



**Safeguarding
Children Board**



Neglect Strategy – supporting families and communities to deliver better outcomes 2016 - 2019

**Developing multi-agency approaches to
prevent and respond to parental neglect**

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Foreword

In these times of austerity, where more and more families are dependent upon benefits and services to get by, the pressures on parents and carers are as great as they have ever been. These pressures can cause parental mental health problems, addiction to alcohol and drugs, and domestic abuse. The risk of neglect in childhood increases very significantly when parents and carers are beset by these problems, especially if they persist over time.

Parental neglect of children is one of the major reasons why children in Cornwall become subject to child protection plans and why others can no longer live safely at home with their birth parents. This is the reason why agencies and professionals need to work together to develop a shared understanding of the impact of neglect on children, prevent the risk of neglect, identify neglectful parenting early and take proportionate and effective action to support families to overcome their difficulties or, failing that, to find alternative arrangements for the care of the children.

I am pleased to provide the foreword to this important multi-agency strategy. I urge all agencies and professionals, along with the wider voluntary sector and community, to read the strategy, to sign up to it and to think about how you can make a purposeful contribution to its implementation.

If we know anything, we know that if we work together we can achieve great things for children and young people in Cornwall.

Onen hag Oll – One and All

Councillor Andrew Wallis
Lead Member for Children and Young People

January 2016

Vision

Multi-agency services and the practitioners working within those services are able to recognise and act on signs of neglect that affect children, young people and whole families. The actions they take to support those families improve the wellbeing, health, development and safety of the children and young people, enabling them to remain within their own family.

Family members, care givers and professionals are able to work together as early as possible to prevent neglect; early in terms of the ages of the children and early in the onset of the difficulties that lead to neglect. By working together they ameliorate the negative effects of neglect and support children to achieve better outcomes.

Definition of Neglect

The definition of neglect in Working Together 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)
- protect a child from physical and emotional harm or danger (including domestic abuse)
- ensure adequate supervision (including the use of suitable and safe care-givers)
- ensure access to appropriate medical care and/or treatment

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs”.

[HM Government, *Working Together to Safeguard Children, 2015*]

Neglect can be experienced by a child at any age, including pre-birth. Neglect may be focused on one child in a sibling group. Neglect can be experienced by teenagers.

‘Neglect is relationship led unlike other forms of abuse which is incident led’ (Olive Stephenson).

Parental neglect stems from a lack of attachment, empathy and care for the child. It is rarely willful and can be caused by the pre-occupations of the parent as a result of their own unresolved psychological issues. These issues can include the ongoing impact of their own experience of neglect and abuse as a child or currently as an adult, domestic abuse, learning difficulties, mental health problems, alcohol and drug addiction that leave little room for attentiveness, attunement and care for the child.

It is the parents’ own problems, especially if they are young and vulnerable themselves or victims of domestic abuse, that can distract professionals from the child’s lived experience and over-optimism about the impact of the neglect on the child, the capacity of the parent to change, the degree of change and the sustainability of any change.

Recognising neglect and taking action

It is crucial that neglect is recognised as early as possible and action taken. Appendix 1 contains a Practitioner's Guide to recognising neglect and action to be taken. This document was presented for feedback at the March 2015 multi-agency conference on neglect in Cornwall as well as to the Children's Trust Board and Local Safeguarding Children Board.

See also the Cornwall & Isles of Scilly Safeguarding Children's Board *Threshold Guidance document* and standards for making a *Referral to the Multi Agency Referral Unit (MARU)*.

Early Help

The principles outlined in Cornwall's 'Early Help Strategy - delivering better outcomes' also underpin Cornwall's approach to preventing, identifying and responding to the neglect of children and young people.

Key Drivers

National Context

Nationally, neglect continues to be the main risk factor that requires children to have a multi-agency child protection plan in place. Neglect has been identified as a major causal factor in a number of Serious Case Reviews and a risk area that has not always been identified in a timely way or responded to effectively.

Neglect has become a focus for academic research into causal and ameliorating factors and into the actions of practitioners who are responsible for safeguarding children.

Local Context

The number of children who are the subject of multi-agency child protection plans in Cornwall is around 430. This is a rate of 39 per ten thousand of the child population. This is in line with statistical neighbours. There are 258 children who have child protection plans as a result of neglect. This equates to 60% of all the children in Cornwall with child protection plans. When emotional abuse is added (98) this equates to 83%.

