

Ensuring that all children and young people in Dorset, Bournemouth and Poole are safe, and feel safe within their homes, schools and communities.



Pan-Dorset LSCB Multi-Agency Neglect Strategy

2016-2019

1. Introduction

Child neglect is the most common and pervasive type of abuse in the UK today and requires a coordinated and concerted professional response at all levels. The impact of neglect on children and young people is enormous. Neglect causes great distress, physical and emotional harm to children, leading to poor health, educational and social outcomes. In its most extreme form it can be fatal. Children's entitlement to a safe, happy and stimulating childhood is destroyed, their abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and well-being is often compromised and this impacts into adulthood and their ability to parent in the future.

Article 19 of the United Nations Convention on the Rights of the Child states that *Governments must do what they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone who looks after them.*

In March 2014, Action for Children in its paper *Child neglect: the scandal that never breaks* reported some stark statistics:

- One in 10 children suffers neglect
- 73% of UK children know another child who is suffering from neglect.
- One third of professionals felt powerless to intervene when they have concerns about child neglect
- 94% of the public agree people should do something when they are worried about a child but 45% want more information on where to get help

The findings of Ofsted's National thematic inspections of neglect present a mixed picture in respect of the quality of professional responses to neglect. The quality of assessments in neglect cases overall was found to be too variable. Almost half of assessments reviewed either did not take sufficient account of family history or did not sufficiently convey or consider the impact of neglect on the child. The local authorities providing the strongest evidence of the most comprehensive action to tackle neglect were more likely to have a neglect strategy and a systematic improvement programme addressing policy, thresholds for actions and professional practice at the front line.

In 2017/18 Neglect will be one area of focus for Joint Targeted Inspections by the Inspectorates of Education, Social Care, Police, Probation, Health and Offender Management Services.

The purpose of this document is to set out the strategic aims and objectives of the Pan-Dorset LSCBs approach to improving the identification of, and response to neglect. This strategy and work plan identifies key principles under which work around neglect should be undertaken and identifies key priority areas in order to improve response to neglect from all the agencies working with children and families in Dorset, Bournemouth and Poole. This strategy has been developed by multi-agency partners and should be considered alongside other key strategies and procedures, such as Young People's Plans, Early Help Strategies, and the LSCBs' Levels of Need framework. Neglect has been identified as a priority for both LSCBs for 2017/18. This strategy underpins the shared commitment of all partner agencies to work collectively to effectively tackle neglect and improve the quality of children and young people's lives.

2. Definition of Neglect

The definition of neglect from statutory guidance, Working Together to Safeguard Children, Department of Education (2013), is: **‘the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:**

- 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.’

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs’. Determining what constitutes a ‘persistent failure’, or ‘adequate clothing’ or ‘adequate supervision’ remains a matter of professional judgement. Even when professionals have concerns about neglect, research indicates that they may be unlikely to consider how they can help or intervene, apart from referring to Children’s Social Care. Research also indicates that social workers knowledge of child development is not always well developed and that as a result they are less likely to understand the impact of neglect and the importance of timely decision making to avoid significant harm. These factors contribute to neglect not being well recognised and its impact not well understood.

As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term ‘failure to meet basic needs’. These include:

- medical neglect, including dental health
- nutritional neglect
- emotional neglect
- educational neglect
- physical neglect
- lack of supervision and guidance

The age of the child is an important consideration in identifying risk of neglect and understanding its impact. Babies and very young children will have particular vulnerabilities as a result of their age and dependence. For adolescents, risk of harm through neglect can more easily be overlooked and misunderstood and neglect may present itself in different ways.

There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. When practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important.

3. Neglect in Dorset, Bournemouth and Poole

It was agreed by the initial Bournemouth and Poole Task and Finish Group and the LSCB Executive Boards that work needs to be carried out to establish the prevalence and types of Neglect experienced by children in Dorset, Bournemouth and Poole in order to inform development priorities. This has not proved to be an easy task and will need to be part of the focus of the new Pan-Dorset LSCB Neglect Sub Group. Work carried out to date is summarised in Appendix A and will be updated as part of the on-going work of the Group in establishing a relevant, comprehensive data set and outcome measures in this priority area.

4. Prevention of Neglect

A number of factors (social determinates) increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

Child risk factors

- Disability
- Behavioural problems
- Chronic ill health
- Young Carers
- Poor attachments

Parental risk factors

- Poor mental health, especially maternal mental health difficulties
- Drug and alcohol (substance misuse)
- Domestic abuse
- Parents' own exposure to maltreatment
- Lack of experience of positive parenting in childhood
- Isolation
- Learning Disabilities

Wider Determinants of Health

- Poverty
- Unemployment
- Poor social support

The above underlines the importance of both a preventive public health approach and a “whole family” approach that focuses on reducing the risk factors that cause neglect.

