



Children and Young People Services Scrutiny Committee

Multi-Agency Response to Neglect Spotlight Review

Report

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1. Introduction and Terms of Reference

- 1.1 The Children and Young People Services (CYPS) Scrutiny Committee is responsible for scrutinising policy and service provision relating to the achievement of Priority 1 – Ensure Children and Young People have a positive start in life from the Council's Borough Strategy 2022-2030. During the Work Programme setting process for 2023/24 the CYPS Scrutiny Committee agreed to conduct a spotlight review into neglect as part of its work programme and established a spotlight review group to carry out the work.
- 1.2 A review of neglect was made a priority of the Committee having considered information from officers of the Council. In its report about the Inspection of St Helens Local Authority Children's Services in July 2023, Ofsted had found that:
- i. "The effectiveness of the response to children experiencing neglect [needs to be improved]."
 - ii. "some children in St Helens have experienced neglect for too long, and service improvements are not leading to better experiences for all children."
 - iii. "some children suffering neglect have repeated or lengthy child protection plans, which means that for them the neglect has not been effectively addressed."
 - iv. "When children experience persistent neglect, there is sometimes over optimism about parents' capacity to change."
 - v. "Leaders know that addressing neglect is a key issue and are taking appropriate action."
- 1.3 Research, national and local Serious Case Reviews, Government and local statistics highlight that neglect is a national problem and the difficulties faced are not isolated to the Borough of St Helens. Likewise, neglect is not just the responsibility of Children's Services alone and it requires a cohesive multi-agency approach to achieve positive outcomes for children and families.
- 1.4 Neglect is a serious form of harm which has long-term impact on children and young people which necessitates a further scrutiny into the multi-agency response, if significant change is to be achieved.
- 1.5 The aims and objectives of the Spotlight Review were to seek assurances that:
- i. Tackling Neglect is a key priority for all agencies.
 - ii. All agencies have a shared understanding of neglect.
 - iii. Agencies are using appropriate assessments to identify children impacted by neglect at the earliest opportunity.
 - iv. Children who experience any level of neglect receive the right support at the right time.
 - v. Agencies work together effectively to prevent and tackle neglect (Joint Working).

2. Method of Investigation

2.1 The Spotlight Review Group held a meeting on 4 March 2024 to which representatives of a wide range of agencies were invited to give evidence on how they contributed to tackling neglect in St Helens Borough following the three key strands of the St Helens Neglect Strategy 2019-2024 which are:

- i. Recognising Neglect,
- ii. Responding to Neglect, and
- iii. Reducing Neglect.

2.2 Agencies were provided with a template presentation to facilitate the sharing of information regarding contributions to the three key strands of the Neglect Strategy. The Spotlight Review Group also gave consideration to two background documents as set out in section 3 below. During the meeting on 4 March 2024 agency representatives delivered their presentations, answered questions from the Spotlight Review Members and took part in a broad discussion of the issues raised.

2.3 The following Members of the CYPS Scrutiny Committee formed the cross-party Spotlight Review Group:

- Trisha Long (Chair)
- Donna Greaves
- Terry Maguire
- Anne McCormack
- Susan Murphy
- Bisi Osundeko
- Michelle Sweeney

2.4 The following representatives attended the meeting on behalf of their agencies:

St Helens Council

- Joanne Davies – Assistant Director Education and Learning
- Paula Swindlehurst – Assistant Director of Children Services
- Jason Pickett – Head of Access & Sufficiency, Education & Learning
- Sarah Platt – Head- of School Effectiveness & Improvement
- Heather Addison – Head of Virtual School
- Thomas Howard – Acting Head of Service, Early Years
- Andrew Passey – Safeguarding Children Partnership (SCP) Business Manager
- Shirley Goodhew – Public Health Consultant

Schools (Primary and Secondary)

- Andrew Maley – Headteacher Carr Mill Primary School
- Katie Alexander – Deputy Headteacher (Pastoral Care & Inclusion) Carr Mill Primary School
- Joe Kenyon – Vice Principal Rainford High School

Health Services

- Andrea Derbyshire – Designated Nurse Safeguarding Children, NHS Cheshire & Merseyside Integrated Care Board

- Anne Monteith – Assistant Director Nursing Safeguarding, Mersey and West Lancashire Teaching Hospitals NHS Trust
- Lisa Forshaw – Named Nurse Safeguarding Children, Mersey and West Lancashire Teaching Hospitals NHS Trust
- Lindsey Costelo – Service Lead: Wirral 0-19 Health and Wellbeing Service, Wirral Community Health and Care NHS Foundation Trust
- Kevin Redmond – Head of Safeguarding, Mersey Care NHS Foundation Trust

Merseyside Police

- Allison Woods – Detective Chief Inspector

Third Sector

- James Mawhinney - Senior Social Worker & Designated Safeguarding Lead, Change Grow Live (CGL)

3. Background

What is Neglect?

- 3.1 The definition of neglect from the Department for Education Working Together to Safeguard Children (2018) guidance states:

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

- *Provide adequate food, clothing and shelter (including exclusion from home or abandonment)*
- *Protect a child from physical and emotional harm or danger*
- *Ensure adequate supervision (including the use of inadequate care givers)*
- *Ensure access to appropriate medical care or treatment.”*

- 3.2 In 2007, Professor Jan Howarth identified six classifications of neglect: Medical, Nutritional, Emotional, Educational, Physical and Lack of Supervision and Guidance. The detrimental impact of neglect is not confined to young children but occurs across all ages and can occur in all parts of our communities. It is also important to recognise that children with special needs and disabilities have equal rights to protection from neglect.

Challenge in St Helens

- 3.3 As mentioned at paragraph 1.2, there were a number of issues that impact the potential for neglect on children and young people in St Helens. St Helens was significantly more deprived than the national average and was ranked as the 26th most deprived local authority in England out of 317 in the most recent indices of multiple deprivation in 2019. Overall, a quarter of the population lived in areas which fell in the 10% most deprived in England. The local proportion of children living in poverty was estimated as 19% after housing costs were included. There was also wide inequality across the borough; children

living in Parr were about twice as likely to be in poverty as those in Rainford (40% and 19% after housing costs respectively).

- 3.4 There was evidence of a strong relationship between family socio-economic circumstances and rates of child abuse and neglect, with the likelihood increasing along with the level of economic hardship. In St Helens, this was reflected by the rate of children in need (CIN) due to abuse or neglect being significantly higher than the national average (444 and 343 per 10,000 children respectively at the time of the review). The number of looked after children (LAC) was also much higher in St Helens than national and regional averages (St Helens - 130/10,000, North West – 96/10,000, England 71/10,000). High demand and rising costs of social care services for children created significant pressure on Council finances and addressing neglect was a key factor in reducing the number of CIN and LAC leading to lower pressure on budgets as well as better outcomes for children.

Neglect Strategy 2019-2024

- 3.5 The Neglect Strategy was owned by the St Helens Safeguarding Children Partnership Board. The overarching aim of the strategy was to reduce the prevalence and impact of neglect on children, young people and their families. There were three key strands to the approach taken by stakeholders in the strategy: (1) **Recognising Neglect**, (2) **Responding to Neglect** and (3) **Reducing Neglect**. The strategy required action to be taken at all stages of a child's development, including pre-birth, and required action from all partner agencies both statutory and non-statutory.

Recognising Neglect

- 3.6 The desired outcome in relation to recognising neglect was that: *“Practitioners in all agencies will be able to recognise the signs and impact of neglect when working with children, young people and families and know how to take initial and appropriate action.”*
- 3.7 Actions to achieve this outcome included: establishing a multi-agency training offer for neglect to ensure partners can recognise neglect; ensuring neglect is correctly categorised at referral and through interventions; embedding of the Graded Care Profile 2 (GCP2) tool (see 3.12 below) as a framework for managing neglect; ensure ‘Descriptions of Need and Early Help’ offer is well understood; and provide timely Early Help Assessment with a clear plan for intervention.

