

Neglect Strategy

2015-2018

Wiltshire Safeguarding
Children Board and
Wiltshire Children's Trust

Draft for Consultation

CONTENTS

1. Purpose.....	3
2. Context	4
2.1. What do we mean by neglect?	5
2.2. Characteristics which increase the likelihood of neglect	6
2.3. The Wiltshire picture	8
3. The role of Early Help in addressing neglect.....	11
4. Strategic aim and objectives	13

Draft for Consultation

1. Purpose

This is the joint Wiltshire Safeguarding Children Board and Children's Trust Neglect Strategy. The purpose of the strategy is to set out the strategic aims and objectives of Wiltshire's approach to tackling neglect. The Strategy will identify key priority areas of work in order to improve our response to prevent, reduce and manage the effects of neglect on children, young people and families.

The proportion of children and young people who experience neglect remains unacceptably high, both nationally in the UK and locally in Wiltshire. Neglect is unacceptable first and foremost because it can do profound and lasting damage to the lives and potential of children and young people, but also because it is within our power to do something about it.

We believe it is important that all professionals working with families are:

- Confident to recognise when something may not be right
- Confident that the systems are in place to support families from an early stage
- Confident to share any concerns
- Confident that concerns will be responded to and result in a timely and appropriate joined up way of working which ensures children and young people are protected.

Effectively tackling neglect is a priority for both the Wiltshire Safeguarding Children Board and the Children's Trust. We are dedicated to improving outcomes for children and young people in line with the Wiltshire Council vision to create stronger and more resilient communities. Our vision in Children's Services is: "One joined up approach to making a positive difference to outcomes for Wiltshire's children and young people, ensuring they are safe and have high aspirations". This vision underpins our work and provides a clear focus to the actions we take.

Governance will be provided by the Children's Trust Commissioning Executive and the Wiltshire Safeguarding Children Board, jointly. The Trust Commissioning Executive will monitor progress against the strategic objectives, quarterly, and the Safeguarding Children Board will challenge the Trust on the effective delivery of the strategy through regular progress reports. This strategy should be considered alongside the Multi-Agency Threshold Document and the Early Help Strategy.

**Consultation question 1: Do you agree with the purpose for this Strategy?
If not, what do you think should be added / changed?**

2. Context

The Ofsted themed report “In the child’s time: professional responses to neglect” highlights that local authorities providing the strongest evidence of the most comprehensive action to tackle neglect are more likely to have a neglect strategy and a systematic improvement programme addressing policy, thresholds for actions and professional practice at the front line.

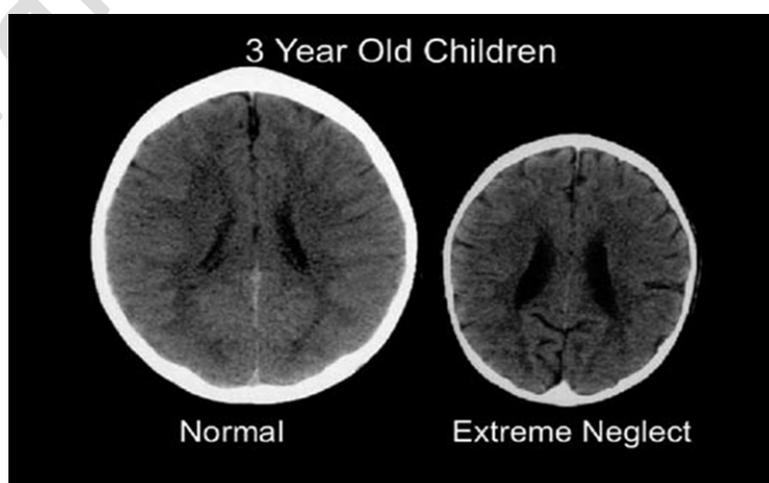
Neglect is a complex issue and differs in type, frequency, severity and impact. It is likely to be a feature in all types of abuse or harm to a child whether as a result of physical, sexual or emotional harm; and can be an act of omission or commission. Neglect was found to be the most prevalent type of maltreatment in the family for all age groups - 5% of under 11s, 13.3 % of 11–17s and 16% of 18–24s had been neglected at some point in their childhoods. The rates reported are in keeping with high levels of neglect found in official records of child protection registrations and some other surveys (Radford et al 2012). Neglect is more likely to be a chronic condition rather than crisis led.