Key Partners and Stakeholders

Children, young people and their parents /carers, wider family and community are central in keeping children safe from neglect.

Individual agencies and agencies working together in multi-agency partnerships are charged with safeguarding children from neglect (Working Together 2015)

Those signed up to this Strategy through the Local Safeguarding Children Board and the Children's Trust Board are:

- Cornwall Council
- Cornwall Association of Primary Heads
- Cornwall Association of Secondary Heads
- Colleges of Further and Higher Education in Cornwall
- NHS Kernow

- NHS England-Devon and Cornwall Area Team
- Cornwall Partnership Foundation NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Peninsular Community Health
- Cornwall Housing
- Devon and Cornwall Constabulary
- Devon and Cornwall Probation Trust
- Cornwall Community Safety Partnership
- Youth Offending Service
- Careers South West
- A wide range of Voluntary and Community Sector Groups providing services in Cornwall
- A range of commissioned and contracted services

Top twelve expectations in responding to neglect

- 1) Any support or intervention must be aimed at improving the lived experience of the child or young person, and in reducing and eliminating the impact of neglect on their welfare and safety, whilst aiming to keep that child or young person within their family or wider family network.
- 2) Childhood neglect is a priority for multi-agency co-operation, input, action and planning [see Working Together 2015].
- 3) Early help should be available to children, young people and families, so that neglect can be reduced and eliminated, both early in its onset and early in the life of the child or young person [see multi-agency Early Help Strategy].
- 4) Professionals should have the knowledge and skills to recognise the signs and symptoms of neglect, and in seeking timely help and contributing to the individual plan for those children and young people experiencing neglect [see Appendix 1: Practitioner Guide to Neglect, September 2015].
- 5) As part of an Early Help response, parents and care-givers to a child who may be showing signs of experiencing neglect, but the neglect is not yet "serious and persistent" (WT 2015), will be offered the opportunity to take part in a Family Group Conference. This will aim to mobilise support for that child/children from their wider family network and from family friends. This could include a parenting skills programme.
- 6) Standardised tools will be available to undertake multi-agency assessment and analysis of neglect and its impact on the child. Consideration will also be given to introducing the Salford Graded Care Profile – specifically for assessing neglect [see LSCB Framework for Assessment; Home Inventory; Parental Drug and Alcohol Use; and Parental Wellbeing tool].
- 7) Analysis of the impact of neglect on a child or young person will be underpinned by reference to up-to-date theory and research. This will include reference to on-line resources which include Community Care Inform (CCI) and Research in Practice (RiP).

- 8) Action to reduce the impact of neglect on a child or young person will follow statutory guidance [see Working Together 2015]. Multi-agency planning for a child believed to have suffered neglect, or who is at risk of neglect, will be based on the systemic modes of Signs of Safety'. [see Signs of Safety website].
- 9) Parents and carers will be given appropriate support to assist with personal difficulties. Their parenting capacity may be affected, for example, by alcohol and substance addiction, mental health difficulties domestic abuse or issues of learning difficulties or disabilities. Support may also be requested from adult services, where the parental difficulties are impacting on their ability to meet the needs of their child(ren) [see Protocol for working with parents who have mental health difficulties and Protocol for working with parents who have a learning disability].
- 10) Formal action to protect a child or young person who has suffered neglect, or is likely to suffer neglect, will include seeking legal advice, where the full range of legal options and orders available will be considered [see Legal Advice and Planning].
- 11) Reference will be made to the learning from both local and national Serious Case Reviews, where children or young people have been seriously harmed, or who have died, as a result of neglect. Learning will be incorporated into practice development and improvement.
- 12) The Professional Capabilities Framework for social workers will be used to guide the learning and development programmes which support practitioners in identifying and tackling neglect of children in Cornwall.

Performance Measures and Priority Areas for Action

Performance measures are set for the different Tiers of help and protection.

Tiers 1-2 – Universal and Early Help Services

- 1) Neglect is identified at an early stage in the onset of the difficulties and in the age of the child. This requires neglect to be identified by all practitioners involved with the child and/or their parents/carers, the risk factors, signs and symptoms are recognised and the impact of neglect on a child is understood, both in the short term and the impact of 'hidden harm' in the longer term.