Responding to Neglect

- 3.8 The desired outcome was that: *“Each partner agency and their practitioners will know how to respond (promptly) to neglect to ensure children are safeguarded from exposure to chronic neglect and poor outcomes because of this.”*
- 3.9 Actions to achieve this outcome included: developing practice guidance for working with children and young people where neglect is present; using GCP2 as a framework for appropriate response; ensuring partner agencies know what Early Help offer is; a review of referral pathways and timeliness of response to ensure swift action when neglect is identified; improve collaboration, professional curiosity, challenge and escalation across partner agencies; ensure timely sharing of information between agencies; and ensure the

'Voice of the Child' is captured to understand their daily lived experience when considering their needs.

Reducing Neglect

- 3.10 The two desired outcomes of the strategy were: (1) the number of referrals resulting in statutory intervention (Child Protection, Children in Care) for neglect will fall; (2) the incidence of neglect will fall over the 5 years of the strategy with supporting strategies and actions to tackle some of the underlying socio-economic and parental determinants of neglect, such as poverty, unemployment, alcohol and drug use, and domestic abuse contributing to reducing neglect.
- 3.11 Actions to achieve these outcomes included: agreeing a multi-agency data set to quantify prevalence of neglect across St Helens; implement new and improved Edge of Care and Complex Safeguarding services; embedding the Signs of Safety model; and working with Public Health and Community Safety teams to tackle underlying determinants of neglect and ensure the impact of these challenges on children is understood.

The Graded Care Profile Version 2 (GCP2)

- 3.12 The GCP2, provided by the National Society for the Prevention of Cruelty to Children (NSPCC), is a practical tool which supports practitioners in measuring the quality of care delivered to an individual child from an individual carer or carers over a short window of time and is designed to give a representative overview of the current level of care. The quality of care a child is receiving will be categorised into one of five grades (1 – best to 5 - worst) based on observations and good quality evidence gathered by practitioners during the window of time.
- 3.13 The five grades are described as follows:
- 1 – All the child's needs are always met, and the parent goes the extra mile. The child is always put first.
 - 2 – All essential needs are always met. The child is a priority.
 - 3 – Most of the time the essential needs of the child are met.
 - 4 – Most of the time the essential needs of the child are not met. The child's needs are placed second to those of the parent/carers.
 - 5 – The child's essential needs are not met. May be due to intentional disregard. The child is not considered.
- 3.14 A judgement of whether parenting is neglectful or not is based on whether the needs of a child are adequately being met. The GCP2 helps professionals to be clear as to what the basic needs of a child are, and to what degree they are being met. The GCP2 separates out different areas of parenting and the needs of the child which are: Physical Care, Care of safety, Emotional Care, and Developmental care. These areas are further subdivided and assessed separately.
- 3.15 Only practitioners that had attended and passed a licensed training programme could use the GCP2.

- 3.16 In 2018 the NSPCC conducted a review of the implementation of the GCP2 out to organisations that were responsible for children’s welfare (such as local authorities). Key findings of the review included:
- When the tool was well embedded, practitioners felt it improved their practice and that families had benefited from its use.
 - There were high levels of commitment to using the GCP2 and there were strong indications that this would be sustained.
 - Despite the majority of practitioners feeling confident following training, only 48% reported using the GCP2 10 months later however 92% of practitioners surveyed after 10 months said they still planned to use the tool within the next 6 months.
 - Barriers to implementing GCP2 included: lack of resources for staff training, staff turnover (requiring new staff to trained), resistance from practitioners and families. Some practitioners were concerned that the GCP2 would add to their workload however others felt the additional workload was worthwhile due to the benefits for the families involved.

4. Findings – Recognising Neglect

- 4.1 The following section of the report is based on the findings from the meeting held on 4 March 2024. During the meeting each agency presented in relation to each of the three key strands one at a time however for the purposes of the report the findings are grouped by the three strands to emphasise a focus on multi-agency collective action rather than individual agency working.

Education and Learning Overview

- 4.2 Within Education, a child’s school attendance was a considerable factor in trying to establish whether a child was experiencing neglect. Educational neglect is a concept found in family law and refers to the failure of a parent/carer to provide for their child’s basic educational needs. In St Helens there were currently a number of children with less than 20% attendance at school. There had recently been a significant rise in the number of children who had been suspended or excluded from school; a suspension was a fixed term exclusions (e.g. 1 week) and some children had been suspended on multiple occasions meaning that their absence from school builds up over time. There was a concern that children who were not attending school regularly were vulnerable to exploitation (including criminal and sexual exploitation). For any children who had been permanently excluded from school there was a requirement on the school for them to arrange for a new school for the child within five days of the exclusion.
- 4.3 The transition between Primary and Secondary School (Year 6 to Year 7) was a key moment in working to improve or maintain attendance. Supporting primary and secondary schools to work together to identify children and families that were at risk of poor attendance was key to successful transition to Secondary School and a good first experience for the children to encourage positive relationships with staff and enthusiasm for attending regularly.
- 4.4 Within the Education and Learning department at St Helens Council (the Council) officers had implemented a ‘Three Obsessions’ approach to service design and delivery. The

three obsessions were: Attendance, Inclusion, Wellbeing. In relation to Attendance, the Education and Learning Department was able to track pupils' attendance data and target those pupils and their families where there was persistent or severe persistent absenteeism to assess the reasons for the absences. Issues such as truancy from schools, multiple school moves were potential indicators of family issues and neglect. Some children moved in and out of borough and were known to other local authorities and information could be shared between councils. The Education and Learning Department also had open communication with Children's Social Care to understand which children were known to services, may be in care, be a young carer and from traveller families.

- 4.5 There were a variety of health-related reasons why a child may be absent from/not attending school. These included children being on reduced timetables for health reasons (such as undergoing cancer treatment) but also included cases where parents and carers refused to send their child to school while undergoing an Education Health and Care Plan (EHCP) assessment as they did not feel that the school was able to meet their child's needs.
- 4.6 Children may also not be attending school as parents had chosen to home school them. Elective Home Education (EHE) is allowed with the law, and parents should submit a plan for their child's education to the local authority. Statutory visits to the child can be undertaken by the local authority but these can be refused by the parent(s) which can lead to a lack of oversight of a child's education and wellbeing by professionals/agencies. EHE has increased with the COVID-19 pandemic when children were given home learning during lockdowns and is recognised as a concerning national issue.

Early Years

- 4.7 Within Early Years, the three obsessions were also being used to focus services. Within early years settings staff were required to have up to date training including in the use of GCP2. With children in early years settings professionals had the opportunity to spot signs of neglect and domestic abuse. Settings were required to carry out formal assessments of children's development with any concerns about development or wellbeing being referred to the relevant services. All Early Years Staff had up to date safeguarding training, including identifying and supporting neglect, domestic abuse and the impact on the child and attachment. The Early Learning Hub was used to distribute resources and training materials to all Early Years settings which highlighted the signs of neglect from birth to Key Stage 3 (KS3). Early Years Quality and Inclusion Services (EYQIS) provided safeguarding awareness training to Early Years professionals as part of their quality improvement role and carried out workforce skills audits when supporting Early Years settings and signposted or provided training where necessary.

Virtual School

- 4.8 The Virtual School's ethos was also centred around the three obsessions. Staff of the Virtual School helped to deliver Understanding Childhood Neglect training, GCP2 training and linked with NSPCC GCP2 Practice Leads. Staff also undertook bespoke training in trauma, behaviour and emotional wellbeing. The Virtual School's Head Teacher was a member of the Safeguarding Children Partnership (SCP) and the Chair of the SCP's Neglect Priority Sub Group. As the Virtual School predominantly supported Children who

were Looked After, staff understood that many of the children will have experienced neglect as part of the reason they were Looked After. As such there was a focus on considering a child's behaviour and education performance in the context of previous neglect and trauma and tailor interventions to suit the child's needs.

