

**Title: Herefordshire Safeguarding
Children Partnership (HSCP) -
Response to Neglect**

Meeting: Children and Young People Scrutiny Committee

Meeting date: Tuesday 12 May 2026

Report by: Service Director Early Help, CIN and Safeguarding

Classification

Open

Report purpose

To brief the committee on the Herefordshire Safeguarding Children Partnership's response to neglect.

Background

1. The Children and Young People Scrutiny Committee has identified neglect as a topic that might benefit from being scrutinised and has decided this could be achieved by considering the Herefordshire Safeguarding Children Partnership's response to neglect.

Meeting objectives

2. The committee wishes to consider feedback from the Herefordshire Safeguarding Children Partnership (HSCP) to gain a fuller understanding into intentional and unintentional neglect and how it is being addressed by Herefordshire Council and its partners within the county.

Report information

3. The experience of neglect in childhood can have significant and long-term consequences, affecting many areas of a child's development and their lives into adulthood. Nationally, neglect is the most common type of abuse experienced by children.

Working Together 2026 defines neglect as *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 can be evidenced prior to a child's birth due to 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 caregivers)
- Ensure access to appropriate medical care or treatment
- Provide suitable education
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

4. There are many different types of neglect. These are usually broken down into 'intentional neglect' and 'unintentional neglect' but they may be interrelated and nuanced. Child neglect is defined through six key areas (Howarth 2007) including:
 - a. **Medical neglect** - where a parent minimises or does not provide appropriate medical attention to a child. This can also relate to self-care neglect (most commonly seen in adults but also seen in pregnant women and teenagers), linked to Mental Health or medical issues such as diabetes.
 - b. **Emotional neglect** - including where a parent/ caregiver does not provide emotionally attuned care with intention but also where emotional abuse is unintentional due to other issues affecting the parent such as mental health and an omission of care.
 - c. **Nutritional neglect** - where a child is not provided with food and can lead to malnutrition.
 - d. **Intentional neglect** - typically described as a home which is uninhabitable, a combination of not feeding the children and leaving them in unsafe situations, a lack of supervision and or no boundaries regarding sleep or behaviour.
 - e. **Educational neglect** - where a child is not provided with an education, or inadequate school attendance.
 - f. **Physical neglect** - where a child does not have adequate clothing, poor hygiene, untreated dental issues or living conditions are unclean.
5. In determining whether the neglect is intentional or unintentional an evaluation of the family's situation is completed which considers, the wider environmental situation, members individual needs, reviewing the 'lived experience' of the child and the intention and response from the parent/s.
6. A family's lived experience will be impacted by environmental, and socio-economic factors. For some families there are significant challenges including limited resources through unemployment, disability, adult mental health, the impact of the variances in the cost-of-living, insufficient permanent housing, leaving them in bed and breakfast or temporary accommodation away from their child's school with limited transport options or support networks in a rural county.

7. Distinguishing between intentional and unintentional neglect is essential to understand the support a family need to ensure their child's needs are met. This can be complex and there is significant support across the partnership to support this evaluation.

Herefordshire Safeguarding Children Partnership set out its commitment vision to addressing childhood neglect in the Herefordshire Safeguarding Children Partnership Child Neglect Strategy 24-27. The strategy and associated documents are located on the [child abuse and neglect](#) section of the [HSCP Website](#).

8. This includes the child neglect practitioner resources to support practitioners across the partnership to identify and respond to child neglect. The resources are varied and have key individual practical briefings to support practitioners to identify and support children and young people of all ages including those with a disability who may be experiencing neglect. The toolkit provides tools such as the screening tool to support practitioners in understanding if what they are seeing is neglect, and more in-depth tools to support clearer identification such as the 'graded care profile' and 'home conditions assessment'. These enable practitioners to develop an overall 'picture' of a child's life and can identify specific areas of concern. This website is a key source of information for practitioners and the public, on how we support children and families where they need support but also the actions needed, where there are concerns about a child's safety.
9. Tools and training across partners have been implemented to support a clear differentiation of distinct aspects of neglect. The [Graded Care Profile 2 \(GCP2\)](#), developed by the [NSPCC](#), is an evidence-based tool used to objectively measure the quality of care a child receives, specifically to identify and assess neglect. It rates care across four areas—physical, safety, emotional, and developmental—on a scale of 1 (best) to 5 (worst), helping practitioners identify, quantify, and address neglect.

Significant training has been undertaken since its introduction across the partnership with a positive 876 practitioners trained in the Graded Care Profile 2 (GCP2). A practitioner survey was launched in Jan/ Feb 2026 on the use of child neglect tools and the Graded Care Profile 2 and the feedback was:

- a. Practitioners welcomed the tools and advised that they were useful in identifying neglect and supporting their assessment and identification.
 - b. GCP2 is being used consistently by Children's Services and health professionals.
 - c. A small number of education professionals said GCP2 "does not fit with their role"- and there is to be ongoing work to address this.
10. There are a wide range of practitioner forums across the partnership and in the last three quarters these focused on adolescent neglect, diabetes and the use of GCP2.

