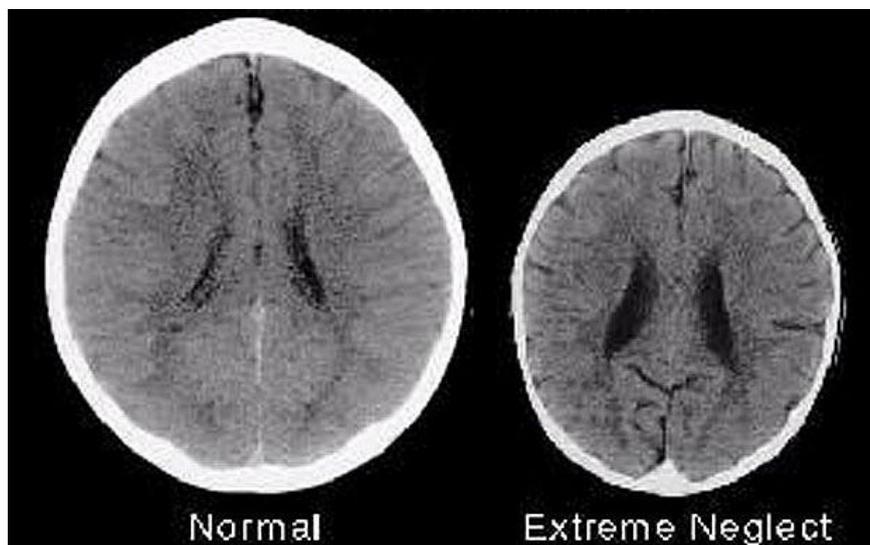


Redcar and Cleveland Safeguarding Children Board



Neglect Strategy 2017-2020



A scan depicting the brains of three year old children (Graham Allen MP 2011)

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1. PURPOSE OF THE NEGLECT STRATEGY

This document sets out Redcar and Cleveland Safeguarding Children Board (RCSCB) strategic objectives in its approach to tackling neglect. It states the key principles under which work around neglect should be undertaken and identifies priority areas of work in order to improve the multi-agency response to neglect. It provides an opportunity to draw together strategic through to operational management of these inter connected activities.

The Neglect Strategy should be read alongside other key strategies, policies and procedures such as the [Providing The Right Support to Meet a Child's Needs in Middlesbrough and Redcar & Cleveland](#), Early Help Strategy, [Local Assessment Framework](#), [Tees Local Safeguarding Children Board's Procedures](#), and the Graded Care Profile tools that are being introduced. In 2014, Ofsted published [In the child's time: professional responses to neglect](#). This study of professional responses to neglect, found consistency in standards and practice occurred more often where authorities had adopted models of assessment with clear theoretical foundations. Standardised, structured approaches such as the Graded Care Profile and Signs of Safety were valued by social workers who felt that these tools helped them to analyse different aspects of neglect and produced better assessments and more informed support and protection plans.

It is expected that emerging or refreshed, relevant agency policies and procedures will take into account the strategic priorities identified within this document. Agencies internal procedures or delivery plans in relation to neglect should work within the same strategic objectives and adhere to the definition and guiding principles contained within the strategy.

2. INTRODUCTION

Improving the early identification of and response to neglect is a key priority for RCSCB and was clearly identified in the RCSCB Business Plan. It was prioritised due to the recognition of its prevalence in Child Protection Plans and the requirement for all agencies to identify children and young people at the earliest point whose needs may be neglected by their parents / carers.

By improved recognition and action, appropriate services should be targeted to address this and in turn have a significant impact to improve the outcomes for children and families in the Redcar & Cleveland area.

Whilst the worst case scenario is the death of a child, neglect causes great distress to children and leads to poor health, educational and social outcomes in the short and long-term. Consequences can include an array of physical and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing other forms of abuse as well as difficulties in assuming parenting responsibilities later on in life. The degree to which children are affected during their childhood and later in adulthood is dependent upon the type, severity and frequency of the maltreatment and on what support mechanisms, resilience strategies and protective factors were available to the child.