Primary Schools

- 4.9 Representatives of Carr Mill Primary School were asked to attend the spotlight review to give evidence from its perspective however it was recognised that primary schools in different parts of the Borough would have different levels of needs and resources and therefore different approaches in relation to dealing with neglect.
- 4.10 At Carr Mill Primary School, it was considered important for the children to believe that staff had a genuine interest in their wellbeing for them to trust staff with their issues. Staff were therefore encouraged to know the children and their interests to foster good relationships as well as develop a knowledge about the children and their families to be able to identify those where there may need to be concerns. Carr Mill Primary School served one of the most deprived communities in the Borough (Moss Bank Ward). As such there were many parents who had had a poor education experience so did not engage well with schools and it was seen as important for parents to see the care an interest staff showed towards their children. It was explained that the school's practice was to have multiple staff members on the playground every morning greeting families. As well as fostering good relationships this was also an opportunity to assess children and families for signs of neglect (e.g. poorly dressed, no coat, arriving alone or with unknown adult). All staff had a responsibility for all children, not just teachers and the children in their class, and all were responsible for raising concerns. Staff were also aware of sibling groups and inter familial links (e.g. half/step siblings, cousins). Detailed records were kept on children which were shared and accessible to all staff at enable the school to develop an awareness of cumulative harm.
- 4.11 The Primary School placed a strong emphasis on pastoral as well as educational support. The school had two deputy heads, one for education and one for pastoral, and had a relatively large pastoral team. This was enabled by access to a significant amount of pupil premium but also necessitated by the needs of the community the school served. The pastoral team was considered essential for identifying neglect and the capacity of the team enabled them to provide additional support to families where needed. Families were offered early help support in the home and home visits for attendance support. Regular training was provided to all staff (including kitchen staff and cleaners who see children in different settings to teachers – i.e. meal times). Pastoral staff received more bespoke training and were developing their use of the GCP2.
- 4.12 As well as training staff to recognise neglect the pupils in school were also provided with age-appropriate lessons what neglect was and the issues it could lead to. Pupils would take part in role play exercises to help with understanding and the NSPCC had delivered assemblies about neglect.
- 4.13 It was suggested that during the current cost of living crisis the school had seen levels of neglect increase particular with families experiencing issues in the rented housing sector. It was recognised that not all schools were in a position to provide such a comprehensive

pastoral offer due to resources but that in some areas the level of need would not be as great. It was still important for all schools to be able to identify neglect as a front-line service with unique access to children.

Secondary Schools

- 4.14 As with Primary Schools, each Secondary School would have different characteristics in terms of demographics, geography and resources that would impact approaches to dealing with neglect. Representatives of Rainford High School were requested to inform the Spotlight Review how it dealt with neglect.
- 4.15 At Rainford High School, it was suggested that due to the large numbers of pupils in a secondary school it was more difficult for individual teachers and other staff to know all the children in the way it might be possible in a smaller primary school. However, staff were still encouraged to have a good understanding of pupils they had contact with, and the school closely monitored attendance data and addresses non-attendance. Where issues with attendance were identified the High School would undertake student meetings, parent meetings and home visits to assess for barriers and possible neglect. There were occasions when suspensions or exclusions were necessary due to a pupil's behaviour however the High School was mindful to not just treat symptoms (i.e. address behaviour) but to understand the causes of poor behaviour and help to address them as early as possible.
- 4.16 Rainford High School had staff trained to use the GCP2 tool and staff undertook safeguarding training twice annually which included a section on neglect. Whilst the GCP2 tool was useful in identifying neglect the High School did not want the tool to be a barrier to engaging well with families. The High School repeatedly rose awareness of neglect and the signs to look out for with its staff. The High School had a big pastoral team and members of the team received further training on neglect. Staff were also trained in trauma informed provision however the High School experienced a high turnover of staff which meant that training always needed to be provided to new staff. The High School worked closely with external agencies and other schools (i.e. where siblings may be attending) to take a whole family approach to early help. The High School also held transition meetings with primary schools to help identify pupils they should be aware of to ensure support is in place were required when the child starts Year 7.
- 4.17 Being located in one of the least deprived parts of the Borough the High School had a reputation for being affluent which implied there would be low levels of neglect however it was understood by the High School that many of its students came in from more deprived areas and that neglect can take many forms and be present in any household regardless of deprivation. Some of the High School's pupils came from out of borough areas which required it to work with other local authorities in some cases.

Early Help

- 4.18 The Early Help service would begin engagement with a child and family when a concern was identified. The first step for Early Help was to effectively engage the child and family with all agencies to ensure support services can get access to them and be effective. Early Help could take a variety of forms from a single agency providing quick and simple

interventions such as signposting to a wide range of agencies providing a mixture of support interventions with the child or wider family.

- 4.19 Some data was provided as part of the Early Help presentation regarding cases where neglect was recorded as the primary reason for referral. Neglect was prevalent in most cases how the data for neglect was low because other issues such as domestic abuse or behavioural issues would be recorded as the primary reason for an Early Help episode starting but neglect would often also be present in a case. Conversely, 60% of Child Protection Plans (CPP) had neglect recorded as the primary factor as during the social care process neglect is identified as the main issue within the family.
- 4.20 Partnership Coordinators were a really important part of the Early Help process in providing advice, guidance and training to partners within schools, health and other public services regarding how to respond to a concern raised about a child. Due to the current levels of demand, it would have been beneficial to have more Partnership Coordinators than were currently in post, but funding pressures limited the number. Staff were trained to use the GCP2 tool. A revised Early Help Assessment document had been recently developed and was due to be launched soon. It was expected that the revised document would enable increased volume and improved quality of assessments through a more succinct and focused process leading to better recording of neglect in cases.
- 4.21 It was suggested that it was important to listen to children and families during assessment processes. It was important that professionals communicated effectively to families what concerns about possible neglect were and why they were concerns as sometimes families did not understand why certain behaviours or practices were concerning or neglectful.

Children's Social Care

- 4.22 As mentioned in paragraph 3.4, St Helens had a high number of children in need and looked after children relative to other areas. This meant a significant proportion of funding was spent on social care which could otherwise be directed at preventative measures that helped to reduce neglect. Based on the Council's knowledge of the families involved, it was suggested that neglect was often multigenerational and was difficult to correct in those families where neglectful behaviour was normalised and not necessarily recognised as neglectful by the families.
- 4.23 Children's Social Care received referrals from other services as they identify concerns about children's wellbeing and safety. If neglect is a concern within a referral, then partner agencies referring concerns to social care would be requested to ensure a GCP2 is carried out by the referring agency if not already done so before referral. Without sufficient evidence of neglect or potential harm social care would not become involved with a case. Three possible outcomes of a referral to Multi Agency Safeguarding Hub (MASH) included: no intervention necessary (i.e. thresholds not met), an Early Help Assessment Tool (EHAT) being completed, or a referral straight through to Children's Social Care for a Children and Families Assessment (C&F).
- 4.24 In order to conduct proper assessments of children's wellbeing, any agency required the consent of the family. Where parents did not provide consent assessments could not be

conducted. Social Care could only intervene where there was no consent when there were safeguarding concerns and a child was at risk or not safe based on information that was available.

Public Health

4.25 The Public Health Team was responsible for commissioning 0-19 services and the healthy child programme using funding from the Department of Health (DoH). Public Health also commissioned alcohol and substance misuse services, integrated wellbeing service, integrated sexual health services for young people and adults, provided emergency contraception and smoking cessation services. Public Health had recently used some grant funding to establish the new Family Hubs at Sutton, Central Link and Newton. The Family Hubs were focused on parents and helping them to improve their wellbeing and aspirations, for themselves and their children, and to have the skills to provide their children with the best start in life.

4.26 As well as commissioning services, Public Health representatives sat on a number of boards such as the People's Board and Children's Safeguarding Board to provide advice where required using health data to inform decision making. Current data indicated that in St Helens 25% of children were living in the most deprived situations; there were high levels of low wellbeing, mental health problems and drug and alcohol issues. Teenage pregnancy was high in St Helens and teenagers were not seen as being well placed to be good parents as their own development was still ongoing. As mentioned at 3.3, economic circumstances had a significant impact on people's wellbeing and the current cost of living crisis contributed to increasing numbers of people living in poverty, suffering mental health problems as a result which could lead to neglect or abuse.