Complexities of working with neglect:

Professionals need to consider some of the complexities of working with long standing neglect and factors that arise in this work with families.

- The child's lived experience – observations and understanding of the child's world and their needs is vital in recognising and responding to neglect.
- Disguised compliance – families can become adept at cooperating sufficiently to persuade workers of change
- Reflective supervision is key in neglect cases to bring challenge and for professionals to consider alternative explanations
- Child In Need and Child Protection Plans must be SMART with clear demarcation of professional roles and responsibilities and must be shared and agreed with parents and carers.
- Use of full history and chronologies are essential to effective assessments and planning
- When cases are closed there should be clear contingency planning for agencies to respond if triggers reoccur
- Parental hostility can detract the focus from children's needs.
- Professionals need to be aware of the needs of each child in the family as an individual and guard against focusing on one child who may display more overt signs of neglect
- The root causes of young people's behaviour need to be understood so that the responses of carers and professionals do not confirm young people's sense of themselves as unworthy and unlovable.
- Professionals need to consider all family members in assessment and planning, including men/fathers
- Professionals need to consider how extended family can be involved in supporting plans
- Professionals need to consider intergenerational parenting/life styles to help understand current situations
- Interventions need to be focused, measured and evaluated
- Interventions need to address practical, emotional and social/structural factors
- Where the adults may be self-neglecting, discussion with colleagues in adult services should be considered
- A requirement is set out in the Safeguarding Adults Boards Strategy on Self Neglect for referrals to be made to Children's Social Care where adults who are self-neglecting have children living in the home.

Action for Children¹, state that neglect differs from other forms of abuse because it is:

- Frequently passive
- Not always intentional

¹ Action for Children (2012) Working with neglect; Practice toolkit <http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=12193&p=0>

- More likely to be a chronic condition rather than crisis led
- Combined with other forms of abuse
- Often a revolving door syndrome where families require long term support
- Often not clear cut and lack agreement between professionals regarding the threshold for intervention.

5. The role of Early Help in addressing neglect

The impact of neglect of children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies across Health, Early Years Providers, Children's Centres, Schools/Education, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome, and that they use a "think family" approach (SCIE 2009).

Working Together (2015) requires local agencies to have in place effective assessments of needs of children who may benefit from early help services. In Bournemouth and Poole, agencies should effectively utilise the Early Help Assessment (EHA) to assess unmet needs and a "team around the family" model with a clear plan and identified lead professional to co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a 'Whole-Family' approach owned by all stakeholders working with children, young people and families.

In Dorset, our commitment to this approach is through Family Partnership Zones, in which all agencies supporting children and families play a key role in identifying, assessing and taking early action to prevent neglect from worsening.

Bournemouth and Poole Early Help Strategies and Dorset's Family Partnership Zones provide a comprehensive framework for assessing and responding to emerging signs of neglect in order to prevent escalation of risk and need.

6. Guiding Principles

This Strategy rests on key principles which provide a strategic framework:

- 1) Enabling a shared understanding of neglect where the safety, well-being and development of children is the overriding priority;
- 2) Ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agency's co-ordinated through the EHA, (Early Help Assessment) or Family Partnership Zones;
- 3) Early help is of a kind and duration that improves and sustains the safety of children and young people into the future;
- 4) Sufficient attention is given to specific vulnerability factors for children and young people e.g. low birth weight, disability and age
- 5) Understanding "what works" is critical, therefore the views of children and young people and their families should inform the development and implementation of effective interventions;
- 6) The intervention provided builds resilience within the family so that improvements are sustained and protect children into the future.
- 7) Understanding and responding to parental need via a 'Whole-Family' approach is owned by all partner agencies;
- 8) All agencies consider historical information to inform the present position and identify families at risk of inter-generational neglect;
- 9) Information is shared effectively to inform assessments and evaluations of risk;
- 10) Agencies challenge each other about improvement made by families and its sustainability and the risk of "disguised compliance";
- 11) Interventions with children and young people are measured by the impact on outcomes;
- 12) Suitable statutory action is taken if insufficient progress is achieved and methods have been unsuccessful in addressing levels of risk present;
- 13) Significant regard is given to the overlap between neglect and other forms of child maltreatment such as emotional abuse and the risk associated with domestic abuse and substance misuse.

7. Strategic Aims and Objectives

Four priority strategic objectives have been identified within this Neglect Strategy:

- 1) To secure collective commitment to addressing neglect across all partner agencies and demonstrate effective leadership in driving forward improved outcomes for children and young people at risk from neglect.
- 2) To improve awareness, understanding and recognition of neglect across partner agencies
- 3) To strengthen the prevention, recognition and response to neglect through Early Help before statutory intervention is required.
- 4) To improve the effectiveness of intervention and service provision to effectively tackle neglect.

