Summary report of year 2 of the Welsh Neglect Project 2014/15

The Welsh Neglect Project is funded by the Welsh Government and is a collaboration between Action for Children - Gweithredu dros Blant and NSPCC Cymru / Wales.

Report written by:

Rhea Stevens, Action for Children – Gweithredu dros Blant

Vivienne Laing, NSPCC Cymru / Wales

May 2015
Foreword

The Welsh Government has shown strong leadership on child neglect. It has funded the Welsh Neglect Project and has supported the needed collaboration and coordination amongst partners to share best practice and build consensus. Collectively, our next steps must be to put this learning into action.

Prosperous communities depend on the successful development and wellbeing of the people who live in them. To grow into healthy, active adults we know children need care, stimulation, stability and love. When their needs go unmet, it can significantly limit children’s health, development, wellbeing and educational outcomes. Neglect is arguably one of the most significant threats to children’s development and life chances in Wales.

Early help for children and young people of all ages is vital if we are to address child neglect and ensure that children thrive. As well as making a significant difference to children’s life chances, early intervention is a smart choice because intervening early costs so much less to the public purse than intervening late.

Tackling neglect early and effectively involves everyone playing their part, taking responsibility and taking action. It requires learning from what works and best practice and from making evidence informed decisions. It requires coordinating the actions of a wide range of professionals and agencies so that we are all pulling in the same direction: towards early identification and early action.

A strategic response to neglect is a significant task. It will require a multi-layered approach across a broad range of delivery bodies with diverse priorities, including Education, Health, Social Care, Police, and Family Support. It will require a fresh public conversation about the nature of neglect and poor parenting and clear sign posts to where families can access early help. It will require oversight of the actions of many different partners, both devolved and non-devolved to secure improved outcomes.

The Welsh Neglect Project has demonstrated the shared commitment amongst partners to work together to tackle neglect as early as possible. We can now build on this further to bring together our collective action on neglect and ensure we are working together towards the same shared goal: tackling child neglect as early as possible to give children the best start in life.

This will not be an easy task, but it is in our gift. Building upon the Welsh Neglect Project, we now have the opportunity to respond in a systematic, consistent and evidence-based way to the most prevalent form of child maltreatment and make a dramatic improvement to the outcomes of children and future generations in Wales.

Brigitte Gater
Director of Children’s Services
Action for Children – Gweithredu dros Blant

Des Mannion
Director of Service
NSPCC Cymru / Wales
## Contents

The Welsh Neglect Project 1

Child Neglect 3

Local Area Population Needs Assessments 6

Focussed review of the evidence base for models and tools used in the assessment of child neglect in Wales 10

Safeguarding Children’s Boards: A model neglect protocol and implementation plan 14

Current child neglect training in Wales 18

Developing early support in schools and early years services for children experiencing low-level neglect 21

Next Steps: How the Welsh Neglect Project will be taken forward 24

References 25
The Welsh Neglect Project

Child neglect is a major public health issue that blights children’s lives. It is extremely damaging to children and has immediate and long term consequences for life chances. The Welsh Government has commissioned Action for Children – Gweithredu dros Blant and NSPCC Cymru / Wales to deliver the Welsh Neglect Project. This Project brings together key partners across Wales:

- to collaborate and identify key areas for action on child neglect
- to improve multi-agency responses and services; and
- to ensure neglected children and their families receive help as early as possible.

The Welsh Neglect Project is a unique project in the UK and has brought together stakeholders across Wales to collaborate and identify key areas for action. The growing evidence base on the scale and impact of neglect and opportunities provided by the Social Services and Well-being (Wales) Act 2014, particularly the structural reorganisation of Safeguarding Children Boards (SCBs) and an enhanced focus on prevention, make this an optimum time to reflect on our response to neglected children and their families.

Action for Children – Gweithredu dros Blant and NSPCC Cymru / Wales have campaigned for improved support to neglected children for many years. Both have a wealth of policy, research and practice expertise in relation to neglect. Led by Action for Children - Gweithredu dros Blant and NSPCC Cymru / Wales and funded by the Welsh Government, the Welsh Neglect Project’s aim has been:

To research the current evidence base and existing practice in Wales, delivering recommendations and resources to improve multi-agency responses and services to address child neglect across the spectrum of need.

The Welsh Neglect Project has found much evidence of good practice during its two years of external engagement and development. This was particularly true of SCBs’ commitment to developing tools and protocols to support professional judgement. However, there was also evidence that this does not always translate to front-line confidence and early action to tackle neglect and few SCBs had extended their training beyond some of their social care professionals. In addition there was little consistency of approach with regard to tools and protocols. Professionals who contributed to the Welsh Neglect Project told us that they wanted a consistent approach and wanted to be trained to be able to identify, assess and respond to child neglect more effectively.

The Welsh Neglect Project has worked collaboratively to develop a clear understanding of the current response to neglect in Wales. We have collected, evaluated and scrutinised the evidence in partnership with members of our Welsh Neglect Project Advisory Group and Operational Management Group. Both include representatives from:
The Project has been informed by a broad and robust evidence base. Dr Sally Holland, Cardiff University, led an investigation into strategic arrangements for assessing and responding to neglect across Wales, primarily through structured interviews with strategic leads within (then) local safeguarding children boards, local authority Heads of Children’s Services and the Welsh Government.

The Project also arranged seminars with multi-agency staff and local leads to build a picture of the current operational response to neglect. Combined with the oversight and expertise of members of our Advisory Group, these activities allowed the Project team to learn from best practice; to understand the main enablers and barriers to an effective, early multi-agency response to children and families and to formulate strategic priorities for 2014/15.

In 2014/15 the Project has worked with local areas to scope best practice and develop practical solutions to core priorities identified in 2013/14.

