for Education, 2 November 2017

³Spotlight in preventing child neglect – an overview of learning from NSPCC services and research, NSPCC, Amended and republished 22 October 2015

⁴Spotlight in preventing child neglect – an overview of learning from NSPCC services and research, NSPCC, Amended and republished 22 October 2015

⁵Four year longitudinal evaluation of the Action for Children UK Neglect Project: Outcomes for the children, families, Action for Children and the UK, Action for Children/University of Salford Manchester, January 2012

⁶In the Child's Time: Professional responses to neglect, Ofsted, 2014

Purpose and Scope

The development of the Strategy is supported and endorsed by our statutory safeguarding partners and wider Multi-Agency Partners, it is designed for use by all those who work with children and families in all agencies and settings.

The purpose of the strategy is to set out clear strategic aims and objectives with clear priorities for how all partners can develop and achieve a Multi-agency co-ordinated approach where neglect is an issue.

The strategy identifies both the statutory definition of neglect and other factors to consider which will enable early identification of neglect issues at practitioner level. It also covers the range of need across the continuum, including supporting families as early as possible to prevent significant harm to children and family breakdown.

The strategy is to link closely with the Warrington Early Help Strategy for Children, Young People and Families to align with key drivers for change at a borough and regional level – as we work to establish more integrated locality based services.

Definition

As set out in the Working Together to Safeguard Children 2018 statutory guidance, the definition of neglect is:

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 care-givers)
- d) ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. However, specific needs which are often subsumed under the banner of failing to meet 'basic needs' include:

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance.

These provide practitioners scope for support and early help, before thresholds for statutory action are met. There is an overlap between emotional abuse and many forms of child maltreatment. This is especially true of neglect; therefore, when working with children subject to neglectful situations an understanding of emotional abuse is also necessary.

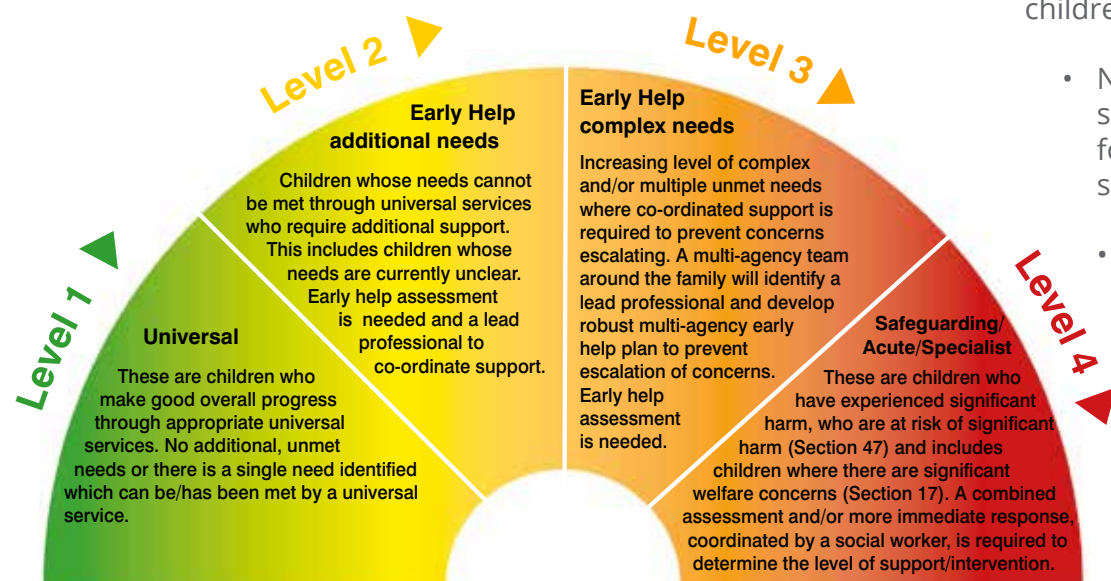
Guiding principles

The strategy is underpinned by a number of key principles signed up to by all safeguarding partners, which provide a strategic framework:

- Early help and support should improve and sustain children's wellbeing and safety into the future. It should also build strength and resilience within families rather than promoting dependency.
- Early assessment and intervention will be promoted and supported in the first instance.
- Work with children and young people will be measured by its impact, i.e. improved outcomes. A graduated response is also needed wherever possible, with more intrusive and costly statutory interventions being the last resort where the level of risk to the child makes it a requirement.
- There should be a shared understanding of neglect and the safety, wellbeing and development of children.
- There should be collaboration amongst agencies to ensure effective identification, assessment and support within families.
- Children and young people should expect consistency from practitioners, including the level and type of support offered.
- Children with special needs and disabilities have equal rights to protection from neglect and agencies must ensure that practitioners are trained to recognise and tackle neglect for this vulnerable group of children.
- Causal factors and early indicators of neglect should be recognised so support can be arranged as early as possible.
- Any learning and future developments should involve families' own feedback and their own personal experiences.
- All services must consider/ research historical information to inform the present position and repeat at times of significant change as well as review at regular intervals.
- Evaluating vulnerability, need, risk of harm or suffering harm requires information sharing and consideration of a multi-faceted array of indicators and outcome areas. To effectively safeguard children requires professionals to be curious and inquisitive about family circumstances and events and also requires different professionals to be challenging of each other about improvement made by families and its sustainability.
- Neglect often co-exists with other forms of abuse or risk factors so this strategy must link with other work streams; for example domestic abuse, substance misuse and adult mental health, child poverty and youth homelessness. This will help ensure that children and families are able to benefit from all developments as appropriate to their needs.
- Restorative 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. Practitioners and agencies have a responsibility to offer both support and challenge to families and to each other in order to respond robustly to neglect, whilst appropriately utilising the strengths of the families and using restorative language.
- Voice of the child – in all of our work on neglect, it is vital to hear the child's voice, and to focus on their experiences and the impact neglect has had - and is having - on their lives. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work.

Threshold of need

We have successfully used a 'threshold of need' model to help us decide how much help a child may need. We published a new version in 2017 which emphasises Early Help.