Wirral Community Health and Care NHS Foundation Trust

4.27 Wirral Community Health and Care (WCHC) is commissioned by Public Health to provide 0-19 Services in St Helens. One of the services provided was the Healthy Child Programme. As a universal service the Health Child Programme was a good opportunity for professionals to see all families and identify neglect. Health Visitors undertook visits to family homes to see a child shortly after birth, at 6-8 weeks, 9-12 months and at two years old (typically around 27 months). All staff had level 3 safeguarding training and had clinical safeguarding supervision which involved formal management of caseloads for families their visited. Currently, 85% of staff in the Healthy Visitors were trained to use the GCP2 – feedback was that it was a time-consuming process but was useful in identifying neglect. It was suggested that the service was good at capturing the voice of the child and their lived experiences and case studies were used in staff training.

Cheshire and Merseyside Integrated Care Board

4.28 The Cheshire and Merseyside Integrated Care Board (C&MICB) was responsible for commissioning services rather than providing them but was required to report to NHS England (NHSE) to provide assurances that service providers were effective. The ICB had a strategic pan Cheshire and Merseyside view however there were place based teams within the ICB that had a more local focus (including a St Helens Place Team). Having a large footprint as the ICB had was beneficial for gaining and sharing knowledge and good practice across a number of different local authority areas.

4.29 The ICB had system wide mandatory safeguarding training for all staff including executives and neglect was covered at all levels. The ICB also had safeguarding children policies and procedures which incorporated neglect. Neglect specific training had been provided for primary care agencies (such as GPs). There was reactive and planned supervision of staff to test the pathways and understanding of roles and responsibilities of staff to identify and act on neglect, trying to ensure staff knew who to turn to if they needed support regarding neglect identification. Potential concerns could be raised when children weren't brought to GP appointments; these were now being classified as 'was not brought' rather than 'did not attend' (DNA) as it was with adults. Primary Care were also encouraged to listen to and reflect on the voice of the child and the GCP2 tool was available although there was an acknowledgment that tools weren't always used as they should be.

Mersey and West Lancashire Teaching Hospitals NHS Trust

4.30 Previously operating in the Borough as St Helens and Knowsley Teaching Hospitals NHS Trust before a merger with Southport and Ormskirk Hospital NHS Trust, Merseyside and West Lancashire Teaching Hospitals NHS Trust (MWL) operated acute services at Whiston and St Helens Hospitals locally. The hospitals covered services for children from unborn to 18 including: maternity, paediatric inpatient and outpatient wards, community paediatrics, emergency department (A&E), St Helens Urgent Treatment Centre (Millenium Centre), and TAZ and Sexual Health Services.

4.31 MWL's Safeguarding Team supported staff to recognise neglect and the safeguarding policy was regularly reviewed to keep it up to date. Neglect was part of all safeguarding training at all levels (1-4). Key staff in A&E and Sexual Health received quarterly supervision with case reviews and scenario training to reinforce learning and understanding of signs of neglect.

4.32 Staff are trained to be aware of the GCP2 tool and to be able to contribute to an assessment if requested. However, hospital staff were generally not in a position to be able to conduct a GCP" assessment themselves. It was suggested that as hospital staff met children and their families at a time of crisis this was not usually a good time to carry out an assessment and establish whether neglect is present or not. Hospital staff were however encouraged to have professional curiosity and speak to children and families to gain any information that may be useful to partner agencies in establishing neglect at a later date.

Mersey Care NHS Foundation Trust

4.33 Mersey Care is the provider of Child and Adolescents Mental Health Services (CAMHS) in St Helens and also the provider of a wide range of adult health services therefore the majority of the Trust's patients were Adults. Within the adult health services practitioners were encouraged to consider a patient's family and the impact of ill health on them as well as the patient through the 'Think Family Strategy'.

4.34 It was suggested that there had been improvements in service provision since Mersey Care merged former North West Boroughs Healthcare NHS Foundation Trust (NWBH) services into the Trust. The approach taken to neglect was consistent across the whole Mersey Care footprint with all undertaking the same safeguarding training. For example, all staff had received Level 3 Safeguarding training which hadn't been the case previously

under NWBH. There had also been improvements to the electronic records system with patients being identified as parents where this was the case. Within Adult Mental Health Services, it was important to consider whether mental health issues affected a patients parenting.

Merseyside Police

- 4.35 Merseyside Police had mandatory training for police officers in relation to child protection and capturing the lived experience of children. Officers were expected to be able to assess a child's appearance, words, activity, relationship dynamics and environment to make a judgement on their wellbeing whenever contact with the Police occurs. Interactions with children should be recorded on the 'Occurrence Enquiry Log' with a chronology of events enabling a picture of a child's environment developed over time when multiple interactions occurred (e.g. instances of domestic abuse by parents). Officers needed to be aware of how multiple issues over time could had a cumulative impact on children, not just taking instances on their individual impacts.
- 4.36 Practice Reviews were used to improve multi-agency learning across the Merseyside footprint (e.g. sharing learning from Sefton with St Helens). Probationer training also included how to identify child protection issues, exploitation and signs and symptoms of neglect.
- 4.37 The Task Group was informed that there was a specific offence of neglect however, similar to Early Help Referrals, neglect was often wrapped up with other offences when the Police become engaged. Every case of neglect was investigated by an accredited detective (detective training included a section on neglect and there was a special child abuse development programme at the college of policing). Cases usually came through 111 or 999 calls to the Police and if a criminal offence is identified then a case is opened. All cases involving neglect were sent to the Protecting Vulnerable Persons Unit (PVPU).

Change Grow Live

- 4.38 Change Grow Live (CGL) was a third sector organisation commissioned locally to provide drug and alcohol support services to adult residents. Part of CGLs service offer incorporated working with adults on the impact that their drug and alcohol use has on their families and how their families can support them to end their substance use. The 'Building Bridges' programme was initially funded in 2017 to provide a family-based offer on substance use. The number of family workers at CGL had grown from two to eleven since 2019. Building Bridges was named to illustrate the link between an adult focussed service and the impact on children. Children were at the heart of CGL's practice; the link between substance use and neglect and trauma was well understood. There was also an understanding that many of the adults using the service due to drug and alcohol issues had experienced neglect and trauma in their childhood.
- 4.39 As a service that adults attended voluntarily it was important to avoid causing tension with service users regarding their children's welfare. There were concerns that fear of having their children removed from their care due to neglect would cause adults to disengage with the service and not get the support they and their children needed. CGL recruited past and current service users promoting the service to other people as a model for sharing information about how people could get support with substance use and how as parents,

they could get support without fear of having children removed as a first step. Developing an understanding of how drug and alcohol use negatively affected children, and how users may have been negatively impacted by their parents' drug and alcohol use, was a useful tool to help service users' motivation to stop their substance use.

- 4.40 Safeguarding was a part of all service user assessments and those who were parents or grandparents were identified early to assess the level of impact they had on any children they were involved with. Every parent who was prescribed medication as part of their treatment were assessed for how children might be affected.

5. Findings - Responding to Neglect

Education and Learning

- 5.1 When a child is identified as having poor attendance the Education and Learning service could support schools with a number of interventions. In September 2023, the Council had introduced the Triage for all Education Support and Specialist Advice (TESSA) system which was a single point of contact for schools and parents to engage with all education and learning services (such as Alternative Education, Behaviour Support, Education Welfare and Inclusion Officers). Based on an assessment of each child's needs the appropriate services would be engaged with children (and families where appropriate) through the school.
- 5.2 Possible interventions included: Social Prescribing of therapeutic and wholistic support, use of advisors and youth engagement officers, attendance and behaviour consultants, and mentoring packages. There had been a rise in the numbers of suspensions and exclusions from primary and secondary schools in recent years. These absences compounded the impact of poor attendance on a child's attainment and risk of exploitation, so the Education and Learning Team was working with schools to find alternatives to suspensions and exclusions where possible.
- 5.3 Education and Learning had also been encouraging schools to join the PATHS (Promoting Alternative THinking Strategies) Programme which was designed to encourage children to become confident Social and Emotional Learners (SEL) with self-control, emotional awareness and interpersonal problem-solving skills. In relation to neglect, the PATHS approach could help to reduce the negative impact of neglect on a child's behaviour and attainment in school.
- 5.4 Education and Learning services also work with other agencies such as Maximum Edge (Introducing Resilience project), VIBE (Youth Charity) and colleagues in Early Help on their support offer for families. Officers attend Achievement and Improvement meetings with school leaders and arrange Attendance Networks for schools to share good practice to improve attendance across the board. Training is also provided to school governors and trustees.
- 5.5 When a child's attendance does improve this should be celebrated to reinforce the positives of regular good attendance for attainment and wellbeing. Families should also be

praised for making positive changes when confronted with neglectful behaviours/practices but continue to be monitored to ensure a sustained improvement.