We have brought together strategic and operational staff from organisations who work with children and families to inform the development of research. There were 6 areas of focus:

1. Local area populations level needs assessments;
2. Multi-agency neglect protocols;
3. Multi-agency neglect assessment tools for individual children and families;
4. Research into the role of education services in tackling neglect;
5. Training arrangements for multi-agency staff

The following chapters describe the aim, rationale, methodology, engagement and key findings for each area of work. Young people, parents, and a wide variety of multi-agency operational staff and strategic leads across Wales contributed to evidence and development of recommendations in these areas.
Child neglect

Child neglect is a major public health issue that blights children's lives. Put simply, it is the failure of parents or carers to meet the basic needs of a child. It is now recognised as one of the most dangerous forms of abuse because of its long term harm and sometimes fatal effects. It has immediate and long term consequences for children’s life chances.

Neglect affects all aspects of a child’s development and, if left unchecked, it affects attachment, brain development, physical health, and results in emotional and behavioural difficulties and poor educational achievement. Research shows that children who are emotionally neglected are likely to have a lower IQ and have more difficulty than their classmates in carrying out complex tasks. Neglect can affect children and young people of all ages and, for some, it is so profound that they starve to death or die because of accidents associated with lack of supervision.

Neglect is the most common reason for a child to be put on a child protection register in Wales. In 2014, 1,410 children in Wales were on the Child Protection Register because of neglect. This is almost 45% of all registrations. However UK research shows that one in ten 11-17 year olds report severe neglect in their childhood which means that most children who suffer neglect do not reach the threshold for statutory services. Recent research has estimated that for every 1 child that is on the child protection register, there are a further 8 who are being abused and neglected and not receiving help.

Neglect is complex.

Neglect is the result of what parents are not doing. A parent or carer may parent poorly because they do not have the practical or emotional skills or capacity to provide good care, rather than being unwilling to, and they themselves may have experienced neglect during childhood. In other cases, parents or carers can intentionally allow their child to suffer harm. Neglectful behaviours by parents/ carers results in a continuum of harm from low level to chronic neglect. Today many professionals understand that neglect is complex and is both emotional and physical, and often co-exists with other forms of abuse. Babies, children and young people have many needs including:

- Basic care (appropriate food, clothes, shelter and personal hygiene)
- Medical care
- Ensuring they are supervised and kept safe
- Love and emotional warmth
- Stimulation
- Guidance and boundaries
- Stability

The Welsh Neglect Project has found much evidence that there is a lack of a coherent and shared view about what constitutes neglect. Neglect is multi-faceted because of the range of children’s needs, however some professionals still mainly focus on physical neglect despite clear evidence that emotional neglect and poor attachment is extremely damaging to children. A common understanding of what constitutes the multi-faceted nature of child neglect and the signs and symptoms is needed. This is crucial if neglected children are to receive the early help they need to thrive and achieve good outcomes.
Early intervention
Prosperous communities depend on the successful development and wellbeing of people who live in them and there is a broad social benefit to ensuring children thrive and their rights are protected. Article 19 of the United Nations Convention on the Rights of the Child (1991) was embedded in Welsh legislation through the Rights of Children and Young people (Wales) Measure 2011. It requires that children are properly cared for and protected from abuse and neglect. Helping neglected children as soon as they are identified is a responsibility we all share. However research shows that 7 in 10 social care practitioners are confident about responding to physical abuse and sexual abuse, but less than 1 in 10 practitioners are confident of timely action and support for neglected children.6

Early intervention is acting early on in the formation of the problem. Early intervention is critical for children and young people of all ages: the earlier neglect is identified and tackled the greater the chance of intervention being effective and harm to the child or young person minimised.7 Early help for babies and young children is especially important because of the rapid neurological and physiological development in the first months and years of children's lives. Evidence from neuroscience about the early development of the brain describes the 'serve and return' interactions between baby and carer as shaping the developing brain architecture and that 'if adult responses are unreliable, inappropriate, or simply absent, developing brain circuits can be disrupted and subsequent learning, behaviour and health can be impaired.' Additionally, there is a substantial amount of evidence of the links between experiences of neglect during adolescence and a range of negative outcomes, although this evidence generally indicates correlations rather than causal links.8

Across all ages, there is a compelling case for early intervention as the effects of neglect are often cumulative and preventable. This means that universal and targeted services, other than Social Services, have a key role to play. Within current Welsh arrangements this includes health, Flying Start, Families First, education, police and voluntary sector partners.

Working with parents
Protecting children from severe neglect is rightly the concern of child protection teams, but supporting children experiencing lower levels of neglect is the responsibility of all who have contact with children and families. Different professionals often describe this work as family support or parenting rather than addressing child neglect. However, the work often has the same aim: ensuring children thrive. Universal services have a key role to play in recognising neglect, providing direct support to children and families and signposting to early intervention services. The Welsh Government’s legislation and targeted family support programmes similarly play a crucial role in ensuring the best evidenced interventions are provided to neglected children and families, interventions are co-ordinated and appropriate referrals are made to statutory child protection services and wider support.

Front-line workers across different disciplines who attended our seminars spoke about their lack of confidence in deciding when to take action in cases of neglect and a lack of clarity about what constitutes good enough parenting. It is challenging to decide at which point poor parenting becomes neglectful and therefore when to intervene. There is no hard and fast rule for professionals to follow that tells them when to intervene in cases of child neglect and research clearly shows that professionals struggle to identify and respond robustly to the problem.9
The sheer scale of neglect and widespread need for parent support was recognised by professionals in the seminars that were held as part of this project in North and South Wales. Front-line workers commonly described the main challenges accessing support for children and families as:

- “gaps in service provision”
- “fragmented services that are not joined-up”
- “cycle of neglect – same families”
- “Flying Start … does not reach all who need it”
- “services financial situation and longevity of these services”

Professionals from education services who contributed to the project told us that they found talking to parents about their concerns challenging and that often parents do not recognise their parenting as neglectful. There is a particular issue with regard to consent-driven early help which professionals have repeatedly described as a “grey area” between poor parenting and neglect. There is linguistic and conceptual tension between working in partnership with parents and in challenging them to improve the care that their child receives, which needs to be recognised and addressed.
Local Area Population Needs Assessments

This is a summary of a longer report on Local Area Population Needs Assessments (Crowley, Stevens, 2015) and includes a tool for which is designed to support local authorities and LHBs in conducting population assessments of child neglect.