The impact of neglect on children and young people is considerable – neglect causes emotional distress and can lead to poor health, educational and social outcomes. Neglectful experiences, particularly in infancy and the first three years of life, can have lasting effects:

“Neglect, the wrong type of parenting and other adverse experiences can have a profound effect on how children are emotionally ‘wired’. This will deeply influence their future responses to events and their ability to empathise with other people.’

(Allen,G 2011)

The diagram below shows the impact of neglect on a young child’s brain development:



Perry BD (2002)

Recognising neglect early and providing an effective response is vital in providing families with the help they need. Research and literature has captured the high levels of anxiety that practitioners feel when working with neglected children and young people. Furthermore, it is recognised that practitioners, particularly those working in universal services (early year's settings, schools, Health Visitors, GPs) are unsure about the point at which something has to be done. Research has also shown that in the majority of serious case reviews, neglect is found to be a background factor.

Professional values can inhibit the ability to recognise neglect and intervene appropriately, particularly due to a fear of imposing a professional's own personal values on families. Professionals can also become de-sensitized to neglect through working with many families where parents are struggling to provide an appropriate level of care.

It is crucial that we are aware of the danger of drift and the rule of optimism in neglect cases and that we recognise the cumulative effect of neglect on children and young people's physical and emotional wellbeing.

2.1. What do we mean by neglect?

The definition of neglect within 'Working Together to Safeguard Children', March 2015, 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); or
- ensure access to appropriate medical care or treatment.

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

However neglect can be difficult to define in families because the translation of the definition into practice is based on personal perceptions of neglect. This includes what constitutes "good

enough” parenting. Deciding if a child is neglected can be very hard - even for a trained social worker - and it's natural to worry that you may be mistaken. Some parents and carers simply need more resources and support to properly care for their children, but some have more complex problems. In both cases they need help from professionals (Wiltshire Multi Agency Threshold Document 2014).

2.2. Characteristics which increase the likelihood of neglect

Neglect is experienced by children and young people regardless of gender, race, ethnicity or economic status.

However, a number of factors (or social determinants) increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

- Child risk factors
 - Children born prematurely or with low birth weight
 - Poor or insecure attachment
 - Special education needs and disability
 - Behavioural problems
 - Chronic ill health
 - Children and young people who provide care for someone in their family
 - Children and young people with a parent in prison
 - Runaways.
- Parental risk factors
 - Mental ill health, especially maternal mental ill health
 - Physical ill health
 - Parental disability, including learning difficulties
 - Drug and alcohol misuse
 - Domestic abuse and /or family violence
 - Parents’ own exposure to maltreatment, unstable, hostile and non-nurturing childhoods
 - o Parent’s own history of disrupted or discordant relationships in adulthood

- o Lack of experience of positive parenting in childhood
 - o Multiple co-habitation and change of partner
 - o Low family income
 - o Low employment status
 - o Single parenting
 - o Teenage pregnancy.
- Wider health determinants
 - Poverty
 - Unemployment
 - Poor social support
 - Rural isolation.

It is important to acknowledge that neglect can occur in families that are materially advantaged and are meeting a child or young person's physical needs but where the child is emotionally neglected.

Consultation question 2: Have we listed all of the key factors and characteristics which increase the likelihood of neglect? If not, what do you think needs to be added?

2.3. The Wiltshire picture

Contextual data: Wiltshire, Statistical Neighbours and England

		2012/ 13	2013/ 14	YTD 2014/ 15	2014/ 15 Target	Eng avg 2013/ 14	Stats neigh Avg 2013/ 14 (good +)
Indicators that focus on initial access							
1.	Rate of children in need per 10,000 under 18	208	279	299	260-	346	292 (264)
2.	Rate per 10,000 initial child protection conferences	4 6	5 4	5 5	45-50	57	50 (48)
3.	Ceasing to be subject to CP plan during the year rate per 10,000	2 2	4 3	4 8	45-50	47	40 (36)
4.	Number of children with child protection plan for over 2 years at end of period	4	8	4			
5.	Number and % children subject of child protection plan within 2 years of last plan	1 9	2 5	3 4	5%		

Wiltshire Early Help data

Note this is from a sample only. Almost half of the sample were step downs from social care - so just over half were CAFs where early signs have been spotted and just under half were where the level of concern about parenting capacity has reduced to a point that social care can support a transition to early help services.

