

Scrutiny Committee Report - Health Focus on Neglect

1. Purpose and Scope

This paper provides a high-level overview of health-sector strengths, emerging improvements, and ongoing challenges in identifying and responding to neglect across the Herefordshire health system. It draws on current practice themes including training, safeguarding supervision, multi-agency coordination and contribution, and the use of audit mechanisms to support safeguarding effectiveness.

2. The Health Role in Neglect Response

Health services sit at a key point in early identification of neglect, due to routine contact staff have with children and families across universal, targeted, and specialist pathways. This includes maternity services, health visiting, school nursing, general practice, community services, and hospital services.

3. Strengths

The health system demonstrates a strong platform for neglect response, with several foundational assets in place:

- **Workforce Development and Training Coverage**-There are 2 GCP trainers in Wye Valley, and health visiting and school nursing teams have established access to neglect and GCP training. Training is supported through regular reinforcement and visibility, including annual review and promotion through conference activity. The growth in practitioners acting as lead practitioners suggests an increasing confidence in risk articulation and case ownership. Trust internal training for neglect and GCP2 that is monitored and tracked indicates movement toward more formal assurance of workforce readiness.
- **Thematic Learning and Practice Development**- Neglect related themes are being actively strengthened through learning reviews and targeted topic focus, which indicates an organisational willingness to translate learning into service improvement. Following learning review outcomes, the presence of a psychologist supporting diabetes related safeguarding reflects purposeful alignment of clinical expertise to safeguarding risk areas, especially where medical neglect is a known concern. Inclusion of neglect and disability focus strengthens a more equitable safeguarding response for children with additional vulnerabilities.
- **Safeguarding Supervision**- The availability of safeguarding supervision across Trust areas suggests that practitioners have structured support for reflection, case direction, and risk escalation key enablers of professional curiosity and consistent threshold application.
- **Think Family and the voice of the Child**- Activity across safeguarding forums supports a broader lens, including attention to parents and carers, family functioning, and disability-Specialist. Paediatric ward staff use a “Voice of the

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Child” toolkit, supporting structured methods to ensure children’s experiences and perspectives inform assessment and care planning.

4. Challenges

Despite the recognised strengths, systemic constraints in primary care are currently limiting the consistency and depth of the neglect response. Short appointment times can reduce opportunities to fully explore family circumstances, ask follow-up questions, and triangulate information, which can in turn affect professional curiosity and early help identification.

General Practice may refer concerns however, the neglect toolkit is not used consistently meaning staff are more reliant on their individual judgement and existing training. Whilst professional judgement remains essential, inconsistent use of tools can reduce the opportunity for the use of shared language and alignment on thresholds across agencies. General Practice also record referrals to children’s services, but these are not routinely coded by category (e.g., type of neglect or presenting concern), which limits the system’s ability to identify trends, hotspots, and emerging risks across localities and population groups.

5. Conclusion

The health system is continuing to strengthen its response to neglect through workforce development and training, safeguarding supervision, thematic learning, and quality governance. We acknowledge that effective safeguarding relies not only on recognising indicators of neglect, but also on consistent referral quality, professional curiosity, multi-agency collaboration, and learning and assurance through supervision and audit. Further improvement is needed to strengthen practice across all pathways, with particular focus on supporting consistent approaches within primary care.