1. Aim
To research and develop proposals for local area population level needs assessments in relation to neglect. Specifically to:
- Develop a tool or a framework for capturing the scale and nature of child neglect across a local area.
- Produce a model implementation plan that can be adapted by safeguarding boards, local authorities and local health boards.

2. Rationale
To deliver an effective response to neglected children and families, first we need to know the nature and scale of the issue. At present in Wales, we routinely collate data about neglected children who reach social services thresholds, but beyond the highest levels of need we know very little.

Research conducted by a team at Cardiff University in 2013/14 of the Welsh Neglect Project found that the commissioning of services to address neglect was not routinely informed by assessments of scale and the nature of need. The in-depth study of service responses to child neglect indicated that local areas struggled to obtain or make use of information about the level and scale of neglect in their areas, beyond those children who reached Child in Need status or those in the Child Protection system.

The research concluded that not enough is known about the scale of child neglect in Wales, particularly early neglect. There was little evidence that either local authorities or national government know, with any degree of accuracy, how many children are or are likely to be experiencing neglect in their areas and what the nature of that neglect is.

If local areas don’t have a means of evaluating lower levels of concern, it is extremely difficult to develop an effective response that meets need early to prevent it escalating. The new requirement in Sections 14 and 15 of the Social Services and Well-being (Wales) Act, on local authorities and local health boards to work together to assess the care and support needs of their local population, is an important driver for intelligence-led provision of care and support.

This element of the Welsh Neglect Project has focused on how we can better understand the scale and nature of the risk of neglect. The main purpose of using the neglect risk framework is for local authorities and local health boards to use the understanding of child neglect gained from the population needs assessment to inform the design and delivery of support services. Over time, a clearer understanding of need also provides a solid platform from which we can begin to judge the difference which interventions are making and to drive progress on improving multi-agency responses to child neglect.
3. Methodology
Telephone and face to face interviews and focus groups were completed with representatives of 6 Safeguarding Children Boards, 19 local authorities and 5 local health boards.

Examples of good practice were reviewed, in particular the applications of the Mapping Vulnerable Families tool, developed by Cordis Bright with Merthyr Tydfil and then Denbighshire. They were then used in a further seven local authorities in Wales.4 Discussions with one local authority (Denbighshire) explored how they have used data from their mapping exercise to inform intelligent commissioning of family support services to support greater focus on early intervention. We also found examples of analyses of the incidence of risk factors associated with child neglect (collected via referral and assessment processes) being used to inform the design and delivery of early intervention and family support services.

A desk-based review was undertaken of the evidence behind the contextual and environmental risk factors associated with child neglect and the availability of statistical data that could be used to map the overlapping incidence of multiple risk factors at a population level.5

4. Engagement
In total over 60 people contributed to the project. Respondents included local authority, health and voluntary sector staff working in Families First, Flying Start and Children’s Services. We also consulted with Welsh Government officials, the Welsh Local Government Association, the Social Services Improvement Agency, the police, Action for Children, NSPCC and academics with an expertise in child neglect. Members of the Welsh Neglect Project’s Advisory Group and Operational Management Group provided strategic oversight and scrutiny of the development of this during the year.

A draft of the proposed Framework was shared by email with a number of ‘expert’ respondents and interested parties and with a further 25 respondents via two development days held in North and South Wales in January 2015. These processes were particularly useful for input into implementation planning.

---

4 This is a risk-based mapping tool (using Think Family criteria related to child poverty outcomes) to map some of the most vulnerable/troubled families in a local authority. This mapping exercise has been used by a number of local authorities in Wales to help to improve understanding of local need, examine the combination of issues faced by families that are affecting outcomes, and identify gaps in service provision. The mapping tool involves practitioners from different agencies being asked to provide information on the families they are working with against a checklist of 19 indicators of risk.

5 The review of evidence on the contextual and environmental risk factors focused on reviewing existing recent literature reviews including Lewis, 2011; Brandon, et al, 2014; Action for Children and the University of Stirling, 2013 and Jutte et al, 2014. The trawl of available statistics was informed by a number of publications and websites that included statistical bulletins published by the Welsh Government’s various data units and the data briefing accompanying the NSPCC’s report How Safe are our Children?
5. Key Findings

- There is evidence of promising practice and potential in Wales, particularly within the Families First, Flying Start and IFSS programmes.
- Research has identified a number of vulnerability factors that impact on parenting capacity and can be seen to increase the likelihood of child neglect.
- There is a strong correlation between the known risk factors for neglect and the vulnerability indicators currently used in Wales through the Cordis Bright model.
- Data sharing and data development pose significant challenges, which need cross-organisational commitment to address.
- There is a timely opportunity to focus attention and develop expertise on better understanding need because of the explicit duty to conduct joint assessments of the care and support needs of their populations in the Social Services and Well-Being (Wales) Act 2014.

This research had led to the development of a framework, which is designed to support local authorities and LHBs in conducting population assessments of child neglect. Specifically:

- The framework and tool will support the creation of a map of the relative incidence of risk factors which combine to give a likely heightened risk of child neglect.
- This output from the tool will allow local areas to better understand the incidence of risk factors for vulnerabilities associated with neglect and, therefore, better understand the likely risk of neglect, its scale and nature within their population.
- The output from the tool can then be combined with existing data such as core social services data sets, child health data and education data and qualitative data sought from staff, children and families, to build a comprehensive picture of the scale and nature of neglect in an area.