The HSCP Quality and Effectiveness Subgroup completed multi agency audits reviewing the response to neglect in Q2 of 25/26. This found practice with younger children was assertive, timely and coordinated, there was good multi-agency work with families to address domestic abuse and PPRC (Person Posing A Risk to Children) issues, and additionally in cases graded high risk, good recognition of child exploitation indicators. There was appropriate application of levels of need, and outcomes were evidenced as effective. Reassuringly the application of thresholds was correct, and the response

provided evidence that the child was kept at the centre of assessment and planning. Across the partnership professional curiosity was evident, including detailed risk assessments that were revisited and updated in response to evolving need.

11. Learning from the audit, which was cascaded in quarter3, was the need to address and sustain change when neglect is longstanding particularly with older children. Issues identified included low school attendance, engagement in criminal activity and poor hygiene and dental health. There also needed to be wider consideration of the family's culture. A final identified need was that when working with complex neglect GGP2 should be completed as a multi-agency rather than a single agency. Ofsted (2025) noted the renewed focus advising that **“There is a renewed practice focus on children living in neglectful households, with recent interventions evidencing a positive impact on children's lives”**. Additionally noting **“when circumstances do not change and risk escalates the pre proceedings stage of the Public Law Outline process is strong.”** 16% of children under the CP category of neglect are subject to pre proceedings.
12. For referrals with neglect as a key indicator, we have seen increased identification across partners with referrals increasing since 24/25, where we saw 72-84 referrals per quarter rising to 94-104 referral per quarter in 25/26. Those progressing to a Child in Need (CIN) plan have also shown year on year increases in this category in 24/25 there were 163 CIN Plans with a primary category of neglect, up to 248 CIN plans at the end of Q3 25/26. This evidences earlier identification and support.
13. For children and families subject to a child protection (CP) plan under the category of neglect, we have seen a rise in this classification with more accurate identification of the primary issue. In Q3 79 children were subject to CP planning under the category of neglect totalling 69% of the classifications. All CP plans over 12 months are subject to a key review by an alternate Service Manager to ensure the children's outcomes are improving, this is to support identification if challenges are entrenched and to ascertain if there is over optimism within the wider team. We know there will always be pockets of improvements, but the review ascertains whether this is sustained, considers if there is disguised compliance and whether risks are evidenced as being reduced. This resulted in a 54% reduction in children over 15 months from 23 in in Q2 24/25 to 11 in Q2 25/26. In practice no child on a CP plan should step down from a CP plan after 3 months due to the persistent and entrenched nature of neglect. In year to date for those children on a plan for neglect, 67% the children's outcomes improved and the plan ceased, 28% became looked after/ court proceedings, 5 % transferred to other local authority or turned 18.

Education

14. The Education Safeguarding Team at Herefordshire Council deliver training and updates at three DSL events held across the academic year and via the school's monthly spotlight newsletter. If schools are unable to attend the dedicated safeguarding lead (DSL) events, all receive the presentations and the information directly from the MASH education team after the event. Awareness of neglect is a key safeguarding of the last DSL event last term; there were 63 settings in attendance. The DSL events are open to primary through to post-16 and independent schools. All are on our DSL mailing list. Early years also have a focussed series of updates for nurseries and child minders.

15. When working with individual schools we explore the contextual information for the particular school based on its locality within Herefordshire, we discuss the neglect versus poverty distinction ensuring staff are fully aware that poverty is a lack of financial resources limiting a decent standard of living, while neglect is the persistent failure to meet a child's basic physical or emotional needs, potentially harming them. Poverty is an economic state, whereas neglect is a behaviour.
16. DSL training makes clear, that school level early help at the earliest opportunity will support a family or a child to avert the need for multi-agency involvement. Since 23/24 the annual safeguarding audit has required schools to confirm that they publish their Early Help offer on their school website, an increase from 66% in 23/24 to 89% in 25/26 has been recorded.
17. The annual audit also requires schools to confirm that all staff have read and understood - Keeping children Safe in Education (KCSIE). KCSIE contains clear guidance and information regarding neglect and the expected response to it when staff have a concern about a child or family. With every rewrite of KCSIE, we emphasise to all DSL's the content that has remained a cornerstone of the document and new additions to legislation or guidance. This is reinforced in the face-to-face DSL meeting in the summer term. In the 25/26 audit 100% of the schools confirmed that they utilise the West Midlands Safeguarding procedures. This indicates that schools in Herefordshire are accessing the child neglect practitioner resources.