Early Years

- 5.6 It was suggested that Early Years practitioners could recognise children impacted by neglect at the earliest opportunity through observations and conversations with children and families in centres and homes. When there were concerns of possible neglect families were signposted to Home Start, Nurture Programme or Family Hub Services. There needed to be a clear distinction between developmental issues resulting from neglect and SEND. The Bridge Centre led on family action meetings (which included health services) to identify SEND early and respond in a timely way.
- 5.7 The Free Early Education Entitlement (FEEE) Team worked to ensure that eligible families take up their entitlement to free early years places and monitored attendance to ensure places were being used. Ensuring that young children were in some form of early years setting supported their social, emotional and educational development and enabled service to continue monitoring them for signs of neglect.

Virtual School

- 5.8 As mentioned at 4.8, Children attending the Virtual School were predominantly Looked After Children and may have already experienced neglect prior to coming into contact with the Virtual School. The Virtual Schools focus was therefore on supporting children to achieve good outcomes, attain their academic qualifications and go on to do what they wish in their future. All Looked After Children had a Personal Education Plan (PEP) which were quality assured to ensure that they met the needs of the child. Within each PEP is a Voice of the Child section that was key to understanding the lived experience of the child. Education settings received pupil premium funding for each child that had a PEP.
- 5.9 An important part of supporting Looked After Children with their education attainment was supporting their social and emotional needs. It was important to avoid gaps in a child's development caused by social or emotional barriers resulting from neglect or trauma. Creating positive relationships with people they trusted was key to keeping children engaged in their education. For children with acute needs and developmental delays there was additional funding available and more specialist training for staff. Interventions included attendance initiatives and therapeutic interventions such as the Think Equal Pilot, Aspiration Pathway, Attendance Pilot, and Nurture Pilot.
- 5.10 It was also important to understand the difference between trauma related and neurodevelopmental issues which could often appear similar. Alternative Education Service was involved in ensuring children received the right support based on their needs. Neglect could sometimes also lead to criminality, so the Youth Justice Service worked with the Education Services to address issues.

Primary Schools

- 5.11 When potential neglect was identified by Carr Mill Primary School staff would try to work with parents to address issues. The school found that parents welcomed an honest and open approach to addressing concerns of possible neglect however parents did not always agree with the school's perspective. Having early informal conversations with parents

about neglect concerns sometimes helped to address minor issues. The school was able to provide some support with uniform, school meals and advice for parents to help address some issues that might be signs of neglect.

- 5.12 Recording of informal conversations was also beneficial whenever it was necessary to escalate concerns to more formal procedures and considering involving Council services. Discussing concerns about neglect with parents was difficult and the school had to carefully consider which staff members were best placed (e.g. child's teacher, pastoral team) to lead a conversation with each family. Listening to the Voice of the Child was also important and building trust between children and staff was key to being able to encourage children to engage and be open about their feelings or home life.

Secondary Schools

- 5.13 When concerns about neglect were identified at Rainford High School the school would in. The High School was proactive in engaging with external agencies such as Children's Social Care and shared any concerns about children utilising the CGP2 to carry out a proper assessment. Students who are identified as a concern are provided with enhanced pastoral support in school including support from the mental health and wellbeing coordinator and senior pastoral leader for disadvantaged students. Regular Voice of the Child records are taken, and strong relationships are maintained with the child to support them. Examples of interventions to tackle possible neglect included providing second hand uniform, food bank vouchers, and advice for parents. However, the High School did not wish to mask underlying causes of neglect with its interventions. The High School noted that some parents may not be aware that their children are being neglected by their actions (or inactions) so educating parents about what is and isn't acceptable could be effective.
- 5.14 The High School would refer concerns to Early Help and engage with the Level 2 Panel for further support were needed. Following interventions by the High School the GCP2 tool is used to monitor impact and where concerns continue the High School will escalate concerns to Children's Social Care if necessary.

Early Help

- 5.15 As mentioned at 4.18, Early Help would engage with children and families to gain consent to begin interventions when concerns were referred to the service. An EHAT would be carried out and a plan developed to reduce neglect. Consideration would be given to how best to engage effectively with the family and how other agencies would be involved. It was important to develop an understanding of the reasons for neglect and the different types of neglect that might be present. Based on the reasons for neglect an Early Help offer involving Multiagency services could be developed to try to address the issues causing neglect to avoid the need for more robust interventions through Social Care (e.g. removing the children from parents' care due to concerns about safety and wellbeing).
- 5.16 The primary purpose of Early Help was to address concerns about a child's/children's welfare in the family to avoid the need to escalate to Social Care which was more costly and impacted the outcomes for children. It was suggested that currently Early Help was not performing as hoped as demand for Social Care was not being reduced and numbers of Children in Need (CiN) and Looked After Children (LAC) were still high in St Helens.

There were examples of good work that was taking place with children and families but not consistently across agencies. When the GCP2 tool was used in a case there was a correlation with better outcomes. The content of a GCP2 assessment would be used to measure progress in a family to enable support closure or escalation. There was a good number of people being trained in GCP2 but the data on cases was not showing the GCP2 was being used consistently at an earlier stage.

- 5.17 There was a focus on 'Being Brilliant at the Basics' i.e. assess well, plan well, intervene well and monitor well. Effective plans needed to be multiagency, working together to meet the diverse and complex needs of families. Early Help was involved with commissioning services such as CGL and Home Start.

Children's Social Care

- 5.18 Where thresholds for statutory intervention by social care were met (i.e. circumstances were beyond the use of Early Help or Early Help had not been able to address issues) a social worker would be allocated to a family to carry out a C&F Assessment. This holistic assessment was used to consider the parent/carer's ability to identify and meet the child's needs consistently; any previous harm, parenting capacity, including capacity to change, alongside the child's needs all form part of this. Consideration was then given to how best to support the family to reduce neglect and achieve better outcomes for the child.
- 5.19 Within 20 days a Mid-assessment meeting was held if the child/children were unlikely to close or step down to Level 2 (Early Help). A multiagency plan was formulated to consider how professionals and family's wider support network (e.g. grandparents, friends, neighbours) could contribute to safeguarding the child. It was important to engage the wider family network as they could provide support to the child or provide professionals with insights they would not otherwise get.
- 5.20 The Voice of the Child was important, and staff worked directly with the child using various tools to obtain information about what life was like for them, how they felt and the impact on their daily lives. This helped to develop appropriate interventions for children and their families. Different approaches were taken for different children (e.g. young children, teenagers, disabled children etc.).
- 5.21 Whilst support could be provided to try to help families improve their situations and reduce neglect and its harmful impacts on children services were not set up to support families for years and years (although a lot of families would need that level of support to maintain the safety of the children). Whilst it was less costly to support families in this way many cases reached the point where "significant harm" was met and to safeguard the child from their parent's care was necessary. If progress was made by families their cases could be de-escalated to Level 2 (Early Help) and eventually closed to support if possible.

Public Health

- 5.22 As previously mentioned, as a commissioner rather than provider of services, Public Health's role is to quality assure services and develop strategies for commissioning rather than actively taking a role in responding to neglect. Public Health will work with providers to ensure quality indicators were being met and where improvement activities may be

needed. Public Health encouraged the use of case studies to understanding how services were responding to complex issues and that training was in place were required. Public Health also monitored emerging national guidance and best practice and shared this with front line services.