5.1 The framework

The proposed framework for an assessment of the risk of neglect is the mapping of the relative incidence of five risk factors that compromise parenting and are associated with child neglect across a local area:

- Poverty
- Parental substance misuse
- Domestic violence
- Parental mental illness
- Poor housing

The selection of these five risk factors is based primarily on the relatively good availability of data on some possible population indicators.

Mapping statistical and qualitative information that indicates the simultaneous incidence of these five risk factors can be seen as the basis of a common understanding of what a good local area assessment of the risk of child neglect looks like.
5.2 Next steps
To build up a more comprehensive picture of the risk factors for neglect, the 19 risk factors used in the Cordis Bright methodology provide a more detailed framework. These vulnerability factors have a strong correlation with the risk factors for neglect.

However, a significant amount of data development and data sharing arrangements need to be undertaken before an extended framework could be reasonably applied across Wales. In order to use the 5 element framework, local authorities and local health boards should use local data sharing protocols to negotiate access to the relevant data.

The aim of the framework is to support local authorities and local health boards to identify areas where the incidence of a combination of risk factors suggests a greater risk of child neglect. The output from the tool relating to the risk of neglect can then be combined with existing data, which indicates the presence of neglect, such as core social services data sets, child health data and education data.

Local areas should include qualitative as well as quantitative information to understand the nature of child neglect in their populations. Information gathered via focus groups and interviews as well as surveys of citizens, service users and practitioners and members of staff will provide important information on the extent and nature of child neglect and the types of family support required.
Focussed review of the evidence base for models and tools used in the assessment of child neglect in Wales

This is a summary of a longer report on the assessment of child neglect in Wales (Gardner, 2014) setting out options for developing assessment practice in relation to child neglect.

1. Aim
This report set out to answer the following questions:

- “What is the quality of the evidence that underpins tools currently used in Wales in assessment of child neglect?”
- and “is there a case for selecting a single or primary tool for assessing child neglect?”

It reviewed that evidence as succinctly as possible and outlined the advantages and challenges that may follow from the selection of any specific neglect assessment tool or tools for use by all professionals across Wales.

2. Rationale
Research conducted by a team at Cardiff University (2013) for the Welsh Neglect Project concluded that:

“There was a general view that the use of tools and protocols can be a useful element in improving the ways in which child neglect is identified and responded to”

and that:

“All LSCBs in Wales are working to embed a more systematic approach to identifying and working with child neglect and indeed child abuse more generally although they are at different stages of the implementation process. Standardized tools for identifying and assessing child neglect are a key part of this drive. All but one LSCB reported using them, with over a third saying that they have been actively promoting the use of specific tool(s) for over 12 months. The Graded Care Profile is the most common tool in use, with 12 local authorities, stating that they used a version of this tool. At least nine other tools are in use including specialist ones for use with adolescents and children with disabilities”.

Munro’s review of child protection practice in England (DfES, 2012) reviewed the evidence thoroughly and concluded that excessive use of prescription (via procedures and other guidance or instructions) could potentially undermine the development of professional judgement. It concluded that because the content and context of family work is one of uncertainty, risk can be reduced but can never be totally eliminated. So, if guidance is too lengthy and detailed it can either foster over-reliance or else become redundant. The review concluded that while protocols and procedures are important, they must be easy to access, succinct and part of a programme of active support, rather than a substitute for well informed and confident professional judgement.

The same applies to tools to aid assessment and decision making. Tools can help professionals to structure the way they collect, analyse and present
information and thus can help them to clarify what needs to change and (if they are used consistently) to take decisions that are demonstrably as consistent as possible. Hence, “structured professional judgment and decision-making” is a valid goal. But since every family is unique and no tool or test is exhaustive, tools cannot replace training and reflective opportunities that allow practitioners to work on and refine their skills in a safe setting.

By tools we mean **structured methods of consistently extracting and recording information that is relevant to improving outcomes for neglected children**. Tools often take the form of checklists, questionnaires or brief descriptions. They may include scales or scores to **record or measure levels (e.g. of perceived strength or difficulty) and hence may be used to assess change over time**. Tools can also be grouped with guidance as to their specific uses and these more extensive documents are sometimes referred to by terms such as **frameworks, methods or approaches**.

3. **Methodology**

This was a desk based review that draws on and builds upon the Cardiff University study and a review undertaken by Jane Barlow and colleagues that was commissioned to identify, critically appraise and evaluate the potential role of all available tools for assessing and analysing data about the likelihood of significant harm to children. The report describes each tool, summarising its purpose, content and current range of use in Wales. Modifications that have been made to the Graded Care Profile in Wales are set out. The report details each tool and reviews their evidence base from the current literature. The criteria for the review are set out based on (but not identical to) those used in the Systematic Review by Barlow and colleagues, already referenced. Adaptations of the Graded Care Profile in use in Wales are reviewed by Richard Fountain, University of Bedfordshire. The report also looks at the evidence on implementing assessment approaches and some of the questions likely to be faced in implementing a more uniform approach to the assessment of neglect and concludes with options for the way forward in Wales.

4. **Options for the way forward and key findings**

Decisions about which tool(s) to use must take account of the need for methods of assessment that firstly, support practitioner judgment; secondly, are robust and consistent in form and use so that they can be evidenced to facilitate accuracy and rigour in decision-making and thirdly can be realistically led and implemented on a large scale.

**Three main options:**

On the basis of the literature, the following three main options are proposed, each of which entails a clear time-frame, cost appraisal and implementation plan.

1. Select and require a single tool or model to be used to assess neglect. This approach is attractive in terms of consistency and focus. However the evidence suggests firstly, that we do not yet know enough about assessing neglect to select a single approach, and secondly that one model will not fit every set of requirements at either the front-line or the organisation level. Additionally it would not be straightforward to monitor compliance with the use of a required tool.