Please note that Universal Services are available to families at any stage on the continuum of need framework and that successful partnership working is facilitated by effective information sharing and transparent communication.

Why do we need a neglect strategy?

There is considerable national research and local evidence which demonstrates the damage done to children and young people living in situations of neglect. Whilst the harm resulting from neglect can be especially damaging in the first 18 months of life, it has a cumulative impact across childhood and into adolescence and so affects all of our children and young people. Sadly, for some children the consequences of neglect are fatal.

- Neglect is the most common reason for a child to be the subject of a child protection plan – in Warrington this accounts for 40% of child protection cases as the initial reason for being subject to a child protection plan
- Neglect is the form of maltreatment more likely to be repeated.
- Neglect exposes children to other forms of abuse, e.g. child sexual exploitation, increasing vulnerability.
- Neglect can be difficult to identify, making it hard for professionals to take action to protect a child.
- Neglect is an area where there can be drift and delay; professionals can become de-sensitised to children's living conditions and experiences of poor parenting.

What we want from our new strategy

- More robustly tackle the 'neglect challenge',
- More effectively mitigate the impact this form of child abuse has on children and young people.
- Be able to identify neglect much sooner when it happens and earlier in children's lives.
- Reduce the number of children that suffer neglect and reduce the impact and time they suffer.
- Elevate child and adolescent neglect to the highest level of awareness and prioritise that this single most prevalent form of child abuse merits further investigation.
- Deliver a well trained workforce confident in tackling neglect and a public that recognises and reports neglect.
- A focus and greater awareness among professionals of the neglect on older children who are living with parents with complex needs.

What we have achieved so far

- Raised the awareness of neglect; it is now a key WSCB priority and has its own sub group.
- Launched a number of tools to identify neglect.
- Exploration of the new Neglect Graded Care Profile 2 (GCP2)
- Launched a new training programme to support GCP use.
- Developed a quality assurance framework to enable the WSCB and others to understand and scrutinise performance around neglect, including a neglect scorecard and multi-agency practice audits of neglect.
- Spoken with young people who have been neglected to better understand their experiences.
- Identified Neglect champions from the Early Help Division.
- Implemented a recording system (IYSS) across the levels of need so we can identify and report on the prevalence.
- Increases in GCP at 'referral' stage



Background

Missed opportunities - why is neglect noticed but not acted upon?

Many indicators of actual neglect are not difficult to recognise. Professionals will be concerned when children come to school dirty or hungry, or they visit homes that are indisputably filthy or unsafe. Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators that children are being neglected. Yet, as numerous Serious Case Reviews show, professionals may individually have concerns about a neglected child, but too frequently these concerns do not trigger effective action.

Obstacles to effective action

Numerous factors have been identified as potential obstacles to effective action. Firstly, professionals may have concerns about neglect, but they may lack the knowledge to be aware of the potential extent of its impact. Secondly, resource constraints influence professional behaviour and what practitioners perceive can be achieved when they have concerns about neglect. Thirdly, a number of additional 'mindsets' hamper professional confidence and action.

In terms of access to relevant knowledge, continuing professional development for all practitioners with safeguarding responsibilities may be a significant issue. The knowledge base is constantly changing in this area, and not all professionals may be sufficiently up to date with new research on, for instance, the longstanding impact of neglect on early childhood development, or research which shows that neglect can be at least as damaging as other forms of abuse, or the circumstances under which it can have fatal

consequences. Some pre-qualifying social work training has been found to give too little weight to the acquisition of up-to-date knowledge about child development and the ways in which it is compromised by abuse and neglect (see Brandon et al., 2011; Daniel et al., 2011; 2013; Ward, Brown and Westlake, 2012).

Training does not necessarily help practitioners reconcile some of the inherent conflicts in a professional role which requires them both to value diversity and seek to empower the most vulnerable parents, yet take decisive and ultimately disempowering action when child protection concerns become extensive. Moreover, a recent Ofsted examination of professional responses to neglect has found that the benefits of training are not consistently evident in practice, although training was considered to have had most impact when practitioners were able to make direct links between newly acquired theoretical knowledge and their practice (Ofsted 2014, p.31).

Training for social workers, and arguably other frontline practitioners, to ensure that these key professionals are up to date with the major features that may be observed or assessed in a child experiencing neglect, is an important step towards ensuring an appropriate and timely intervention. In addition supervision has a crucial role to play in ensuring that practitioners are supported not only to use their knowledge but also to withstand the emotional demands of the role. The stressful and challenging nature of work with families where there is neglect can leave front line practitioners feeling confused and bewildered by what they see.

Mind-sets

Although inadequate resources or insufficient training may act as obstacles to effective action, there is evidence to suggest (not least from analyses of Serious Case Reviews for example Brandon et al., 2009; 2013) that there are a number of professional assumptions, or mind-sets, which prevent indicators of neglect from being acknowledged or being acted upon. These include:

- Fears about being considered judgemental as a practitioner especially when working with vulnerable, poor, socially excluded families, or in relation to family culture or lifestyle choices even though these may be harmful to the child.
- A focus on the parent rather than the child can arise because of the high level of need or vulnerability of the adults in the family. It can also reflect a tension in priorities between adult and children's services with a lower priority for safeguarding children than responding to the needs of an adult primary service user.
- Failure to consider the child's lived experience or understand the child's world is a common finding in child maltreatment research. This indicates that greater attention should be given to talking with children and those who know them and to observing the behaviour of children of all ages (Ofsted, 2014) in order to see the world from the child's point of view.
- A fixed view of the family can cloud thinking and analysis and reduce openness to take on board new information. When this happens, first impressions can lead to a fixed view of the family that is difficult to change (Munro, 2002).
- Parents' superficial or false compliance. Reder and Duncan (1999) helpfully drew attention to the potential impact of false or feigned compliance and some of the circumstances in which these relationships arise. Forrester (2012) and Platt (2012) build on this work to suggest ways that professionals can behave with parents to lessen the likelihood of feigned compliance.
- Not my area of expertise. Practitioners can lack confidence in taking responsibility for the assessment of the impact of neglect on a child's development, believing that someone else is better placed to act or make a decision (Brandon et al., 2009).
- Reluctance to refer concerns to children's social care may occur for numerous reasons, not least based on previous experiences of neglect referrals not being accepted (Gilbert et al., 2009). General practitioners may also be reluctant to refer families in the early stages of maltreatment fearing the response is likely to be non-consultative and overly coercive (Tompsett et al., 2010; Woodman et al., 2014).