The actions required to meet these objectives are detailed within the attached work plan.

8. Governance and Accountability

Child Neglect is an identified strategic priority for both Dorset and Bournemouth and Poole LSCBs for 2017-18 as follows:

“To ensure that signs and symptoms of neglect are understood and interventions are timely and effective to prevent harm to children and young people who may be at risk of this”.

A Pan-Dorset LSCB Neglect Strategy working group will drive and oversee the overarching Neglect Strategy and the specific actions within it. This will include monitoring of key outcome indicators within the Impact Report Card.

The LSCB Executive Boards will monitor overall progress against the strategic objectives within the Neglect Strategy and through collaboration and challenge within Dorset and Bournemouth and Poole Children’s Trust Boards.

9. Key Indicators for measurement of the effectiveness of the strategy

It is important that measures of success are established and agreed. Dorset, Bournemouth and Poole LSCBs have developed a series of neglect impact measures to monitor and track the overall impact of this strategy and multi-agency working on neglect. Measures could include:

- 1) % of children who were the subject of a Child Protection Plan by latest category of abuse – Neglect
- 2) % of children with repeat Child Protection Plans where neglect is the category
- 3) % of Children in Need where neglect is the referral category
- 4) % of Children in Need persistently absent from School
- 5) % of medical appointments where children do not attend
- 6) Number of Multi-Agency Safeguarding Hub (MASH) referrals where neglect is a primary concern

It should be acknowledged that in the short to medium term, through improved recognition of neglect, there may be an increase in some of the indicators.

APPENDIX A

Data on Child Neglect across Dorset, Bournemouth and Poole (work in progress as at 30/1/17)

Context:

It was agreed by the Task and Finish Group and the LSCB Executive Boards that work needs to be carried out to establish the prevalence and types of Neglect experienced by children in Dorset, Bournemouth and Poole in order to inform development priorities. This has not proved to be an easy task and will need to be part of the focus of the new Pan-Dorset LSCB Neglect Sub Group. Work carried out to date is summarised in Appendix A and will be updated as part of the on-going work of the Group in establishing a relevant, comprehensive data set and outcome measures in this priority area.

Children's Social Care Data:

Data related to Neglect is only available for children who have gone through statutory Section 47 Enquiries and an Initial Child Protection Conference and been placed on a Child Protection Plan with Neglect as the category of abuse. This will only identify those with the highest level of need/abuse. Figures are difficult to assess on month on month or year basis as there will be repeat plans and children coming on and off plan which will distort the number of actual child cases. The figures below therefore represent a snapshot at the end of March 2016 when the Neglect Strategy was completed by the Task and Finish Group.

At the end of March 2016, data relating to neglect recorded by Children's Social Care services in Dorset, Bournemouth and Poole is as follows:

	Bournemouth	Poole	Dorset
Number of children subject to CP Plans	148	142	421
Number with neglect as a category	61	79	193

Police Data

Since March 2016 Police have been recorded as a crime any concerns reported by CSC that have reached the section 47 threshold, this accounts for the significant recording of neglect crimes. Previously these investigations have been recorded under a safeguarding crime statistic which isn't specific to neglect.

All these cases are reported to the relevant Children's Social Care Single Point of Contact for consideration of proceeding to a Child Protection Conference.

Figures for the period of 2014/15 (calendar year) and 2015/16 (calendar year) are below

2014/15 Recorded Neglect Crimes - 64

2015/16 Recorded Neglect Crimes - 436

It has been noted that the number of reported cases that are classed as crimes meeting the threshold for Section 47 rose significantly in May, June and July 2016 and a possible reason for this is referrals made ahead of the school summer holidays.

Child Neglect is a crime and it is possible to prosecute under Section 1 of the Children and Young Persons Act 1933. This provides that any person aged 16 or over who has responsibility for a child under that age commits an offence if he wilfully assaults, ill-treats, neglects, abandons or exposes that child (or causes or procures him to be so treated) in a manner likely to cause him unnecessary suffering or injury to health.

2016 figures (Dorset Police)

<u>Month</u>	<u>Total Neglect Crimes logged</u>	<u>Crimes logged resulting in ICPC</u>	<u>Crimes logged initiated by SRU</u>
January	11	3	7
February	11	1	5
March	31	13	25
April	38	15	35
May	47	27	44
June	74	51	68
July	93	68	25
August	32	29	31
September	32	29	31
October	21	18	21
November	22	19	21
December	23	12	22
Totals	435	285	335

Further work on data gathering and analysis will be undertaken via the Pan-Dorset Neglect Sub Group.