2. Select a primary or recommended tool or model for a specific key purpose in the assessment of neglect. The study by Cardiff University suggests that the Graded Care Profile was the most common tool in use in Wales,
has a reasonable level of acceptance as a tool to identify and grade how far a child’s needs are being met and consequently, alerts concerns about neglect and possible further (complementary) assessment requirements.

3. Maintain current position - no recommended tool. Through evaluation the merits and challenges of the various tools (or a sub-set of them) could be further explored and their uses classified. They could be shared more widely through well-designed information and/or wider training in them. This could lead to greater awareness of various types of assessment and potentially to option (2) above, the selection of a recommended tool.

5. Next steps

Graded Care Profile
There is growing, though not yet conclusive, evidence of the GCP’s effectiveness and there is expertise in its training and implementation. Barlow’s Systematic Review\textsuperscript{15} concluded that no tools met ‘ideal’ criteria but that two tools provided partial fulfilment and that these two tools should be further piloted, researched and developed. The NSPCC has evaluated the original (unmodified) Graded Care Profile, working with eighteen partner local authorities since 2011, in partnership with the original designer of the GCP. A fully revised Graded Care Profile has been tested for reliability and validity, piloted and launched and is now being rolled out with accredited trainers in various parts of the UK. If one consistent version of the GCP was used in Wales, it would be a platform for a robust test of whether GCP can help achieve more accurate assessments and hence more effective interventions to address child neglect in Wales. This could be a powerful contribution to neglect as well as to national and international learning. In respect of the 3 main options identified previously, this will require further consideration to explore how best to support practitioners’ judgement in the selection of tools, given the complexity and variation of cases.

Screening tool or “early prompt/identification” tool
The report focuses on key tools currently being used during assessments undertaken when potential needs or concerns have already been identified and a professional (or para-professional) needs to find out more. The project’s advisory group recommends that further work be undertaken to identify whether screening tools for different professionals are needed to help identify “first concerns” and if so, whether an evidence–based tool exists for that purpose. It may be that a clear and consistent format for recording early concerns would be a positive first step.

Any potential tool for earlier identification of neglect would have to be examined carefully since, if it were intended to be brief, it would necessarily omit some aspects of neglect. It could prevent over-reliance on such a tool if it were described as an “aid to identifying concerns” rather than as a screening or assessment tool. There is no “one page” tool evidenced to successfully identify all instances of child neglect.

The importance of an agreed implementation process
Whatever assessment approach is selected, there is evidence that key stages need to be followed to implement it successfully and that sound implementation improves outcomes (Durlak and DuPre, 2008). The main stages of implementation are:
1. Setting out and gaining leadership support and broad consensus for the vision and desired outcomes (what change we want to see) the rationale (why) and the steps needed (how).

2. Review and scoping of aims or needs and gaps in relation to assessment.

3. Review of tools and approaches according to agreed criteria (e.g. evidence-base, training cost etc).

4. Selection of models/tools with reference to a conceptual model, guiding principles, explicit thresholds, resource plan including initial and refresher induction or training and ongoing coaching/reflection opportunities.

5. Rolling out the chosen tool/s in versions that are up to date, robustly tested and as consistent as possible.

6. Evaluation or/and fidelity/progress monitoring.

7. Consider consistent adaptations/sustainability planning/continuous learning.
Safeguarding Children’s Boards: A model neglect protocol and implementation plan

1. Aim
To work with local areas, staff, children and families to develop:

- a model neglect protocol for Safeguarding Children Boards in Wales;
- an implementation plan to facilitate adoption of the protocol.

The aim of the model protocol is to provide a framework to support Safeguarding Children Boards in Wales to develop a neglect protocol for their areas which makes clear multi-agency roles and responsibilities and drives early action.

2. Rationale
Research is clear about the particular challenges in defining neglect thresholds and associated practice implications. There is a strong case for early intervention in cases of child neglect, because of the often cumulative damage caused to children’s development, health and wellbeing over time. Such findings, endorsed by research findings from the Welsh Neglect Project, point to a clear need for an improved professional response to child neglect to ensure that children and families get early support.

The structural reorganisation of Safeguarding Children Boards (SCBs) and an enhanced focus on prevention underneath the Social Services and Well-being (Wales) Act 2014, make this an optimum time to reflect on our response to neglected children and their families. Research conducted in summer 2013 by a team at Cardiff University into the then Local Safeguarding Children Boards’ (LSCB) protocols in Wales found that:

- 13 local authority areas reported that they had a neglect protocol in place.
- Two (forming one LSCB) had a framework for assessment that they did not describe as a protocol
- Seven of the areas reported having no protocol, although at least one area reported that a protocol was likely to be in put place with the move to (regional) SCBs.

The evidence suggested that new regional arrangements for SCBs provided an opportune time to review best practice and develop a model neglect protocol for use across Wales.

In this context the model protocol seeks to provide a framework for multi-agency professionals to work within to support children and families as early as possible. The model takes account of the spectrum of neglect, from early neglect that can be addressed by universal or targeted services through concerns about significant harm. It does not seek to replace well established child protection procedures. Each Safeguarding Children Board will need to consider how best to embed existing child protection arrangements to reflect local circumstances.

3. Methodology
By the launch of this work in June 2014, the regionalisation of Safeguarding Children Boards was well underway. Multi-agency professional focus groups to develop the model were held across Wales during 2015/16. Focus groups were also undertaken
with a group of young people from Voices from Care and a support group for young parents run by Action for Children – Gweithredu dros Blant. Having such consultations allows for the service user perspective and experience to be built into the model protocol from the start, thereby making for a more effective response. In recruiting the service user groups, particular attention was given to recruiting those with direct experience of neglect prevention services. Participants helped develop the model protocol at two key stages:

- Consultation on what needed to be included in a model protocol and implementation plan.
- Feedback on the draft protocol and implementation plan and reflection on how their views had been taken into account.