Action:

- The Local Children's Safeguarding Board and the Children's Trust Board will take the lead in ensuring that practitioners have the required knowledge and skills. Training sub group to ensure training on neglect is part of the annual programme. April 2016.

Performance Measures will include:

- a. The timeliness of referral/escalation of cases to Tier 2 via the Early Help Hub, including evidence of consultation with Early Help services and multi-agency contributions to early help plans.
- b. Quarterly data to be produced and analysed as part of the referral process to the Early Help Hub. Review September 2016.

- 2) Increasing parental ability to understand the effects of neglect on their child and the way that parents can engage in the cycle of positive change to improve the lived experience and outcomes for their child.

Action:

- Responsibility for assisting parents with understanding the effects of neglect will be undertaken by the Senior Managers for Early Help and Senior Manager(s) responsible for Health Visiting, Family Nurse Partnership and School Nursing. This will also specifically involve Children's Centres, Childcare Providers, Nursery and Primary Schools.

Performance Measures will include evidence that-

- a. Staff members in the above settings have the appropriate training in understanding neglect and its impact on a child. Include in supervision, annual appraisal targets and learning and development plans. April 2016.
- b. 'Initial responders' are signposting parents/carers and children and young people to appropriate local support services that are available from the statutory and the voluntary sectors.
- c. Practitioners are skilled and able to speak to parents and carers and to have difficult conversations that raise the issues and concerns with them, both about parenting capacity and about the impact of their behaviours on the welfare and safety of their child.

- 3) Assessment, engagement and interventions are effective. This requires practitioners to have appropriate assessment and practice skills.

Action:

- Lead responsibility for practice development will be taken by the Senior Manager lead for Early Help together with the Principal Child and Family Social Worker for children's social work.

Performance Measures will require evidence of:

- a. Core training and skills acquisition in the following areas- Motivational Interviewing, Family Partnership Model, Parenting Skills and appropriate referral to Video Interactive Guidance and Family Group Conferencing. Include in annual appraisal reviews and professional development plans. April 2016 onwards.

- 4) Collection and analysis of reliable data about the prevalence and nature of neglect.

Action:

- Lead responsibility will be undertaken by the Senior Manager for Business Support, Cornwall Council.
- The data will inform the Children and Young People's Plan and the Joint Strategic Needs Assessment.

Performance Measures will demonstrate:

- a. Data collection from existing electronic records.eg number of children who have child protection plans by category and team; length of time on a plan; repeat child protection plans;
- b. Data analysis
- c. Quarterly reporting of the above data and dissemination to the Team Managers.

d. Data will also be linked to legal services information regarding cases that have been escalated into public law proceedings.

Tier 3 – Specialist Services including children’s social care

- 1) Timely referrals are made to children’s social care via the MARU or cases are ‘stepped up’ on the basis of unmitigated or escalating concerns about ‘serious and persistent neglect’ and this uses the ‘building on...’ approach, not a ‘start again’ approach to assessment and intervention.

Action:

- Children’s social care take lead responsibility for the assessment, intervention, planning and review for children, young people and families.
- Senior Operational Managers, the Senior Safeguarding Manager and the Principal Child and Family Social Worker will quality assure practice in neglect cases.

Performance Measures will include:

- a. Evidence of the incorporation of information from previous assessments and interventions, evaluate ‘what works’/ ‘has worked’, describe and analyse impact on the child and demonstrate a reduction of risk and harm.
- b. Show understanding of the child’s lived experience over time and the research on interventions in neglect cases (eg Horwath)
- c. Evidence of effectiveness will be checked through regular single and multi-agency audit. This will be monthly for peer audits by Team Managers and quarterly for multi-agency audits.

- 2) Re-referrals and second or subsequent child protection plans resulting from neglect are reduced.

Action:

- Appropriate Team Manager is responsible for audit and recording findings on the child’s electronic record in case notes regarding the reasons for the further period requiring a child protection plan and any shortfalls which need to be addressed from the previous practice.

Performance Measures will include:

- a. Evidence appropriate audit as above as a result of weekly core data reporting.
- b. Collate and report information in aggregate format and identify any themes for action.

- 3) Intervention to stop or ameliorate the harmful impact of neglect on a child should be within the child’s timescales, proportionate and should take into account the child or young person’s age and development.

Action:

- Team Managers and Senior Operational Managers are responsible for the quality of practice and the effectiveness of interventions.