Neglect and Serious Case Reviews

In March 2013 the NSPCC commissioned the University of East Anglia to explore the circumstances in which neglect can be catastrophic and have a fatal or seriously harmful outcome for a child. The work was carried out by reviewing and conducting a systematic analysis of neglect in 139 serious case reviews in England, between 2009 and 2011. The published report identified how risks of harm accumulate and combine, and highlighted the points at which intervention might successfully have helped contained risks.

Key messages from the research:

- Neglect is much more prevalent in serious case reviews than had previously been understood (neglect was present in 60% of the 139 reviews from 2009-2011)
- Neglect can be life threatening and needs to be treated with as much urgency as other categories of maltreatment.
- Neglect with the most serious outcomes is not confined to the youngest children, and occurs across all ages
- The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, should be part of a practitioner's mind-set. Practitioners, managers, policy makers and decision makers should be discouraged from minimising or downgrading the harm that can come from neglect and discouraged from allowing neglect cases to drift.

- The key aim for the practitioner working with neglect is to ensure a healthy living environment and healthy relationships for children.
- Provision of services at an early stage can be a key factor in addressing issues of neglect as referenced in Warrington Early Help strategy.



Responding to and reducing Neglect

Older children

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 may sometimes view the presenting issues older children face as the problem: this is often an unconscious assumption. When a child's presenting issues become the sole problem, professionals do not always consider their behaviour in the context of the impact of neglect on the child and they can fail to take action with parents regarding any ongoing neglect.

Effective processes at the front door, such as use of chronologies, can make a significant difference as to whether professionals are supported to identify neglect. It has been identified through inspections that School nurses can make a great difference to older children by identifying neglect that may have previously gone unseen, as well as working with children and parents to address it. However, limited capacity of the school nursing service can limit the quality and breadth of work that school nurses are able to provide.

Older children still need parental care and support. Professionals need to improve practice to tackle neglectful parenting.

As children get older, we expect them to take more responsibility for their actions. This is an important part of a child's development from childhood to adulthood. However, older children still need a great deal of parental care, support and guidance. Parenting older children requires different skills, as does working with older children.

For services to be effective in identifying the neglect of older children, there needs to be a whole-system approach. This includes adult services that work with parents where professionals are well placed to identify risks parents may pose to children because of adult mental ill-health, substance misuse or offending behaviour. Professionals need to understand children's behaviour in the context of trauma and ACE's (Adverse Childhood experiences). This is particularly so for older children who may have experienced a great deal of trauma in their lives or who are experiencing trauma both inside and outside the home.

Many children experience multiple forms of abuse. These include not only neglect but domestic abuse, parental substance misuse, sexual abuse, physical abuse, sexual and criminal exploitation and serious youth violence. We know from research that the impact of long-term neglect can result in children experiencing trauma and the repeated experience of trauma can lead to post-traumatic stress. Early childhood or chronic trauma will most likely affect a child's mental and emotional well-being and behaviour into adolescence and beyond.

Using trauma-informed approaches

The impact on those children experiencing trauma can be clear to see. They may not have the stability and security of a loving home to provide a safe base from which to explore the outside world and to help them develop the skills to manage transition into adolescence. The impact of trauma for some children can include poor decision-making, poor judgement and less ability to recognise risk, problems with mental ill-health and lack of emotional well-being. Some children can be constantly alert and anticipating danger so that their behaviour can appear aggressive. For many of these children, the world can be a lonely and frightening place.

Without a good understanding of the impact of neglect, including the impact of trauma, it is difficult to see how professionals can appropriately support and protect older children.

The impact on frontline work with children when professionals have received training on trauma can be very effective and clear to see in recordings and direct work with children. These professionals better understand the need to prioritise therapeutic work and the need to address the impact of neglect at the earliest opportunity. They may also recognise that other interventions to address for example, offending behaviour, would not be effective until children had received help with the impact of neglect on their mental health and emotional well-being.

Disabled Children

The NSPCC suggests that the neglect of disabled children has been invisible. The heightened vulnerability to neglect of disabled children was measured and found to be 3.8 times more likely to be neglected (Sullivan & Knutson 2000), for many reasons including stretching the family's capacity to be able to care; not being able to communicate their needs (Bovarnick: NSPCC 2007); and in part due to traits the child brings to the relationship with the parent (Howe 2005).

Kennedy and Wonnacott (2005) emphasise the importance of addressing 'disabling barriers' including discrimination; lack of service provision; pity for carers affecting judgment; and the perception that a disabled child is somehow worth less.



Our Priorities

Warrington's partnership Neglect strategy has 5 priorities:

Priority One: To improve the awareness and understanding of neglect, both within and between agencies working in Warrington and including adult services. This includes a common understanding of neglect and the thresholds for access to services

This is a priority because frontline practitioners are still telling us that neglect is difficult to recognise. Our audits suggest that some children and young people need to step up more quickly from child protection to court proceedings. We believe that adolescent neglect is overlooked or misinterpreted by professionals

To address this we will:

1. Establish a common understanding of neglect between and within agencies is crucial to allow effective identification and a common language. This aim will be supported by a clear strategy, effective guidance and the development of a skilled workforce through the provision of high quality single and Multiagency training.
2. Establish an understanding of the Warrington Early Help Strategy and Thresholds of Need and Response for intervention which will help to ensure that the right help from the right agency or agencies at the right time is given to children, young people and families.
3. Establish effective working relationships between services working with children and adults via a holistic family approach.