4. Engagement
The 6 Safeguarding Children Boards, young people and parents currently have been important collaborative partners in drawing up the model protocol and related implementation plan. In total 57 members of SCBs and 16 service users took part in the research. Alongside the focus groups the researchers took opportunities to engage widely with practitioners, including:

- Contribution, scrutiny and feedback from the multi-agency partners who form the Welsh Neglect Project’s Operational Management and Advisory Groups
- A workshop as part of a Children in Wales parenting conference (Sept 14)
- Participation in an NSPCC neglect conference (November 2014)

Research data from all of the above sources has contributed to the drafting of a framework for the model protocol and implementation plan which was then shared with Welsh Government representatives, Action for Children, NSPCC, lead representatives of the Safeguarding Children Boards and service users for scrutiny and feedback.

As a final stage in the consultative process, development days were held with frontline practitioners in North and South Wales. This gave an opportunity to share an advanced bespoke draft of the protocol and implementation plan and receive feedback.

5. Key findings
The research found firm consensus on six key areas relating to practice:

a) Deployment of evidence based tools
b) The role for preventative services in addressing neglect
c) Pathways to safeguarding
d) Information sharing
e) Training
f) Reviews

These six areas were seen as the primary building blocks for an effective neglect protocol which drove early action across multi-agency partners.

a) Deployment of Evidence Based Tools
There was firm agreement that it would be important to mainstream and embed evidence based tools in multi-agency practice to assist in identification and effective intervention with neglect. The Graded Care Profile (GCP) is seen as a particularly
effective tool in particular, because it promotes constructive work with families. There was recognition that embedding a multi-agency tool would require agreement amongst partners of which staff will contribute to the tool’s completion, a multi-agency training programme and clear timescales. A strong case was also made for adopting a neglect screening tool to assist front-line staff who do not directly support families to evidence early concerns and refer for support.

b) The Role for Preventative Services in Addressing Neglect
The research found agreement there is a strong role for universal and preventative services in tackling neglect earlier. The particular gap identified was ensuring families and multi-agency staff are aware of the support available. The local authority information, advice and assistance service prescribed under the Social Services and Well-being (Wales) Act 2014 was seen as valuable in achieving this as long as information is up to date and clearly presented.

c) Pathways to Safeguarding
To ensure multi-agency staff have clear lines of support and advice in relation to neglect, the research found evidence that designated co-ordinators could play a valuable role in promoting information sharing and co-ordinating support. Where such safeguarding roles already exist, there was agreement that responsibility for child neglect should be made explicit, in particular for a school-based designated safeguarding teacher. There was a consistent call for inter-agency procedures to be put in place to share information on significant changes in family circumstances to support appropriate and timely action. This would include when families decline voluntary help and in the case of missed appointments.

d) Information Sharing
The importance of clear information sharing arrangements between agencies was firmly agreed. SCB protocols should include service level agreements relating to information sharing. The Wales Accord for Sharing of Personal Information (WASPI) was identified as an important accord that all multi-agency partners (including adult services and schools) should be actively encouraged to engage with.

e) Training
Multi-agency training was viewed by professional participants in the research as an important facilitator of multi-agency practice. This was seen to be particularly important in terms of plans to be developed for accreditation systems in relation to neglect training.

f) Reviews
The importance of monitoring and reviewing progress to avoid drift was an important theme in the research. However, professional contributors recognised the need for this to be proportionate. There was firm agreement that wherever appropriate, families and children should be involved in the review process.

5.1 An All Wales Protocol
Within the research findings, there was clear support from all six SCBs for an All Wales protocol: a clear national direction which set a standard approach for which SCBs could deliver within. Whilst this project has developed a model protocol which can be adopted across Wales by SCBs, it is not a national All Wales protocol which provides national standards and direction, such as those which exist for Child Sexual Exploitation or missing children. This model is an evidence based template for SCBs, which drives a shared commitment to tackling neglect effectively and as early as possible.
Developing an All Wales protocol is beyond the scope of this research. However the consensus demonstrates that it is an important consideration for Welsh Government and partners. As one SCB representative described:

“Neglect is recognised as a big factor across Wales isn’t it? And we haven’t systematically or effectively addressed neglect. So we all know about it. As practitioners we know, we recognise it, but we’re not being effective, so it is about you know having a view across Wales. I think a protocol, a pan-Wales protocol, is good. I think that that is good and I think that actually somebody, we, do need to get it together so that we are systematically working on neglect”.
Current Child Neglect Training in Wales 2014/15

1. Aims
This mapping exercise, undertaken by NSPCC Cymru / Wales in December 2014, looked at what neglect training and awareness raising activity is currently undertaken by Safeguarding Children Boards (SCBs), Local Health Boards (LHBs) and NHS Trusts in Wales. This exercise intended to gain a broad understanding of what current training and awareness raising on neglect was available to the safeguarding children workforce across Wales.

2. Rationale
Cardiff University research and practitioner seminars held in 2013/14 as part of the Welsh Neglect Project found that:

- Professionals often struggle to identify and respond to child neglect. Professionals at the seminars often described their response to neglect as based on “gut instinct”;
- All (as then) LSCBs in Wales were working to embed a more systematic approach to identifying and working with child neglect, though they were at different stages of the implementation process;
- Multi-agency training was seen to be a facilitator for improving the use of assessment tools, protocols and a joint approach to addressing neglect;
- There is varying availability of training to multi-disciplinary professionals working with families where neglect is an issue and it is co-ordinated in different ways according to local preference.

In 2014/5, the second year of the Welsh Neglect Project, multi-agency training arrangements were agreed to be a crucial element of improving the multi-agency response to addressing child neglect. Professionals who contributed to the Welsh Neglect Project told us that they wanted a consistent approach and wanted to be trained to be able to identify, assess and respond to child neglect more effectively. As SCBs have the responsibility to provide multi-agency safeguarding training, NSPCC Cymru/ Wales’ Training and Consultancy undertook a review into current practice in each SCB area in raising awareness of neglect and training professionals to identify and respond to neglected children.