Over many years research and practice has increased professional awareness and knowledge in relation to the impact that neglect has upon a child. This however has not eradicated the need for vigilance in this area of work, which is somehow considered a lower priority than non-accidental injury and other forms of child abuse. Time and time again the importance of listening to the child has been highlighted as being essential. The importance of quality case records, chronological histories and comprehensive multi-agency assessments are essential basic requirements in dealing with cases of neglect. Professionals

must focus on outcomes for the child whilst also taking into account other issues around poverty, race, culture and disability. The earlier this can start the better.

Professionals must be aware of the danger of drift, the rule of optimism and disguised compliance when working with families who may be at risk of neglect and when acute neglect is evident.

In such cases professionals (and the danger and limitations around contracts of expectations) can become over optimistic around improvements which may only be temporary. Information must be shared to allow the full picture to emerge and to identify good parenting and where help is needed. It is very rare for a single agency to have the complete picture.

This strategy, agreed by RCSCB provides the shared commitment to re-focus efforts to better identify children experiencing neglect and to more effectively join up the support that can be offered to families, particularly where neglect can have been an inter-generational factor.

3. DEFINITION OF NEGLECT

Neglect is a complex issue and differs in type, frequency, impact and severity. Neglect 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. Neglect can be an act of omission or commission and in some circumstances both.

Neglectful parenting can manifest itself through medical, nutritional, emotional, educational, physical, and supervisory deficits. If not addressed early parental deficits are likely to become cumulatively worse over time which can have serious adverse effects on the child which will impact on their health, education, and social outcomes.

The perception of child neglect has changed significantly over time. It is now recognised as one of the most dangerous forms of abuse because of its harmful and sometimes fatal effects (Turney and Tanner, 2005).

Key issues are:

- Neglect is the most common reason for someone to contact the NSPCC (NSPCC, 2012).
- Neglect is the most common reason for a child to be made subject to a child protection plan.
- Because its effects are cumulative, neglect is hard to define and it can be difficult for professionals to identify the point at which to make a referral.
- Neglect often co-exists with other forms of child maltreatment. Boundaries between abuse and neglect can become blurred.
- There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities. Depression, domestic violence, substance use and poverty are among the factors linked to neglect.
- Some children are particularly vulnerable. At risk groups include children born prematurely, children with disabilities, adolescents, looked after children, runaways, and asylum-seeking children.
- Neglect has adverse short- and long-term effects. In extreme cases, neglect can lead to the death of a child.
- We know that professional responses to neglect can be variable (ref: 'In the child's time: professional responses to neglect' (March 2014 Ofsted)

- We know that neglect, the forms it takes, and where it is more likely to occur is difficult to map and measure, which can mean that strategic partnership plans and the commissioning of services may not reflect or equip professionals to respond effectively.

A detailed understanding of the parenting behaviour, ability, motivation and background are factors which need to be considered when undertaking an assessment of the circumstances in which the child lives.

The term neglect can potentially be interpreted differently by people. It is therefore important that there is an agreed understanding of the definition.

Neglect is referenced in *Working Together* (2015) as being:

“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.”

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 of ‘failure to meet basic needs’

Howarth (2007) argues there are 6 types of neglect; these are:

Failure to access appropriate medical care or treatment: this involves carers minimising or ignoring children’s illness or health (including oral health) needs, and failing to seek medical attention or administering medication and treatments. This is equally relevant to expectant mothers who fail to prepare appropriately for the child’s birth, fail to seek ante- natal care, and/or engage in behaviours that place the baby at risk through, for example, substance misuse.

Nutritional neglect: typically this involves a failure to provide a child with the necessary food and calories to ensure normal growth. Conversely, an un-regulated, unhealthy diet and a lack of exercise resulting in obesity can also be viewed as neglect.