4. Work with young people to get a better understanding of neglect from their perspective
5. Review and refresh our website, including procedures content around neglect.
6. Improve the use of communication channels to promote awareness, understanding and recognition of neglect, including Facebook, newsletters, twitter etc.
7. Roll out GCP2 training.
8. Continue to support Neglect Champions in each agency.



Priority Two:

To improve the recognition and assessment of children and young people living in neglectful situations before statutory intervention is required, including the use of appropriate assessment tools.

To address this we will:

1. Ensure Agencies and their workforce are properly skilled to be able to identify and act on indicators of neglect in the families they work with. This includes an understanding of the pathway into targeted services for early help via the Early Help Assessment and the coordination of Multi-agency support through the Team around the Child/Family (TAC/F). It also means a confident and skilled workforce knowing when and how to share concern over a child's welfare when child protection concerns may be apparent.
2. The assessment process complemented by the use of appropriate, assessment tools specifically developed in relation to neglect. The Graded Care Profile (GCP) is the agreed Multi-agency tool for use by practitioners with families in Warrington. Completion of the Graded Care Profile across agencies will be supported by the identified agency leads.
3. Where there is suspicion that a child is subject to neglect, lead professionals should use the GCP to help with the identification of the present situation in a dynamic way, to ensure that progress can be measured over time to inform appropriate actions for the family and to provide a structured approach to measuring progress. This is equally applicable for families being managed in targeted or specialist services and consequently all practitioners who act as lead professional should be familiar with the GCP.

4. Through the use of the Early Help Assessment (EHA) and Team around the family (TAF) process, complemented by the GCP, information should be shared effectively across partner agencies in order to build up a full picture of the needs of the child or young person and their family. This process will also help to identify additional areas of support which can be accessed through the EHA process. This should also include identifying positive support which can be provided through the extended family and friend's network.
5. Clear and robust thresholds identified (including neglect indicators on the Warrington's Thresholds of Need Model/ Guidance), and effective communication between all agencies is essential to sharing information to establish that needs are identified and met.



Priority Three:

Developing and sustaining an agreed, early Multi-agency response to neglect

To address this we will:

1. WSCB through its Neglect task and finish group monitor the effectiveness of the Multi-agency response to neglect through audits, practitioner and family feedback and scrutiny of performance information. Findings from the monitoring will be presented into the WSCB board for dissemination to inform future development of the strategy.
2. Relevant developments in service provision are promoted and clear for practitioners on a multi-agency basis.
3. Agencies that hold responsibility for ensuring their workforce has access to relevant training and development opportunities and to support practitioners by signposting them to relevant WSCB Multiagency training for neglect and how to use the GCP.
4. Practitioners with effective skills and tools to work with families experiencing neglect.
5. Supporting practitioners to resolve common problems when working with families experiencing neglect.

Priority Four:

Prevent Neglect through Early Help

This is a priority because the impact of neglect of children is often gradual and therefore there is a risk that agencies do not intervene early enough to prevent harm. Working Together (2018) requires local agencies to have in place effective assessments of needs of children who may benefit from early help services. In Warrington agencies should effectively utilise the Early Help Assessment (EHA) to assess unmet needs and co-ordinate appropriate support. The neglect screening tool and graded care profile are tools that have been introduced into Warrington to support the identification and support for cases of neglect, but we know that these have not been maximised to date.

To address this we will:

1. Ensure Neglect is included in the revised Early Help Strategy.
2. Make effective use of the neglect screening tool across the partnership.
3. Complete Early Help Assessments audits to check the use of the neglect screening tool.
4. Review access to parenting courses to ensure these meet the needs of neglectful parents.
5. Develop good practice case studies

Priority Five: Strategic Commitment Across all Agencies

Neglect continues to be a priority for Warrington. Ofsted's review of the effectiveness of the LSCB in July 2015 concluded that the LSCB needs to evaluate the impact of the neglect strategy and disseminate the findings to help agencies improve their practice. Significant work took place in Warrington in 2016 to improve the multi-agency response to neglect and this strategy sets out how this will be further improved and sustained from 2018/19.

To address this we will:

1. Relaunch Warrington's Neglect Strategy
2. Drive Neglect as a key priority of the WSCB with a whole family approach
3. Maintain Neglect Subgroup of the WSCB
4. Ensure Neglect is embedded in the WSCB's quality assurance framework
5. Devise a Neglect scorecard to incorporate targets on which to measure success
6. Raise awareness and collaboration around Neglect with other partnership boards.



Our Approach

The strategy is led by the following approach, as agreed by multi-agency members of the Neglect task and finish group:

- **Multi-agency approach** determined by a solid evidence base that is agreed and promoted by agencies across the partnership and the launch of an assessment tool.
- **Early intervention & identification** which means intervening early in the life of a child or a problem to ensure that children and families with additional needs can be supported before these escalate. Children and families are offered the right support at the right time.
- **Collaboration between agencies** so that neglect is tackled in a multi-agency way with commitment and cooperation from statutory and non-statutory partners, also with regard to information-sharing.
- **Measuring impact** in order to evidence difference made and drive improvements. This can be achieved through quantitative and qualitative means, including performance indicators, case file audits, feedback from children and families.
- **Challenge between agencies** so that partners are able to freely question and challenge the direction of travel, and the ensuing action. Escalation processes to be in place when standards fall short of those agreed in the multi-agency approach.
- **Consistency within and across agencies** regarding clear definitions of neglect, levels of support and the application of common thresholds. This includes ensuring that staff are uniformly equipped to identify and assess neglect.

- **Links to other strategies & priorities** so that the neglect agenda complements and influences organisations' strategic direction.
- **Whole family approach** so that neglect can be tackled in a holistic way and allow family members to be supported in making the necessary changes.
- **Equality and diversity** because embedding equalities and diversity in procedures and practice across the partnership helps ensure that all children are safeguarded equally from neglect, regardless of their background or any additional needs they may have.



Impact

Impact for the strategy to be successful in its stated aim:

To improve outcomes for children suffering from neglect in Warrington by partners intervening as early as possible.