3. Methodology
The methodology for the mapping exercise was to undertake a semi-structured interview with the leads for training in both Safeguarding Children Boards and Local Health Boards. The process involved an email invite to potential participants explaining the purpose of the exercise accompanied by the following questions:

1. What training on neglect is available in your area?
2. What awareness raising on neglect is available?
3. Who is the training for?
4. How geographically is the training and awareness organised in your area?
5. What materials/models/methodologies are being used?
6. Who provides the training?
7. What is the frequency of the training?
8. Are you intending to revise your training/awareness raising activities for neglect for this and subsequent years?
9. If yes to 8 what are you intending to do?
10. If yes to 8 what is the reason for the revision?
11. Could we have a copy of the training materials please?

Responses to the invite were followed up by a semi-structured telephone interview. Because many Safeguarding Children Boards were in transition, it was not always self-evident who the current lead was or that some new people had come into role. A consequence of this was that some of those with historical knowledge were not always available. Therefore, the participants were Health Board and Trust Safeguarding leads, chairs of relevant SCB sub-groups and local authority training officers. In the main, most responses were by telephone interview, although there were some written responses.

4. Engagement
The mapping focus was on the SCBs because they are both a focal point for multi-agency safeguarding training and have a statutory responsibility to identify and respond to training needs in this area. Local Health Boards were also included within the scope of the mapping exercise, as together with Local Authorities, they have a significant workforce supporting children and families. In all, there were 15 responses from 6 SCBs, 6 LHBs and 2 NHS Trusts giving a varied picture of neglect training and awareness-raising provision in Wales.

5. Key Findings
5.1 Safeguarding Children Boards
The priority, degree and frequency of multi-agency neglect training varied considerably between Safeguarding Children Boards, with what training there is usually tied to equipping practitioners for the use of whatever neglect tool is used locally. For some SCBs, neglect was a clear and active priority, whilst for others, other safeguarding themes were a priority, such as Child Sexual Exploitation. It is important to note that some of these ‘theme’ priorities change from year to year.

To illustrate the degree of variation in training provision, one SCB had facilitated an annual event that focussed on the early stages and effects of neglect, whilst one of its constituent local authorities covered neglect for the social care workforce within the provision of the generic Care Council’s All Wales Safeguarding Awareness Course. Another constituent Local Authority of the same SCB provided training to its social care workforce on the neglect tool it had adopted. Therefore in one SCB alone there is a clear indication of the variation of approach to neglect training.

This variation is evident across all the SCBs with neglect training being either:

- a main training event as an annual priority ‘theme’,
- accompanied by either dedicated training to support a practice-based tool or neglect encompassed in more generic safeguarding training.

Alongside the variation in training provision, there was also a high degree of variation in frequency of delivery of neglect training. Focussing here on dedicated training on neglect, the variation ranged from single annual events to clustered (repeated) one day events, whilst one SCB ran monthly training. Overall training was provided by practitioners from Children’s Services and/or Health Boards with a specialist interest in the area, although one SCB did use an independent consultant.
Projecting training provision into the new financial year did surface a high degree of consistency of concern which spanned two areas:

- Firstly, there was a consensus of concern about sustaining the organisation and administration of dedicated safeguarding training generally in the face of diminished capacity. For local authority social care training functions that have been integrated into more corporate structures, safeguarding training was one of many priorities in a much bigger portfolio of responsibilities.
- Secondly, at the time of undertaking the mapping exercise, training plans for 15/16 were going through the cyclical training needs analysis. This process was further complicated by the lack of clarity on training budgets and the impact of part of the training budgets being set aside for training on the Social Services and Wellbeing Act (Wales) 2014. The concern here was that any reductions in budget would further exacerbate the impact of the already reduced training capacity supporting SCBs.

5.2 Local Health Boards
There was a greater degree of consistency across health boards in the provision of neglect training. Training in neglect had been integrated into the intercollegiate guidance at level three as a specialist area of knowledge and more generally within safeguarding training at level two (Safeguarding children and young people: roles and competences for health care staff: Intercollegiate Document, Third edition, March 2014). Some LHBs had provided specific training on neglect and one had used lessons from Serious Case reviews as a platform for training practitioners, whilst another approached this through training entitled Current Themes in Safeguarding. The level two generic training was provided through either/both E-learning modules and/or regular (monthly) programmes of Face2Face learning. The two health trusts also included neglect as part of their respective annual programmes of generic safeguarding training.

Projecting into 2015/16 all the LHBs involved were confident that existing training programmes would continue and that any amendment would be in line with changing guidance, regulation and Child Practice Review lesson learning. The only concern that was voiced was the reach of the training in regard to primary and acute care doctors and dentists, where costs and capacity were issues in releasing practitioners for training. Because covering posts was such an issue, it was often a barrier to many acute care practitioners, GPs and dentists attending training courses on neglect.

This latter issue of capacity and participant availability also extended to the children’s safeguarding workforce, where there was now a greater pressure to condense training down to single and even half day events. Whilst this had benefits for practitioner workloads, it did mean that training could sometimes be perceived as process focused or overly simplified as ‘headlines’, thereby removing some of the consideration of the complexity that informs professional judgement in this area.
Developing early support in schools and early years services for children experiencing low-level neglect

1. Aims
This research sets out to explore the support currently provided to respond to the early signs of neglect by early years (EY) and education services, identify best practice and what additional support could be provided to better meet the needs of children experiencing low level neglect. This project has four broad aims:

- To map out the existing delivery landscape at a national and local level;
- To explore practitioners understanding of neglect and their role in tackling it;
- To identify the barriers to earlier and more effective responses to neglect within these services;
- To identify best practice and explore workable solutions to enable education services to more effectively and directly respond to neglect at an early stage.