- 5.23 The Voice of the Child was important information for Public Health in developing an understanding of issues that children experienced. Raising aspirations of parents and children was a key part of efforts to reduce inequalities in the Borough. As well as understanding a child's aspirations for themselves it was useful to find out what a parent's aspirations for their child were to help them understand how they could help their child to achieve. In relation to food poverty leading to nutritional neglect, Public Health provided funding to food pantries as good nutrition was important for learning and development.

Wirral Community Health and Care NHS Foundation Trust

- 5.24 The Healthy Child Programme provided signposting to support services and could make referrals (to Early Help for example) that might be needed. Health Visitors conducted home visits and provided advice and support to parents of new born babies at 10-14 days old, 6-8 weeks, 9-12 months and 2-2.5 years; this can help to avoid neglectful parenting by informing parents good ways to care for babies and how to recognise their needs when they are unable to communicate verbally. Practitioners could also support with postnatal depression, breastfeeding support, feeding, weaning, dental health advice, child safety advice, safe sleep and behaviour concerns.

NHS Cheshire and Merseyside Integrated Care Board

- 5.25 As a commissioner the ICB provided support to primary care and commissioned health services rather than direct engagement with service users in relation to responding to neglect. The ICB supported commissioned health services in their response to neglect via supervision, reflection and the health leadership role the ICB took within local multiagency safeguarding arrangements. The ICB as an organisation absorbed and distributed any learning from and to the 9 boroughs within its footprint. Recently learning in relation to recognising and responding to neglect had been something that had been shared with St Helens place.

Merseyside and West Lancashire Teaching Hospitals NHS Trust

- 5.26 When there is a suspicion of neglect when staff had contact with children a key response was discussion with children and families to understand the lived experience, challenges and pressures faced by the family. Recording of interactions was important to enable the Trust to share information with partners to support GCP2 and other assessments (e.g. Early Help). Following conversations with families the Trust could signpost them to other services (beyond providing treatment that the child was visiting hospital for).
- 5.27 The Trust kept records of appointments missed by children (i.e. not brought to appointments by parents) and the potential impacts on the child of missing the appointment. Any children who missed appointments had letters sent to the parents explaining the importance of appointments for the needs of the child. The Trust was also conscious of the impact of parents being in hospital on children and would check with patients on the care of their children.

- 5.28 In relation to prebirth and maternity services the Trust would also alert multiagency partners where there were concerns for the wellbeing of the child during pregnancy and following birth. The Children's Community Nursing Team monitored 'Failure to Thrive' cases where there may have been signs of neglect in babies through feeding failures.

Merseycare NHS Foundation Trust

- 5.29 Where there may be concerns about neglect being caused by parental mental health the Trust was able to provide services to address those mental health issues. The mental health service would work with parents to assess how mental health issues were affecting their parenting abilities. Adult facing services received children's safeguarding training.
- 5.30 Where neglect may have contributed towards a child's having mental health issues the Trust could also provide support services to children. It was suggested that a trauma informed approach was important, and the Trust had its own trauma informed safeguarding package. Children could experience trauma from a single event or as an impact of longer-term lower level neglect. The Trust provided 24/7 access to both adult and children services to respond in times of crises.

Merseyside Police

- 5.31 As previously mentioned, when a case was opened relating to neglect it was handled by the Protecting Vulnerable Persons Unit (PVPU). There were currently 36 accredited detectives within the PVPU with a mixture of experience levels. Cases were assessed for their severity and then allocated to officers. Officers were required to record what their immediate actions would be, and victims were contacted at least every 28 days as a follow up. Supervisors reviewed every investigation at least every 35 days for quality control.
- 5.32 Where necessary, to protect children from abuse or neglect, the Police were confident to arrest people to safeguard children or to remove children for their protection.
- 5.33 Operation Encompass was used to enable Police to inform schools when officers had attended incidents of domestic abuse involving children from the school. This early information safeguarding partnership between police and schools enabled schools to offer immediate support to children when they had experienced domestic abuse. Information was shared by the Police with a school's Designated Safeguarding Lead prior to the start of the next school day after officers had attended a domestic abuse incident.

Change Grow Live

- 5.34 CGL undertook home visits, assessed environments and considered family dynamics when assessing service users. As well as support with substance use CGL supported service users with addressing underlying causes leading people to drug and alcohol use such as relationships, family conflicts or abuse. Supporting people to work on their family dynamics and develop better ways to deal with conflicts or other issues could help to reduce instances of neglect or abuse of children and partners.
- 5.35 CGL also recruited young people mentors who had lived experience of substance use by their parents to engage with service users and their families about the impact of substance use on children. CGL also supported service users through programmes such as

'confident parenting', 'thriving families', and 'MPACT' (Moving Parents and Children Together) to improve parents' abilities to care for their children and understanding their needs and how to meet them to avoid neglect.

- 5.36 Whilst CGL assured parents that their children wouldn't necessarily be removed from their care when they presented to the service to receive support CGL would escalate cases to Early Help or Social Care when it was felt necessary for the wellbeing of the children.

6. Findings - Reducing Neglect

Education and Learning

- 6.1 Poor school attendance was a form of educational neglect so reducing poor attendance at school should contribute towards reducing instances of neglect. Ensuring that children attend school and are visible to professionals also improves ability to identify other signs of neglect and tackle them before they cause further damage to a child's development or wellbeing. Further work was needed to bring St Helens' attendance data in line with national data sets. Improving engagement with hard-to-reach families would contribute towards reducing poor attendance and greater challenge over reasons for EHE would ensure more children are in formal education and open to professionals.
- 6.2 There had been improvements in attendance data for 2022/23 however overall absences were still above pre pandemic levels. The Council's TESSA system was expected to provide improved access to services for schools which it was hoped would improve effectiveness of early interventions with children who were at risk of neglect.

Early Years

- 6.3 The Early Years Hub (EYHUB) could be used to promote awareness of neglect and the impact on young children to all early years settings. The majority of settings were Ofsted rated good or outstanding and awareness of neglect was already good in early years. The number of families accessing FEEE was increasing each year (currently over 90%) and the number of children achieving good levels of development had also improved.
- 6.4 It was suggested that improvements could be made in the confidence of early years practitioners, particularly in the private, voluntary, and independent (PVI) sector, to report the need for additional support or incidence of neglect could be made. The Council's Early Years support could be focused towards supporting settings and practitioners to make referrals when concerns were identified.
- 6.5 Currently, the early years industry was experiencing high turnover in the work force which meant a consistent need for training of new staff. This had an impact on the quality and availability of some provision and a plan to address this issue was being developed in partnership across the Liverpool City Region.

Virtual School

- 6.6 It was suggested that by supporting Looked After Children to achieve good qualifications and good relationships, leading to good employment opportunities in adulthood, it was possible to break the negative cycle that neglect could often create. This would help to

reduce neglect in future generations. Currently pupils of the Virtual School were achieving well compared to national averages at Early Years, Key Stage 1, and Key Stage 2.

- 6.7 The Virtual School was a champion for Looked After Children and promoting the understanding of a child's lived experience and their behaviour being a result of neglect or trauma would help to ensure children received support rather than facing suspensions and exclusions which could lead to risk of exploitation or criminality. The Virtual School could support other education settings and agencies to separate the child from their behaviour and help improve understanding of the detriment of exclusion and find better ways to tackle behaviour issues.

Primary Schools

- 6.8 At Carr Mill Primary School, it was suggested that contributions to reducing neglect could be improved by rolling out the GCP2 training to more staff. As the current pastoral team was working to full capacity currently there were concerns that signs of neglect in some children may be missed. It was also considered that better links with other services, such as GPs for example, to enable the school to have a wider understanding of a child's situation through sharing of information. It was also suggested that schools needed to be consulted more often by other agencies to ensure they are effectively developing a picture of a child's situation to improve the identification of neglect by those agencies.

- 6.9 Improving attendance was also key to reducing the impacts of neglect as children who were in school more often were less likely to miss meals, become socially or emotionally isolated or experience developmental delays.