There needs to be impact for the:

- Child – Greater early intervention and better outcomes for children suffering from neglect.
- Parent/Carer – Skills and awareness to safeguarding the child from neglect.
- Practitioner – Empowered to identify, assess and tackle neglect.

Quantitative Measures of Impact

Performance Indicators will indicate progress against the strategy's aims.

Insight and existing data will be used to benchmark and measure progress against indicators over the 3 year period. New measures are added to these as part of the Neglect Strategy:

- Number of MARS (Multi Agency Request for Service form) received at the Early Help front door and Safeguarding front door where Neglect is an identified factor.
- Number of EHA being initiated where neglect is an identified factor, owing to greater early identification by professionals. [Direction of travel = increase]

- Number and proportion of Completed Assessments (social care) where Neglect is an identified factor [Direction of travel = monitor]
- Number of Graded Care Profile assessments tools used at the early help and social care tiers [Direction of travel = increase]
- Number of GCP Reviews being completed to show distance travelled to parent/carers (Direction of travel =increase)
- Number of children subject to a Child Protection Plan for neglect and rate per 10,000 [Direction of travel = monitor]
- Number of children subject to Child Protection Plans with an initial category of Neglect [Direction of travel = monitor]
- Professional attendance at Neglect training by locality and agency
- "Distance-travelled" charts to demonstrate the impact of neglect related interventions for children and families.
- Effective joint working between the WSCB and Warrington Safeguarding Adult Board to influence the delivery of services to work together to support parents and to ensure risks to children and young people are reduced.
- Effective use of agreed standardised approaches and comprehensive frameworks to support early help assessments and across the continuum to chronic cases. To monitor the use of such tools to secure evidence in PLO and legal proceedings.

Qualitative Measures of Impact

- Single and Multi-agency Audits with a neglect focus across both Early Help and social care
- Evaluation of training.
- Case studies
- Feedback from children and young people and families.



Governance

The Neglect Strategy will be governed through the Neglect Task and Finish sub-group which reports to Warrington's Safeguarding Partnership. As from September 2018, the Neglect sub-group is made up of key representatives from

- Health
- Police
- Early Help
- WSCB Manager
- Primary school rep
- Secondary school rep
- Adult social care
- Children's social care.

Multi-agency engagement and involvement within the sub-group and through the Board is essential for the realisation of this strategy. Representation will be reviewed and amended as required.

Conclusion

Neglect in the early years can have a long-standing impact across the whole spectrum of children's development, and throughout the life span. Early Help, intervention and support for families where neglect is identified is therefore of utmost importance in safeguarding children from harm, but there is substantial evidence that opportunities to take timely action are routinely missed. This strategy has sought to set out the research and practice based evidence concerning the consequences of neglect and to explore a number of barriers to effective action. It has explored the research evidence concerning observable risk factors within the environment, the parents and the child that are associated with an increased likelihood of neglect; observable indications of the harmful parent-child interactions, which often underlie concrete manifestations of neglect; observable indicators of harmful parenting, and the manifestations of the impact of neglect in child functioning from birth until the age of five. Systematic assessment of these factors and the interrelationships between them, using a conceptual framework such as Glaser's tiers of concern should lead to more timely action and fewer missed opportunities.

We know from the deep-dive JTAI, that multi-agency partners have been working hard to improve their responses to child neglect. However, the focus of this work, until now, has largely centred on younger children. What we need to improve on is that multi-agency partners, including adult services, need to get better at both identifying and responding systemically to the neglect of older children.

Leaders should ensure that all partners and professionals have a shared understanding of what neglect looks like for older children and understand their role in identifying and responding to neglect, while ensuring that local responses and interventions are informed both by evidence and by the voices and lived experience of older children.

To create the environment for best practice to thrive, leaders need to ensure that there is strong single and multi-agency oversight of this work, that caseloads are manageable, and that they take into account the complexity and context in which this work takes place.



Action Plan

A detailed plan will be developed to state what will be required to put into action the aims, objectives and priorities of this strategy.

How we will know we have made a difference?

- An increase in educational attendance and attainment
 - Parents engage by identifying their strengths as well as weaknesses
 - Increased engagement in parenting programmes
 - Increased immunisation rates
 - Improved dental decay
 - Healthy eating/weight
 - The focus is kept on the child
 - Family friendly language used
 - Taken a flexible approach to carrying out the assessment, tailored to the family
 - Reduction in CIN/CP cases where neglect is a concern
 - Increase in the number of EHA for reason of Neglect
 - Hits to the WSCB website, thresholds, guidance and procedure pages
 - Increased number of GCP tool being used and reviewed to evidence Neglect
 - Increased in staff trained and upskilled in Neglect and GCP
 - Attendance from key partners at Neglect training programme
 - Feedback from parents collected at, Children in need, Initial child protection case conference, Child protection case review meetings and Case closures.
- Children and Young people's views of neglect through, direct work with those young people on a plan for neglect, Focus groups, Safeguarding survey, Feedback at children in need, initial child protection case conference, child protection case review meetings and at Early Help case closures
 - Audits
 - Staff surveys
 - Training questionnaires.



Appendix 1

Classifications of Neglect (Horwath, 2007)

1. **Medical neglect** – the child’s health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.
2. **Nutritional neglect** – the child is given insufficient calories to meet their physical/ developmental needs; this is sometimes associated with ‘failure to thrive’, though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.
3. **Emotional neglect** - this involves a carer being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
4. **Educational neglect** – The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/ or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
5. **Physical neglect** – The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of

sufficient resources. The child may also be abandoned or excluded from home.

6. **Lack of supervision and guidance** – The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.