Performance Measures will evidence:

- a. That appropriate intervention includes the taking of legal advice and follow up with a Public Law Outline Meeting.

- b. Any written agreement details the positive outcomes and improvements to be made for the child by the parents/carers.
 - c. Any plan contains outcomes that are measurable, are personal for an individual child and includes interim goals/ improvements for the care and safety of the child.
 - d. Any plan indicates actions and outcomes for parents where they have particular needs, such a learning disability or a mental health difficulty.
- 4) A practice review must occur at the 6 month stage that evaluates what progress if any has taken place in reducing risk and in safeguarding a child subject to a child protection plan.

Action:

- o Team managers and social workers will review the case of each child subject to a child protection plan.

Performance Measures will evidence:

a. A reflective supervision episode will be undertaken and recorded on the child's electronic record. This will focus on the progress of the child, will address continuing risks, including exposure to neglect and devise steps to reduce these risks.

5) A toolkit will be collated for practitioners to use in relation to neglect.

Action:

- o Senior Operational Managers/SMT to designate key working documents which will be utilised and evaluated.

Performance Measures will evidence:

a. Utilisation of assessment tools in particular the Salford Neglect Scale and evaluation of this tool with Team Manager and Principal Social Worker feedback.

Governance and Consultation

This is a multi-agency Strategy agreed by the Children's Trust Board, and endorsed by the Safeguarding Children Board. The Children's Trust Board oversees the implementation of the Strategy and the Teview of its effectiveness.

Evaluation and Review

The implementation of the Strategy and the effectiveness of the actions in achieving the intended outcomes will be reviewed and reported annually.

Jane Hampton
Senior Manager
Early Help and Protection Services (East Cornwall)

January 2016

NEGLECT – A PRACTITIONER’S GUIDE

1. What is neglect?

Neglect 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)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of adequate 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’.

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‘Neglect is relationship led unlike other forms of abuse which is incident led’ (Olive Stephenson).

Parental neglect stems from a lack of attachment, empathy and care for the child. It is rarely willful and can be caused by the pre-occupations of the parent such as their own psychological issues. These issues can include the ongoing impact of their own experience of neglect and abuse as a child or currently as an adult, domestic abuse, learning difficulties, mental health problems, alcohol and drug addiction that leave little room for attentiveness and care for the child.

It is the parents’ own problems, especially if they are young and vulnerable themselves or victims of domestic abuse, that can distract professionals from the child’s lived experience and over-optimism about the impact of the neglect on the child, the capacity of the parent to change, the degree of change and the sustainability of any change.

2. How to recognise neglect

Some examples of neglect in physical care:

- 1) The mother is not taking care of her physical health during pregnancy and does not appear to care how this impacts on the health of her baby.
- 2) The father/partner continues to abuse the mother, careless of the detrimental impact on the baby.
- 3) The child or young person frequently looks unkempt and has poor personal hygiene.

- 4) There is unnecessary exposure to the cold due to a lack of warm clothing and bedding.
- 5) The child or young person has unclean, ill fitting, unsuitable clothing.
- 6) The child or young person is being given food that lacks nutrition or is being under or over fed.
- 7) Regular dental checks are missed causing signs of decay.
- 8) Medical appointments or follow up on treatment are missed when needed.
- 9) The parents appear unconcerned about the physical safety of the child, there is a lack of supervision or inappropriate carers.
- 10) The child or young person has frequent accidental injuries.

Some examples of neglect in development/opportunity to learn:

- 1) The parents/carers do not provide toys, or other forms of mental stimulation including play.
- 2) Attendance at nursery/school is irregular and children are often late.
- 3) The parent/carer does not visit or communicate with the nursery/school.
- 4) The parent/carer restricts opportunities for play and to develop social skills when their own needs come first.
- 5) The parent/carer limits support with reading, writing and learning at home as their own needs come first.

Some examples of neglect in emotional wellbeing and mental health:

- 1) The parent/carer is unavailable to the child, appears pre-occupied with their own concerns or problems and does not attend to the child's triggers for interaction.
- 2) The parent/carer appears cold, there is low emotional warmth and/or physical comfort.
- 3) The parent/carer has unrealistic expectations of the child's abilities, is harshly critical of the child, frequently shouts at the child or loses control of their own emotions.
- 4) There may be lots of changes in the quality of care and an environment that creates psychological and/or behavioural problems in the child.
- 5) The child craves attention from others and may seek this from strangers.
- 6) The child or young person lacks stable and secure friendships.
- 7) The child or young person expresses feelings of worthlessness which leads to carelessness of their own safety, sadness and anger.