Secondary Schools

- 6.10 It was suggested that further awareness raising among students and parents could contribute towards reducing signs and instances of neglect. Continued use of attendance data to identify potential neglect will help the school to manage early interventions. Working with primary schools during the transition of students from year 6 to year 7 would help to address issues of neglect and could help to improve attendance levels at High School. Continued focus on training for staff in identifying signs of neglect early could also help to reduce levels and severity of neglect and the long-term impacts on children and their educational attainment.

Early Help

- 6.11 Whilst there were examples of good partnership working between agencies in identifying neglect and the negative impact of it more could be done to identify neglect as the earliest stage to minimise the negative impacts caused by neglect on children. Earlier engagement could also improve the ability to remove the causes of neglect when working with families. There were a high number of staff across the Council and wider partnership who were trained in the use of GCP2 but it needed to be applied on a more consistent basis were neglect was a concern.
- 6.12 Data has shown that when GCP2 is used well cases can be closed within a 12-week intervention and not reopened in future. Currently within Early Help there were too many repeat episodes where initial interventions had not been effective. More cases needed to be dealt with the right way first time to avoid escalating to social care.

- 6.13 It was hoped that the creation of Family Hubs would enable more effective early intervention with adults through initiatives like BABS to improve their parenting skills and understanding of neglect to avoid concerns emerging later on. Currently, Early Help was usually started when children started school when issues began to be identified. There needed to be more identification of issues in private day care, child minders and pre-schools. New systems such as PowerBI were enabling services to use collect and use data more effectively to target areas of the Borough where there were higher risks (e.g. in relation to school absences).
- 6.14 Serious care reviews often highlighted instances where neglect was present and could've been picked up sooner, a sign of missed opportunities. It was also important for children to be informed about what neglect is so they could recognise it in themselves and their families and feel able to raise it with a trusted adult. Giving consideration to what neglect might look like through the eyes of a child was also important to understanding how to inform children. Training events for staff regarding neglect from the view of the child had been developed.

Children's Social Care

- 6.15 In the Council's most recent Ofsted inspection in July 2023, it was found that MASH decisions were appropriate and timely. When direct action was planned and purposeful it allowed practitioners to understand what life was like for the child and when captured well it contributed to the assessment and planned support being in line with the child's individual needs. It was suggested that while the GCP2 was not perfect being complicated and difficult for some people to use, it was the best available and should be used consistently across all agencies. Continuous training should be provided on the GCP2 tool.
- 6.16 Early intervention and support for families where neglect was identified was of crucial importance in safeguarding children from harm and delivering good outcomes. It was suggested that information was often viewed in isolation and a wider understanding of cases was needed, included understanding of past harm, likelihood of neglect and parents' capacity to change. More training for staff was being offered regarding parents' capacity for change as it was felt some practitioners could be over optimistic about a parent's capacity to change and risk of future harm.
- 6.17 It was suggested that during the cost-of-living crisis practitioners needed to recognise the differences between circumstances where children experienced adversity due to poverty and acute family stress and situations where children faced harm due to parental abuse and neglect.
- 6.18 It was suggested that Family Hubs were a positive development and the need to start early with parents of new-borns as key to avoiding neglect and harmful effects. Resources should be focused in areas such as Parr and Sutton where the greatest need had been identified.
- 6.19 Partnership working led to good outcomes when it was done well however it was suggested that evidence from the Neglect strategy group showed that not all partners were

doing their part as well as they could be. Audits had shown that when agencies did not all work together during an assessment the resulting plans were not effective.

Public Health

6.20 It was suggested that whilst there were currently good working relationships between service providers and partner agencies there could be more services or partners that could play a role in tackling neglect. In relation to Council services, it was suggested that there may be gaps in identifying neglect earlier (therefore reducing instances or impact of neglect) where services such as Leisure, Park Rangers, Refuse Collection could be more informed about signs of neglect to raise awareness and opportunities for the Council to identify concerns.

6.21 It was also suggested that sharing of data and learning between health and children's commissioners could be improved to enable commissioners to better consider more effective or innovative ways of working. More long term rather than short-term planning could also be beneficial however this was sometimes difficult do to the short-term nature of some funding streams. Supporting community and voluntary sector (e.g. sports clubs, youth groups) to play a bigger role in identifying and responding to neglect could also have an impact.

Wirral Community Health and Care NHS Foundation Trust

6.22 The 0-19 Service is well placed to support the identification of neglect with access to children and young people up to the age of 19 though family visits, schools, health centres and family hubs and audits had shown that 100% of records captured the voice of the child. It was suggested that 0-19 Practitioners demonstrated professional curiosity, tenacity and challenge when working with families where neglect concerns were raised.

6.23 However, there were opportunities to improve information sharing with partner agencies. An example of this included capturing cases on health and local authority systems as the two did not currently share data so information needed to be duplicated on both systems which was time consuming. Quality assurance was also needed to ensure concerns about neglect were followed up and appropriate actions completed in a timely manner.

NHS Cheshire and Merseyside Integrated Care Board

6.24 The ICB was currently working to raise awareness of the long term and cumulative impact of neglect on children among primary care and commissioned health services. Rather than simply treatment symptoms of illness or injury practitioners should be mindful or neglect being a potential underlying cause of repeated issues. The development of Primary Care Networks meant that GPs in a network area could support each other or share resources such as practice safeguarding leads to improve consideration of neglect when seeing children and families in surgery; for instance, improving the use of and contribution to the GCP2 tool when other agencies were completing assessments. It was recognised that better channels for information sharing could be established with schools by primary care and commissioned health services.

6.25 It was suggested that the GCP2 tool being onerous could be a barrier to its use by GPs who had limited time per patient. It was also suggested that understanding the difference

between trauma and neglect or development issues was needed to improve identifying issues correctly. GPs were keen to be involved in any multi agency work in relation to trauma passports to enable agencies to easily identify children who have endured adversity due to neglect. This would support practitioners including GPs to adapt their interactions to get the best out of the contact by being aware of the adversities. A pilot on using trauma passports would start with Children in Care to assess their effectiveness.

Merseyside and West Lancashire Teaching Hospitals NHS Trust

- 6.26 The Trust was contributing towards reducing neglect by taking part in the multiagency safeguarding process including taking part in the Neglect Strategy Subgroup. Throughout the Trust's locations information was providing informing the public about health issues to look out for and ways to get in touch with various services for support. This included information on potential signs of neglect or neglectful behaviours.
- 6.27 Challenges faced by the Trust included the complications of providing care to patients in three local authority areas (St Helens, Knowsley, Halton) and coordinating with three separate systems as well as high staff turnover and having to continuously train new staff. As the Trust usually had limited and sporadic interactions with children it could be difficult to identify neglect effectively. However, where the Trust could identify concerns about a child staff were confident in raising this with parents and challenging the causes and escalating cases to Council services.

Merseycare NHS Foundation Trust

- 6.28 The Trust's 'Think Family' culture enabled adult focused services to identify potential concerns about children's wellbeing where the patient was a parent and their mental health issues could be cause for concern regarding their parenting abilities. This approach could contribute to early identification of potential signs of neglect. There was also an awareness of how physical health needs of an adult could point towards thinking about support to help parents meet the needs of their children.
- 6.29 It was suggested that parity between physical neglect and emotional neglect was important to avoid missing signs of emotional neglect which were not as obvious as physical neglect. Professional curiosity was important to ensure that opportunities to identify neglect when services came into contact with parents or children were not being missed.

Merseyside Police

- 6.30 It was suggested that improvements could be made to some decision making and the analysis of situations where the Police have been called to incidents involving possible neglect of children. It was also suggested that capturing the voice of the child could be done with more consistency across the Force and that some officers needed to develop their confidence to be able to talk to children directly with the right balance between meeting the needs of the child or protecting the child and the difficulty for children of answering questions about their parents. It was also suggested that awareness of the formal multi agency escalation/resolution process could be increased within the Force.