Appendix 2- A guide to recognising neglect in children

Development and Education

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Pre-school specific check-list (aged 0-5 years)	Child well stimulated, carer aware of importance of this.	Carer is aware of importance of stimulating child however sometimes inconsistent interaction due to personal circumstances.	Carer provides inconsistent or limited stimulation, child is sometimes left alone unless making noisy demands.	Carer provides limited or no stimulation. Carer gets angry at demands made by child. Carer is hostile to professional advice. Child is restrained for the carer's convenience, such as in a pram.
School aged child specific check-list (aged 5-16 years)	<p>Child receives good level stimulation carer talks to child in interactive way, reads stories, and plays with child.</p> <p>Child has age appropriate toys.</p> <p>Carer takes child out to local parks/activities regularly.</p> <p>Carer takes active interest in child's schooling, attendance good, encourages child to see education as important.</p> <p>Interested in school and homework.</p>	<p>Carer provides appropriate level of stimulation.</p> <p>Child has toys/games to support their development.</p> <p>Carer takes child out to parks/activities - although sometimes struggles.</p> <p>Carer understands importance of school Provides appropriate level of support although sometimes personal circumstances lead to inconsistency.</p>	<p>Carer provides inconsistent stimulation, does not appear to understand the importance for the child.</p> <p>Child lacks age appropriate toys/ games (not due to finances).</p> <p>Child has limited opportunities for activities/outings. Carer makes limited effort to maintain schooling, lacks consistent engagement.</p>	<p>Little or no stimulation provided.</p> <p>Carer provides few toys/ games – usually from other sources - not well kept.</p> <p>Few if any activities/outings for the child.</p> <p>Child prevented from going on outings/trips (e.g. with schools or friends).</p> <p>Carer makes little or no effort to support education/school.</p> <p>Lack of engagement, no support for homework.</p>

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
School aged child specific check-list (aged 5-16 years)		Attendance generally good - can sometimes sanction days off where not necessary.	Carer does not actively support homework/ attendance.	Does not regard attendance as a concern. Does not encourage child to see any area of education as positive.
Friendships	Carer supports friendship and understands importance to child.	Carer supports friendship, but does not always promote.	Child mainly finds own friendships, carer does not understand importance of friendships.	Carer hostile to friendships and shows no interest/ support.
Bullying	Carer alert to child being bullied/bullying behaviour and addresses issues.	Carer aware of bullying and intervenes when child asks.	Carer has limited understanding of child being bullied/ bullying behaviour and does not intervene or appropriately support child.	Carer indifferent to child bullying or being bullied.

Healthcare

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Safe infant care and health care for unborn baby	<p>Carers make infant focused care decisions. Carers follow safe sleep guidance for infants and recognise impact of alcohol or drugs on safe sleeping.</p> <p>Avoids smoking in the household.</p>	<p>Carer less infant focused, aware of safe sleep advice but follows advice chaotically.</p> <p>Aware of impact of alcohol, drugs and smoking on safe sleeping but follows inconsistently.</p>	<p>Infants needs secondary to carers needs. Carers unaware of safe sleep guidance even when provided.</p> <p>Ignores or is resistant to advice on sleep position. Carer does not recognise impact of alcohol, drugs and smoking on safe sleeping of infant.</p>	<p>Infant's needs not considered.</p> <p>Carer indifferent or hostile to safe sleep advice, views advice as interference.</p> <p>Carer hostile to advice about impact of drugs, alcohol and smoking on safe sleeping.</p>
Advice and Intervention	<p>Advice sought from health professionals and/ or experienced friends and family.</p> <p>Health appointments Attended and preventative health care accessed such as immunisations and dental care.</p> <p>Prescribed medication or agreed treatment plan for illness completed.</p>	<p>Advice is sought, but inconsistently followed because of carers own needs.</p> <p>Understands the need for preventative health care but is inconsistent in taking child to dental and immunisation appointments.</p> <p>Carer recognises the importance of the child of completing prescribed medication or agreed treatment plans, but is inconsistently completed.</p>	<p>Carer does not routinely seek health advice, but will when there are serious health concerns for the child or when prompted by others.</p> <p>Does not routinely attend preventative care appointments but does allow access to home visits.</p> <p>Carer does not ensure completion of prescribed medication or agreed treatment plan, and is indifferent to or denies the impact on the child's health.</p>	<p>Carer only seeks health advice in an emergency. Allows child's health to deteriorate before seeking help. Hostile to advice to seek medical help.</p> <p>Preventative health appointments not attended, even if home appointment arranged.</p> <p>Carer does not ensure completion of prescribed medication or treatment plan and is hostile to advice on this.</p>

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
		Carer's needs and/or circumstances can get in the way.		Carer does not recognise the impact on the child.
Disability, chronic health conditions and illness	<p>Carer is positive about child with disability or health condition.</p> <p>Carer consistently meets the child's increased health needs.</p> <p>Carer is active in seeking advice, accessing appointments and advocating for the child's wellbeing.</p>	<p>Child and issues of disability and health need impact on the carers feelings for the child.</p> <p>Carers personal needs/ circumstances impact on meeting the child's health needs arising from their disability or health condition.</p> <p>Carer is not pro-active in seeking advice and support on child's health needs but accepts it when offered.</p>	<p>Carer shows anger or frustration at child's disability or health condition.</p> <p>Carer does not ensure compliance with health needs relating to the disability or health condition and minimises the needs.</p> <p>Carer does not accept advice and support on the child's health needs and is indifferent to the impact on the child's disability or health condition.</p>	<p>Carer does not recognise the identity of a child with a disability or chronic health condition, and as a result is negative about child.</p> <p>Carer does not ensure health needs relating to disability or health condition are met and leads to a deterioration in the child's condition.</p> <p>Parents' own issues impact on their ability to respond to urgent health needs of a disabled child, or child with a chronic health condition.</p> <p>Carer is hostile when asked to seek help for the child and is hostile to any advice or support around the child's disability or health condition.</p>