2. Rationale
Research consistently shows that early identification and intervention for child neglect can significantly reduce the harm caused to children and improve their outcomes. Findings from the first year of the Welsh Neglect Project show that universal services play an important role in tackling child neglect, particularly educational practitioners who spend a lot of time with children. However, during workshop discussions, practitioners stated that successful early intervention requires universal services being aware of the signs and symptoms of all forms of neglect and what they can do to help children and families receive the right support. This research sets out to explore whether education and EY practitioners are equipped to identify and respond to neglect before it requires a child protection response and to explore how current responses to neglect can be strengthened.

3. Methodology
A mixed methodological design was employed to collect both quantitative and qualitative data on practitioners’ current practice in providing support to neglected children, the barriers practitioners face when trying to provide support and to explore what additional support could be provided through schools and EY services. An online survey was distributed to practitioners working in EY and education services across Wales. Focus groups and one-to-one interviews were held with practitioners and young people to further draw on their expertise and experiences.

4. Engagement
In total, 262 practitioners completed the online survey, including school management, teachers, Special Educational Needs Coordinators (SENCOs), school nurses, EY practitioners, inclusion officers and Education Welfare Officers (EWOs). To aid analysis, practitioners were grouped into four broad categories: school teachers (n=171), health practitioners (n=18), EY practitioners (n=45) and education support practitioners (n=28). Furthermore, we spoke to 101 practitioners through focus groups and one-to-one interviews and 7 young carers aged 11-18 years old who attend an Action for Children support group.

5. Key Findings
Mapping of the current delivery landscape and policy context shows that, although the formal child protection duties of education practitioners and school nurses are
clearly set out in legislation and guidance, the role these services can play in providing early support is not always clear.

**Perceived responsibility:** The results showed that across all groups, practitioners perceived themselves to have a responsibility to identify signs of neglect and to provide early support to children and their family. This was particularly the case for education practitioners, who felt that it is the school’s role to help children address problems that act as a barrier to learning. Although there was a general consensus amongst practitioners of what their responsibilities are in supporting children and their family with low-level neglect, there was little agreement within each profession, suggesting there is a lack of clarity amongst practitioners about the extent of this responsibility.

**Current practice:** A high percentage of practitioners across all four categories stated they would formally monitor a child when there are concerns of low-level neglect and contact other professionals to gather information about the child and family. However, a consistently low percentage said they would talk to the child about their concern, which was supported by evidence from the young people, who reported that they felt unable to talk to teachers when they experience problems. A higher percentage of practitioners stated they would provide direct support to the child, but these rates are still quite low. Around half of practitioners would not talk to parents or provide direct support to parents in response to an early concern. Health practitioners were the exception with approximately three quarters more likely to both talk to and provide direct support to parents.

Practitioners reported that they understood referral thresholds but use social services for help and advice when they have concerns and to find what support services there are locally for them to access for children and their families. Across settings, regular team meetings are held to discuss concerns of neglect, but attendance is often limited to those with designated safeguarding responsibility and management.

**Barriers:** Time and work load pressures were reported as the biggest barrier faced for education, health and education support practitioners, with pressures on schools to raise academic standards preventing them from being able to address concerns of neglect and well-being. This was supported by evidence from the young carers, who reported that teachers are too focused on attainment to address what is happening in their personal lives. Identifying signs of neglect was not seen as a barrier by practitioners but many reported challenges in distinguishing between poor parenting and chronic neglect. However, the young carers did not feel teachers were good at identifying when they were experiencing problems and when extra support was needed. Participants reported that the training they received covers what practitioners should do in terms of reporting and making referrals when concerned about neglect, but felt it does not give practitioners the skills to provide early support.

**Promising practice:** Practitioners felt they were effective at recording concerns and building a chronology for the child and working well within their team to share information and raise awareness of concerns. However, it was felt that a formalised assessment tool is needed to support them with identifying neglect and with deciding what course of action to take. Many schools run support groups for children to work on developing their emotional well-being and self-esteem and to provide informal opportunities for them to seek support. Some schools have taken on additional non-teaching staffing roles, which allow for greater support to be provided to children and their parents and reduce the pressure on teachers so they can focus on delivering the curriculum.
Key Findings
Practitioners are most effective when they are confident and empowered to take early action to support children’s well-being. Identifying signs of neglect was not seen as a barrier by practitioners, but many faced challenges in distinguishing between poor parenting and chronic neglect. Development of this project’s wider findings will necessitate the re-fresh and update of practitioners’ knowledge and understanding of the signs and components of neglect and a consistent approach to responding individually and collectively to concerns, together with a supportive learning environment of management and supervision.
Next Steps: How the Welsh Neglect Project will be taken forward

The Social Services and Well-being (Wales) Act 2014 sets out duties to secure the provision of services that contribute towards preventing people from suffering neglect and promote the abilities of families to bring up their children where that is consistent with children's well-being.

The Welsh Neglect Project has further supplemented existing research and evidence of the impact that neglectful behaviours can have on children's development. The outcomes from the project provide a coherent range of themes that will support practitioners across the sectors and professions to better be able to identify and respond to the influences and impact of neglect.

The Improving Outcomes for Children Ministerial Advisory Group will use the evidence from the Project to inform their forward work programme. The continuing development of the key themes will form work-streams and will bring a focus on resources and skills that build capacity and resilience through effective, evidence-based practice that reinforces family support and family resilience alongside swift and decisive actions to protect children from harm.
References


10 Holland, S., Crowley, A. and Noaks, L. In publication. An investigation into current responses to child neglect in Wales.

11 Holland, S., Crowley, A. and Noaks, L. In publication. An investigation into current responses to child neglect in Wales.

12 Holland, S., Crowley, A. and Noaks, L. In publication. An investigation into current responses to child neglect in Wales.