ADCS Peer Review with Birmingham Children's Trust February 26/ presentation to West Midlands ADCS March 26

18. As part of the wider West Midlands work programme, Assistant Directors of Children's Services (ADCS) undertake annual peer challenges across the region enabling two LAs to come together to review a key priority together.
19. Birmingham Children's Trust and Herefordshire presented a shared challenge around neglect. Despite operating within very different geographies and population sizes. Data was used per 10,000 to support understanding of data. Each Local Authorities Strategies, resources and response to neglect was scrutinised. Each area examined their peers Neglect Strategy, data sets, and multi-agency practices. Despite very different demographics, and geography both authorities recognised a proportion of repeated child protection (CP) plans, entrenched patterns of emotional abuse being used previously as a "catch-all," and challenges distinguishing poverty and relationship challenges from neglect. Both have invested in tools such as the Graded Care Profile 2 (GCP2), strengthened early help pathways, and are working to improve professional confidence, consistency, and sustainability across systems.
20. Strengths identified were:
 - a. **Clear multi-agency commitment** to tackling neglect, with strong communication between agencies, especially across health, police, and children's services. All statutory partners attended the session from both LAs (which was not seen in any other peer review across the West Midlands)

- b. **Significant reduction in both Agencies CP numbers**, Birmingham (22%) Herefordshire repeat plans (23% and all over 4 years since previous plan) following purposeful work on thresholds, earlier reviews, audit, and challenge on long-standing plans.
- c. **Well-established neglect tools**, including GCP2, neglect screening tools, and multi-agency trainers, particularly embedded in early help and family support work.
- d. **Neglect Champions model in BCT** was seen as a key strength and one Herefordshire is adopting as it provides strong, enthusiastic, practitioners embedded in frontline practice and supports sustainability despite limited resources.
- e. **Heat Maps – Birmingham** will be adopting Herefordshire’s heat maps, cross boundary working with neighbours sharing data, strong pre-birth pathways, improved joint Section 47 investigations (38%→60%), and community-based resource development.
- f. **Rapid multi-agency response to complex cases**, including perplexing presentations and medical neglect, this was supported in Herefordshire by strong ICB/designated doctor input and a psychologist working with young people with diabetes after a CSPR in 2024. Self-neglect is also seen as a key indicator in maternity units.
- g. **Herefordshire’s locality model**, Strong partnership with Health in addressing medical neglect with a psychologist to support. Self-neglect an indicator at maternity.
- h. **Herefordshire’s work with West Mercia police** to understand neglect outcomes. Heat maps and shared data set and joint with neighbouring WCC Authority to support wider oversight.

21. Both authorities described challenges in:

- a. **Maintaining sustainability** as Birmingham Trust rely on a time-limited resource to promote and train in neglect and HSCP rely on individuals across partners providing the training which is challenging with reducing budgets and rising expectations across services in continued periods of change.
- b. **Data gaps**: Neither authority can easily track GCP2 completion or impact via their IT systems
- c. **Large siblings’ groups and entrenched intergenerational neglect** requires stronger tools, training, and group supervision.
- d. **Challenges of differentiation between neglect and poverty issue such as poor housing, parenting in B&B, food banks**: Workers across both authorities struggle to ‘confidently’ distinguish the two.

e. **Rurality in Herefordshire in gaining services and capacity in Birmingham:**

Access barriers, reducing services and difficulty sustaining multi-agency presence.

22. Overall, the review supported two very different local contexts with strikingly similar system challenges. Both authorities demonstrate strong commitment, creative practice, and robust partnership engagement, particularly in early help, multi-agency training, and complex case management. However, both face issues with sustainability, data consistency, education engagement, and a continuing pattern (although reducing of repeat neglect cases). The peer discussion was highly reflective, practical, and constructive, surfacing clear opportunities for shared learning - particularly around data, IT systems, professional confidence, and long-term embedding of neglect strategies. Both Local Authorities committed to improve tracking and visibility of GCP2, strengthening engagement with education settings and sharing the positives and evidence base for GCP in schools. It was also agreed to deliver briefings for practitioners on unintentional neglect and strengthen multi agency supervision for complex neglect cases, including the rollout of Family Formulation Meetings in Herefordshire.

23. The focus on neglect will continue within the changes for the Families First Partnership Programme from the Children and Wellbeing Bill 2026 and within the wider partnership, with the strategy due to be refreshed in 2027.

Consultees

West Mercia Police

NHS Herefordshire and Worcestershire Integrated Care Board

Appendices

Appendix A - Scrutiny Update revised slides from Peer Review 022026 final

Appendix B - Focus on Neglect from Natalie Solomon - Associate Director for Nursing Quality and Safeguarding

Background papers and resources

[Child Abuse and Neglect](#)

[HSCP Website](#)

[Graded Care Profile 2 \(GCP2\)](#)

[NSPCC](#)