Appearance

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Clothing	<p>Child has clean clothes that fit.</p> <p>Dressed for weather Carers aware of the need for age appropriate clothes.</p>	<p>Clothes sometimes unclean, crumpled, poorly fitted.</p> <p>Carer considers clothing to meet needs of child but personal circumstances can get in the way.</p>	<p>Clothes dirty, poor state of repair and not fitted.</p> <p>Not appropriate for weather, and insufficient items to allow for washing.</p> <p>Carer indifferent to importance of clothing.</p>	<p>Clothes filthy, ill-fitting and smell. Unsuitable or weather.</p> <p>Child may sleep in day clothes, not replaced with clean clothes even when soiled.</p> <p>Carer hostile to advice about need for appropriate clothing for child.</p>
Hygiene	<p>Child is cleaned, washed daily and encouraged to do so age appropriately.</p> <p>Child encouraged to brush teeth. Lice and skin conditions treated.</p> <p>Nappy rash treated. Carer takes an interest in child's appearance</p>	<p>Child reasonably clean, but carer does not regularly wash or encourage the child to wash.</p> <p>Teeth inconsistently cleaned and lice and skin conditions inconsistently treated.</p> <p>Nappy rash a problem, but carer treats following advice.</p>	<p>Child unclean, only occasionally bathed or encouraged to.</p> <p>Teeth not brushed, lice and skin ailments not treated.</p> <p>Carer indifferent to nappy rash despite advice.</p> <p>Carer does not take interest in child's appearance and does not acknowledge importance of hygiene.</p>	<p>Child looks dirty, and is not bathed.</p> <p>Teeth not brushed and lice and skin conditions become chronic.</p> <p>Carer hostile to nappy rash advice and does not treat.</p> <p>Carer hostile to concerns raised about child's lack of hygiene.</p>

Feeding and Eating

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Food	<p>Appropriate quality food and drink for age/development of child.</p> <p>Meal routines include family eating together.</p> <p>Special dietary requirements always met and carer understands the importance of food.</p>	<p>Reasonable quality of food and drink in adequate quantity, lack of consistency in preparation and routines.</p> <p>Special dietary requirements inconsistently met.</p> <p>Carer understands importance of food but sometimes circumstances impacts on ability to provide.</p>	<p>Low quality food, often inappropriate for age/development, lack of preparation and routine.</p> <p>Child hungry.</p> <p>Special dietary requirements rarely met. Carer indifferent to importance of food for the child.</p>	<p>Child receives inadequate quantity of food and observed to be hungry.</p> <p>Low quality of food, predominance of sweets or 'junk' food.</p> <p>Special dietary requirements never met.</p> <p>Carer hostile to advice about food</p>

Attachment and emotional care

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Parental motivation for change	<p>Carer is determined to act in child's best interests.</p> <p>Carer is concerned about child's welfare and wants to meet the child's physical, social and emotional needs to the extent they understand them.</p> <p>Carer is realistic and confident about the problems to overcome and is willing to make sacrifices for the child.</p>	<p>Carer seems concerned with child's welfare and wants to meet their needs but has problems with their own pressing needs.</p> <p>Professed concerns are often not translated into actions, and carer regrets their own difficulties are dominating.</p> <p>Would like to change but finds it hard.</p> <p>Disorganised, pays insufficient time to children or misreads signals.</p>	<p>Carer is not concerned enough about child to address competing needs and this leads to some of child's needs not being met.</p> <p>Carer does not have the right priorities and may take an indifferent attitude.</p> <p>Lack of interest in the child's welfare and development.</p>	<p>Carer rejects the parenting role and takes a hostile attitude to child care responsibilities.</p> <p>Carer does not see that they have a responsibility to the child and believe the child is totally responsible for themselves, or the child deserves hostile parenting.</p> <p>May seek to give up responsibility for the child.</p>

Environmental factors

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Housing	<p>Accommodation has all essentials for cooking, heating, bathroom and all in reasonable repair.</p> <p>Stable home without unnecessary moves. Carer understands the importance of stability and home conditions for the child.</p> <p>Animals are appropriately cared for and do not present a risk to the child.</p>	<p>Accommodation has some essentials but requires repair/ decoration. Reasonably clean, may be damp. Carer taking steps to address this.</p> <p>Reasonably stable, but child has experience some moves/new adults in home.</p> <p>Carer recognises importance of stability and home conditions but personal circumstances hamper this.</p> <p>Concern about welfare of animals in the home</p>	<p>Accommodation in disrepair, carers unmotivated to address resulting in accidents and potentially poor health for child.</p> <p>Home looks bare, possibly smelly, lack of clean washing facilities whole environment chaotic.</p> <p>Child has experienced lots of moves and lots of adults coming in and out of home for periods.</p> <p>Carer does not accept importance of home conditions and stability for child.</p> <p>Issues of hygiene an safety due to animals in the home</p>	<p>Accommodation in dangerous disrepair and has caused number of accidents and poor health for child.</p> <p>Home squalid, lacks essentials of working toilet, bath facilities, bedding, food preparation facilities.</p> <p>Smells. Faeces or harmful substances visible.</p> <p>Child has experienced numerous moves often at short notice, overcrowding.</p> <p>Animals pose a risk to children in the home</p>

Emotion and behaviour

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Warmth and care	<p>Carer provides emotional warmth, responds appropriately to physical needs.</p> <p>Carer understands importance of consistent demonstration of love and care.</p>	<p>Carer mostly provides emotional warmth, talks kindly about child and is positive about their achievements.</p> <p>Sometimes carers own circumstances get in the way of demonstrating love and care.</p>	<p>Carer inconsistent in providing emotional warmth, does not praise or reward.</p> <p>Carer can sometimes respond aggressively if child distressed or hurt.</p> <p>Carers can be indifferent to advice about importance of love and care to their child.</p>	<p>Carer does not show emotional warmth to child, emotional response tends to be harsh or critical.</p> <p>Hostility to advice and support.</p> <p>Carers do not provide any reward or praise and can ridicule child if others praise.</p>
Young Caring	<p>Child contributes appropriately to household tasks.</p>	<p>Child has some additional responsibilities within the home but these are age and stage appropriate, carer recognises that child should not be engaged in inappropriate caring, responsibilities however sometimes personal circumstances get in the way.</p>	<p>Child has some caring responsibilities that are having an impact on education and leisure activities.</p>	<p>Child has caring responsibilities which are inappropriate and impact on their educational and leisure opportunities.</p> <p>Impact is not well understood by carer.</p> <p>Carer hostile to advice and support.</p>
Boundaries	<p>Carer provides consistent boundaries, provides appropriate discipline.</p>	<p>Carer recognises importance of boundaries and appropriate discipline but sometimes struggles to implement.</p>	<p>Carer provides inconsistent boundaries, sometimes uses inappropriate sanctions, can hold child entirely responsible for their behaviour.</p>	<p>Carer provides few or no boundaries, treats child harshly when responding to their behaviour.</p>