Some examples of being unsafe due to neglectful care:

- 1) Boundaries are inconsistent or absent.
- 2) Children are regularly left unsupervised at home, i.e. in the bath, or in the community, even for short periods.
- 3) There is a failure to recognise or take action to ensure children are supervised by trusted and known adults.
- 4) There is a failure to recognise or take action when a child or young person is exposed to an unsafe adult or behaviours.
- 5) There is a failure to help the child or young person understand danger and risks to them from an unsafe home environment, or in the community from strangers, road safety, exposure to drugs and alcohol, fire and water hazards.

- 6) There is a failure to recognise and take action when a child or young person is exposed to social media without adequate parental controls.
- 7) There is a failure to recognise or accept challenge about the impact of poor parenting on the child's welfare, development and safety.

3. The impact of neglectful parenting/care

Babies under 1 year are statistically at increased risk of dying from neglect.

0-5 years:

- Failure to thrive
- Developmental delay, not meeting milestones
- Pale skin, poor hair and skin condition
- Under stimulation; head banging, rocking
- Language delay
- Emotional, social and behavioural difficulties
- Frequent attendance at GP/hospital
- Frequent and persistent minor injuries or infections
- Problems with attachment (all ages)

5-11 years:

- Poor record of attendance at school
- Poor concentration and achievement in school
- Poor physical co-ordination/dexterity
- Speech and language delay
- Emotional, social and behavioural difficulties
- Defiant/withdrawn/aggressive
- Frequent attendances/admissions to hospital
- Appears isolated or struggles to make and keep friendships
- Problems with taking turns and negotiation
- Is bullied or bullies others

11-18 years:

- Resistant/failure to learn
- Poor motivation
- Socially isolated/poor peer relationships
- Poor self-esteem and confidence
- Feelings of low self-worth and alienation
- Increasingly risky behaviour/carelessness about own safety
- Increasingly high risk anti-social behaviour
- Potential for self-harm/ substance abuse

Some long-term effects of untreated or non-compensated neglect

- Taking it out on yourself
- Taking it out on others
- Problems with intimacy and separation
- Attachment issues
- Eating and sleeping disorders
- Emotional wellbeing and mental health problems
- Addictions
- Self-harm
- Anti-social behaviours
- Criminality and violence
- Suicide

4. Responding to Neglect

If you believe that a child is being neglected or at risk from being neglect, then you must act to safeguard that child in the same you would for any risk of harm to the welfare and development of the child. It is vital that you develop an authentic picture of the child's lived experience and that you can describe accurately what it is like for the child to be cared for in this way. It is important that you do not under-estimate the long-term harm caused by neglect. It is important that you are respectfully sceptical about the commitment and capacity of parents to change. You need to beware disguised compliance by parents who are challenged about the impact of their neglectful parenting on the child. It is important not to be over-optimistic about the level and sustainability of any change. It is important that you consider the child's timescales when setting out a plan of help and protection. In some circumstances, such as extremely poor home conditions you may need to act immediately.

You should be accessing Community Care Inform to be clear in your assessment about the impact of neglect upon this child.

You should be open and honest with the parents about your concerns for the child's welfare and development. You need to gauge whether they genuinely accept your concerns and those of other professionals. You need to gauge their commitment, motivation and capacity to change. If you do not have trust and confidence in their commitment, motivation and capacity to change within the child's timescales you need to discuss the case with your manager, seek legal advice and consider a Public Law Outline (PLO) meeting.

If you have trust and confidence in their commitment, motivation and capacity to change you need to ask them what would help them to improve the quality of their parenting and what outcomes for the child need to be achieved. You should consider a Family Group Conference to see what support can be drawn from the wider network of family and friends. This will also help to identify alternative carers should the plan fail to achieve the intended outcomes. You need to be clear about timescales and milestones for improvement. You need to spell out what will show evidence of improvement. You need to provide this in written form so that everyone is clear about what is expected.

You need to have a robust contingency plan for the care of the child in case the support plan and the efforts of the parents fail to achieve the intended outcomes for the child.

Consideration should be given to initiating proceedings should the parents fail to co-operate meaningfully or the level of neglect persists or escalates.

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Publication date:

February 2016

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