Change Grow Live

- 6.31 CGL supported the reduction of neglect by supporting service users to reduce their alcohol use and understand the impact that it had on their children and parenting abilities. CGL noted that many drug and alcohol use cases were caused by intergenerational issues within families (i.e. their parents had used drugs and alcohol and their children may go on to do the same). CGL workers challenged the normalcy of drug and alcohol use within families to break the cycles and avoid future issues for parents and children.
- 6.32 It was suggested that CGL could contribute further towards neglect reduction by improving the recognition of neglect by ensuring all staff were trained in the use of GCP2 and used it on a consistent basis. CGL was working in partnership to raise practitioners understanding of child development and how to interact with children through training. It needed to be understood that the impact of trauma did not always manifest in the moment and may sometimes emerge later in life.

7. Conclusions

- 7.1 Members recognised that neglect was often intergenerational and needed to be addressed to stop cycles of neglect from one generation of a family to the next. Addressing intergenerational neglect with parents who were neglected by their parents could be difficult in many cases as parents often didn't realise that they had been neglected in childhood and regarded their neglectful behaviour towards their children as normal. Educating children about what neglect was, supporting them to recognise it in their own lives and how to raise issues with trusted adults was also important to address cycles of neglect.
- 7.2 Addressing issues early could lead to avoidance of escalations to Children In Need Services or Children becoming Looked After and lead to better outcomes for children and well as reducing financial pressures in children's social care. Members recognised the difficulties in spotting neglect early and it would often be the case that some harmful effects of neglect would have been felt by children by the time neglect was visible. Prebirth and Early Years work was crucial in identifying potential issues with parents and families early. The sharing of information about families between social care and maternity and early years services and settings would support closer monitoring of families where there may be issues.
- 7.3 By bringing lots of agencies together at one meeting Members were able to establish that there were some good working relationships between agencies and there was a recognition by partners that there were opportunities to improve joint working further. It was critical to achieving good outcomes that partners had good, frequent, and consistent communication about individual children to ensure good data collection, good planning and effective interventions.
- 7.4 All agencies highlighted the use of the GCP2 in effectively identifying and addressing neglect. Members appreciated that some agencies/services were not well placed to lead on completion of GCP2s due to the nature of their interactions with children and families but agreed that those services should contribute to partners' undertaking GCP2 where

possible. It was apparent that GCP2 was effective yet complicated and required training to use. Issues with turnover of staff and maintaining skills in teams appeared to contribute towards an inconsistent use of GCP2. Members agreed that if opportunities to identify neglect should not be missed due to inconsistent approaches and partnership working. Members were reassured by plans agencies shared to improve joint working through revised governance structures, protocols, and accountability for agreeing how they will work together more consistently and hold each other to account.

- 7.5 With regards to ways of engaging the public in increasing an understanding of what neglect is Members suggested that videos would be the most effective medium as many communities where neglect was highest had low literacy levels and would be less likely to engage with text-based content.
- 7.6 Members recognised that agencies needed to engage families in a positive way, rather than stigmatising them, to gain consent and get the best outcomes. Members supported a focus on keeping children and parents together to try to resolve issues with support services over a period of time rather than removing children from their parents' care. It was suggested that reassuring parents that their children won't be automatically taken from them increases likelihood of engagement and a parent's willingness to make changes. Members did however recognise that this could sometimes present a risk to children's safety and may not always be the best approach.
- 7.7 Members were pleased to see the examples of good work being undertaken regarding neglect in schools such as Carr Mill Primary and Rainford High however with most schools having much lower levels of resource there were concerns about the ability of other schools in the Borough to replicate the levels of attention to the issue of neglect. To make a more effective judgement about the overall abilities of education settings in the Borough to recognise and respond to neglect the Task Group would need to do more work with schools however resources and time for this review did not permit more in-depth scrutiny of schools.
- 7.8 Members were pleased that adult focused services such as Adults Mental Health and Drug and Alcohol support placed an importance on understanding a patient's family life and the potential impact on children of the patient's care needs. Think Family was a positive approach to increase recognition of potential neglect of children resulting from a parent's health issues. Members were hopeful that the new Family Hubs providing support services to adults with children would help to reduce neglect, especially in early years.
- 7.9 Members recognised that the cost-of-living crisis increased poverty levels in already deprived areas which could lead to what may be classed as nutritional neglect or issues in families caused by stress. Members did not believe that families in these difficult situations were necessarily neglectful and were reassured that agencies did not automatically treat them this way; and in some circumstances offered some sort of support with poverty related issues.
- 7.10 Members agreed with raising awareness of the differences between neglect, trauma and neurodevelopmental issues among children. It was important that when identifying a

child's developmental or behavioural issues in early years or school settings proper consideration was given to the causes of issues to put in place the right support. Members also agreed that when dealing with behavioural issues in schools, children should be supported with underlying causes first and receive consequences second; although it was recognised that some behaviours allowed limited alternatives to temporary or permanent exclusions. Members believed that there needed to be closer working and sharing of information about children between health services and schools so that each had a greater awareness of the whole picture of a child's circumstances to better inform decision making.

- 7.11 Members supported the idea of a Trauma Passport and the potential benefits to children and young people and agencies in easily understanding a child's circumstances and tailoring interactions to meet their needs. However, it was recognised that there may be some barriers to young people engaging with Trauma Passports if there was a stigma attached to them or if children didn't feel like being treated differently to their peers.
- 7.12 Members highlighted the potential role the faith organisations could play in recognising and responding to neglect. The Group was informed that the Neglect Priority Group included faith representatives and training was offered to the community, not just members of the Children's Safeguarding Partnership. It was suggested that families of Black, Asian or Minority Ethnic (BAME) background may experience cultural differences that resulted in perceived neglect from agencies where this would not be recognised in certain cultures. It was suggested that many (BAME) families engaged with the faith sector so this could be a gateway to better engagement on what neglect was. It was suggested that agencies engaged with charities that represented BAME groups to understand this cohort better. An example of this was a PAN Merseyside Harmful Practices Group within health services and a revised protocol was being worked on.
- 7.13 Members recognised based on their knowledge of some parts of the Borough how substance misuse and other neglectful behaviours are normalised in some families/neighbourhoods. Members agreed it was key, among other interventions, for agencies to continue to emphasise the negative impact on users and their families of drugs and alcohol to effect a change of behaviour. Agencies should also continue to inform children and young people about the negative impacts of drugs and alcohol where it has been normalised in their lives to avoid them also becoming users.

8. Recommendations

- 8.1 This report of the Task Group will be submitted to the Children and Young People Services (CYPS) Overview and Scrutiny Committee at one of its public meetings to be approved by the Committee for submission to decision makers of each of the agencies that have been engaged in this review. Decision makers (e.g. Cabinet in St Helens Borough Council) will be requested to respond to the recommendations below, either jointly or individually as appropriate. Those responses to the recommendations will be monitored by the CYPS Overview and Scrutiny Committee.

8.2 Based on the findings and conclusions of its review, the Task and Finish Group recommends that:

- a) *Agencies increase joint working by improving consistency of practice, data collection and recording, and communication and information sharing.*
- b) *Agencies improve the consistency of Graded Care Profile 2 use to assess children and families to improve the identification of neglect, planning of interventions and assessment of improvements.*
- c) *Agencies develop videos explaining what neglect is and signs of neglect alongside other media (i.e. text and pictures) to increase engagement in populations with low literacy levels.*
- d) *Agencies work together to develop opportunities for health services (such as GPs) and schools to share information about children where neglect concerns are present to better inform decision making.*

Improving Work Opportunities for Care Experienced Young People

Rec No	Recommendation	Responsible Officer	Agreed Action and Date of Implementation
A	<i>That agencies increase joint working by improving consistency of practice, data collection and recording, and communication and information sharing.</i>		
B	<i>That agencies improve the consistency of Graded Care Profile 2 use to assess children and families to improve the identification of neglect, planning of interventions and assessment of improvements.</i>		
C	<i>That agencies develop videos explaining what neglect is and signs of neglect alongside other media (i.e. text and pictures) to increase engagement in populations with low literacy levels.</i>		
D	<i>That agencies work together to develop opportunities for health services (such as GPs) and schools to share information about children where neglect concerns are present to better inform decision making.</i>		