CAF sample (2 September 2014 to 11 June 2015)	270	
No. of CAFs with low/emerging neglect	32	12%
Breakdown:		
Of those, no. for children from Troubled Families:	5	16%
No. stepped down from social care:	14	44%
Male:	15	47%
Female:	17	53%
Under 3:	6	19%
Aged 5 or under:	10	31%
Aged 6-11:	13	41%
Aged 12-18	9	28%
		100%

Wiltshire social care data

At the time of writing this strategy there were 1228 Child In Need cases in Wiltshire where neglect factors are identified, of these:

- 19% (238) are aged under 3
- 48% male
- 48% female
- 4% unborn
- 5 % are 'Troubled Families'
- 50% of cases are open for 0-3 months with 82% open for 12 months or less, 7% of cases are open for over 36 months.

At the time of writing 295 children in Wiltshire were subject to a Child Protection Plan under the category of neglect of these:

- 28% (54) are aged under 3
- 52% are male
- 46% are female
- 2% are unborn
- 100% are 'Troubled Families'
- 16% have been open for 1-2 years
- 2% have been open for 2 years or more.

1059 Referrals have gone on to Single Assessment with neglect identified (in past 6 months) breakdown by referring agency:

- 381 Police
- 220 Schools
- 85 Individuals, including families and self referrals
- 78 A&E and GPs
- 77 Health Services including health visitors and school nurses
- 64 Local Authority services including YOT
- 53 Voluntary organizations, e.g.

- 44 Education services
- 34 Anonymous
- 12 legal e.g. CAFCASS, prison, immigration etc.
- 11 Housing.

Draft for Consultation

3. The role of Early Help in addressing neglect

The impact of neglect on children and young people is cumulative and advances gradually and subtly over time. There is therefore a need for agencies to intervene early to prevent harm.

It is important that all agencies are able to identify emerging neglect issues and seek to address them as early as possible – including mid-wives, health visitors, schools / education, police, probation, housing, adult mental health services, voluntary and community organisations.

The Early Help CAF is a useful tool in recognising and highlighting neglect. The specific recording of neglectful behaviour and the appropriate actions linked to it means that a true picture of persistent neglect can be created and help provided early with the presenting issues.

Universal services have an important role in identifying the early signs of neglect. It is argued that health visitors and early years workers are ideally placed to explicitly 'scaffold' parents to adopt a reflective stance when trying to make sense of their infant's behaviour. The Healthy Child Programme provides a framework for health visitors to identify early signs of risk and need and The Code for Nurses and Midwives includes a priority to 'raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection'. School staff spend more time with some children than the parents and have a clear role in safeguarding children.

The Wiltshire Children's Trust and Wiltshire Safeguarding Children Board's Early Help Strategy sets out the improved outcomes we want to see for children and young people. We want our children and young people to receive the right help at the right time and providing help early can assist with managing risk and prevent children and young people from harm and potentially requiring statutory and specialist support.

'Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so coordinating their work is important to reduce inefficiencies and omissions.'

The Munro Review of Child Protection: Final Report, A child-centred system, Professor Eileen Munro, May 2011

The Wiltshire Safeguarding Children Board and Wiltshire Children and Young People's Trust Multi-Agency Thresholds for Safeguarding Children and Young People (December, 2014) includes a focus on neglect.

The focus on neglect describes how neglect is not easy to identify as it is unlikely to be a singular event or behaviour that causes concern. Professionals should always consider the impact on the child of particular issues - busy family homes are often untidy or in need of a vacuum; children get nits and their clothes become dirty so families may need additional help but the impact on the child of this may be minimal and the parenting 'good enough'. If, however, cumulatively the signs point to a persistent problem or a professional considers the immediate situation or impact on the child if the matter isn't addressed in a timely way means the child is at risk of harm, then the professional must take action.

For older children risk-taking behaviour or self-neglect may be the presenting issue and the young person may not give consent to share information with other agencies or recognise that their behaviour is placing them at risk. However, these young people will also be in need of support and protection, and consideration of a referral to an appropriate agency may be necessary whether or not the young person provides consent. The thresholds guidance sets out how professionals should always work to their agency guidance and the multi-agency Wiltshire Safeguarding Children Board (WSCB) guidance on information sharing and discuss their concerns with their agency safeguarding lead.