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
				Physical chastisement used and other harsh methods of discipline. Carer hostile to advice about appropriate boundaries/methods of discipline.
Adult arguments	Carers do not argue aggressively in front of the children - sensitive to impact on children.	Carers sometimes argue in front of the children, no domestic abuse between parents. Carers recognise impact of their behaviour on child.	Carers frequently argue aggressively in front of the children, sometimes this leads to domestic abuse. Lack of understanding of impact on child.	Carers frequently argue in front of children and there is domestic abuse. Indifference to the impact on child, inability to put their needs first.
Values	Carers encourages child to have positive values and understands importance of child's development. Carers provides advice and support. Carer does not talk about feelings of depression/ low mood in front of the children - aware of impact on child.	Carer sometimes encourages child to have positive values. Awareness of importance of child development but not always able to support and advise child. Carer does discuss some feelings of low mood in front of child - aware of the impact on the child.	Carer inconsistent in providing child to have positive values. Provides little advice or guidance and does not monitor child's use of inappropriate materials/ playing inappropriate games. Carer talks about depression in front of the child, limited insight into impact on child.	Carer actively encourages negative attitudes in child, at times condones anti-social behaviour. Indifferent to smoking under-age drinking, no advice provided. Allows child to watch/play inappropriate material/ games.

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Values	<p>Carer does not misuse alcohol or drugs.</p> <p>Carer able to respond if Emergency situation occurs.</p>	<p>Minimal use of substances - not in front of child.</p> <p>Understanding of impact of substance misuse on child.</p> <p>Arranges additional support when unable to provide fully for child.</p>	<p>Misuse of drugs and alcohol sometimes in front of child. Lack of awareness of impact of substance use on child. Use leads to inconsistent parenting.</p> <p>Finances are affected.</p>	<p>Carer frequently talks about depression/suicide in front of the child - may have attempted suicide in front of child.</p> <p>Carer can hold child responsible for feelings/ depression.</p> <p>Carer will not engage in support and can be hostile to advice.</p> <p>Significant misuse of substances. Carer significantly minimises use and is hostile to advice, support - refuses to engage.</p> <p>Carer cannot respond to child's needs.</p> <p>Absence of supportive network.</p> <p>Child exposed to abusive/ frightening behaviour of carer or other adults.</p>

Safety and supervision

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Safety Awareness	<p>Carer aware of safety issues uses safety equipment.</p> <p>Child taught traffic skills.</p>	<p>Carer aware of safety issues but inconsistent in use and maintenance of safety equipment.</p> <p>Child given some guidance about traffic skills.</p>	<p>Carer does not recognise dangers to child, lack of safety equipment-carer indifferent to advice.</p> <p>Child given insufficient guidance about traffic skills.</p>	<p>Carer does not recognise dangers to child's safety, can be hostile to advice.</p> <p>Lack of supervision around traffic and an unconcerned attitude.</p>
Supervision	<p>Appropriate supervision provided in line with age/ level of development.</p>	<p>Variable supervision provided, but carer does intervene where there is imminent danger.</p> <p>Carer does not always know where child is.</p>	<p>Little supervision, carer does not always respond after accidents.</p> <p>Lack of concern about where child is, inconsistency in concern about lack of return home/ late nights.</p>	<p>Lack of supervision, child contained in car seats/ pushchairs for long periods of time.</p> <p>Carers indifferent to whereabouts of child, no boundaries, carer hostile to advice, lacks recognition of impact on child's wellbeing.</p>
Handling of baby	<p>Carer responds appropriately to needs of baby.</p>	<p>Carer not always consistent in responses to baby's needs-can be precarious in handling and inconsistent in supervision.</p>	<p>Carer does not recognise importance of responding consistently to baby's needs.</p> <p>Handling precarious and baby left unattended at times.</p> <p>Carers does not spend time with baby cooing/smiling - lacks recognition of importance of comforting baby when distressed.</p>	<p>Carer does not respond to the needs of the baby, dangerous handling / baby left unattended.</p> <p>Baby lacks adult attention and contact.</p> <p>Carers hostile to advice and lacks insight to impact of their behaviours on the child.</p>

	Universal Level 1	Early Help Level 2	Targeted Early Help Level 3	Children's Social Care Level 4
Care by other adults	Child is left in care of trusted/vetted adult. Carer/child always know each other's whereabouts.	Child (0-9yrs) sometimes left with a child (10-13yrs) or a person who may be unsuitable. Carer/child sometimes unaware of each other's whereabouts. Carer aware of importance of safe care but sometimes inconsistent due to own circumstances.	Child (0-7yrs) left with child (8-10yrs) or an unsuitable person. Carer/child often unaware of each other's whereabouts. Child sometimes found wandering/locked out. Carer does not raise importance of child keeping themselves safe, no advice/support.	Child (0-7yrs) left alone, in company of young child or unsuitable person. Child often found wandering/locked out. Carer hostile/unable to talk on board advice and guidance about giving safe care. Child exposed to multiple carers.
Responding to Adolescents	The child's needs are fully considered with appropriate adult care. Parent responds appropriately to risky behaviour.	Carer aware of child's needs but inconsistent in providing for them, responds inconsistently to risky behaviour.	Carer does not consistently respond to child's needs, recognises risky behaviour but does not always respond appropriately.	Career indifferent to whereabouts of child and child's whereabouts often unknown. Child frequently going missing. No appropriate supervision of child's access to social media. No guidance or boundaries about safe relationships including appropriate friendships and sexual relationships. Relationships are not age appropriate. Child's needs are not met, lack of recognition by carer that child requires guidance and protection, does not recognise or address risky behaviour.