4. Strategic aim and objectives

The aim of this strategy is to ensure early recognition of neglect and improve agency responses.

The core objectives are as follows:

1. **Raise awareness of the potential impact of neglect across the multi-agency partnership and maintain a collective commitment to addressing neglect - amongst children's services staff and staff who work with parents who have difficulties (e.g. mental health problems).**

In order to do this, we need to:

- Understand the importance of secure attachment;
- Understand the prevalence of neglect;
- Ensure professionals understand the signs of neglect by improving multi-agency training;
- Improve the awareness and understanding of neglect and thresholds for intervention across whole partnership;
- Hold the child in mind and consider what life is like for this child so that their experience drives planning;
- Review our practices around recording of home visits and ensure all recording recognises the importance of using chronologies;
- Assess how well the escalation policy is being used in neglect cases across the partnership;
- Use the Family Needs Health Assessment (Graded Care Assessment) which offers an objective framework for making timely assessment of both the scale and type of neglect and acts as a change enabler for families;
- Review our commissioning, performance management and quality assurance of all providers who work with families where there is risk of or actual neglect.

2. Safeguard children and young people living in situations where there is risk of neglect; and provide appropriate intervention and support services to reduce the risk of harm and prevent statutory intervention.

In order to do this, we need to:

- Build on our current Troubled Families work and ensure that effective early help services are available;
- Ensure that services with a focus on supporting adults with difficulties such as mental health problems or substance misuse fully understand the need to raise any concerns about parenting capacity;
- Ensure the children's workforce is properly skilled and confident in order to be able to identify and act on indicators of neglect in the families they work with;
- Facilitate all services to share relevant information and collaborate to ensure accurate assessments and the early identification of needs.

3. Safeguard children and young people living in neglectful situations, where the threshold for statutory intervention has been met.

In order to do this, we need to:

- Build on the Joint Working Protocol between Adult and Children's Service which aims to provide professionals with the knowledge they need to ensure that assessment and support are available for adults and children, so that children in these families can be safeguarded;
- Develop and implement practice guidance which might include indicators /characteristics of neglect by age of child;
- Improve the timeliness and quality of single assessments where chronic or persistent neglect is a factor;
- Improve the quality of Child In Need and Child Protection plans where chronic or persistent neglect is a factor;
- Ensure the completion of significant incidents chronologies on all chronic or persistent neglect cases;

- Ensure assessments and interventions are dynamic, purposeful and comprehensive in all chronic or persistent neglect cases, focusing on all the issues;
- Ensure the experience of the child is given paramount consideration by child protection chairs and social workers in chronic or persistent neglect cases;
- Ensure social worker intervention is making a difference to children and young people where chronic or persistent neglect is a factor by applying a 'so what?' judgment in analysis;
- Engage social care professionals with the training and provision of advice to partners to help professionals regarding chronic patterns of abuse or neglect.

Consultation question 3: Do you agree that these are the core objectives? Do you have any amendments or additions to add to the objectives and / or the key actions?

We will establish a set of indicators to demonstrate the effectiveness of this Strategy and its implementation, which will include:

- Number of re-registrations of child protection plans under the category of neglect;
- Number of families engaged with NSPCC Baby Steps;
- Number of repeat referrals;
- Persistent school absenteeism;
- Number of exclusions due to poor behaviour;
- Number of looked after children;

- Number of open Early Help CAFs completed per agency;
- Number of referrals to children's social care with neglect identified;
- Number of CIN, CPP and EH CAF where neglect identified as an issue;
- Public Health data relating to child development and causes of delayed development;
- What children, young people and their families tell us;
- Staff confidence in recognising and acting upon the signs of neglect.

Consultation question 4: Do you agree that these are the core indicators? If not, what do you think needs to be added?

References

Allen, G (2011) Early Intervention: The Next Steps. <http://grahamallenmp.wordpress.com>

Munro, E (2011) The Munro Review of Child Protection: Final Report, A child-centred system

Perry BD (2002) Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. *Brain and Mind*, 3: 79–100.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., Collishaw, S. (2012) Child abuse and neglect in the UK today. NSPCC. Available at www.nspcc.org.uk/research

Underdown, A. (2013) Parent-infant relationships: Supporting parents to adopt a reflective stance
Journal of Health Visiting Volume 1 Issue 2: 76-79.

Draft for Consultation