Emotional neglect: this involves a carer being unresponsive to a child’s basic emotional needs for affection and emotional warmth and a failure to develop the child’s self-esteem and identity. The difference here between neglect and emotional abuse is best understood by assessing the carers’ motivation. Emotional abuse is more likely when linked to an act of commission when the carer deliberately, willfully and calculatingly targets the child in order to cause emotional distress.

Educational neglect: this involves the carer failing to provide stimulation for the child, showing an interest in their educational development, supporting their learning or responding to special needs.

Physical neglect: this involves a carer failing to provide appropriate clothing, food, cleanliness and living conditions. This is sometimes difficult to assess due to the need to consider socio-

economic deprivation and because such judgments are subjective in nature. Where poverty appears to be a contributing factor it is vital that the assessment thoroughly explores access to benefits, money management and help that is available to improve the environment of the child

Lack of supervision and guidance: this involves a failure by the carer to provide adequate levels of guidance and supervision that ensure the child is physically safe and protected. This can affect children of all ages. It is important here to remember that the age of a child should not blur the fact that they are children. Leaving a child to cope alone in a situation for which they are not equipped to manage or a failure to provide appropriate boundaries or appropriate carers should all be considered as neglect.

These provide practitioners scope for support and early help before thresholds for statutory interventions are met.

It is likely that if a parent or carer is neglecting a child in one of the above areas closer examination will reveal that neglectful care will be found in other areas too. The cumulative impact of multiple adverse circumstances and events on the child are very likely to be profound with pervasive effects on the child's neurological functioning and endocrine development. (The endocrine system is a network of glands that control our body functions, including metabolism, reproduction, the balance among our body systems, and response to stress and our environment).

It is important to remember that neglect can occur in families that are materially advantaged and are meeting the child's physical needs but where the child has no meaning to the family. Some parents lack empathy and emotional warmth and the child can be controlled by excessive rules and high expectations which contribute to emotional neglect.

The way in which we understand and define neglect can determine how we respond to it.

Neglect differs from other forms of abuse because it is:

- Frequently passive
- Not always intentional
- More likely to be a chronic condition rather than crisis lead and therefore impacts on how we respond as agencies
- Combined often with other forms of maltreatment
- Often a revolving door syndrome where families require long term support
- Often not clear-cut and may lack agreement between professionals on the threshold for intervention

4. PREVALENCE OF NEGLECT

At the year-end 2015/6 51% (75) of Child Protection Plans in Redcar and Cleveland were made under the category of neglect. In addition to children who are subject to child protection plans, there are also children who are not yet in receipt of statutory child protection services but who are being offered early help due to concerns relating to neglect and those whose needs and protection plans address more obvious concerns such as emotional abuse who may also be suffering neglect.

There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. So when practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important. At the year-end 2015/6 51% (75) of Child Protection Plans were under the category of neglect and 34.7% (51) were under the category of emotional abuse.

Ofsted (2014) recognise there is a considerable body of research which demonstrates the damage done to young children living in situations of neglect; this includes the impact of a lack of stimulation, resulting in delayed speech and language, and the development of insecure attachments. As previously discussed, the pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is also well documented. All aspects of children's development can be, and are, adversely affected by neglect, including physical and cognitive development, emotional and social well-being, and children's mental health and behaviour. For some children the consequences of neglect are fatal. The need to take decisive and timely action to protect children is supported by a wide range of research. Yet serious case reviews continue to provide evidence that for professionals working with children, young people and families this is one of the most challenging areas of their work. The combination of factors set out in the report that define extremely vulnerable families are those that increase the likelihood of neglect, such as parental mental ill-health, parental substance misuse, domestic abuse, material deprivation, poor-quality housing, and other parental illness.

Impact of Adult Behaviours on the Child

Neglect often co-exists with other forms of abuse or risk factors pertaining to adult's behavior. Impact of these behaviours can include;

Domestic Abuse

'Some of the biggest victims of Domestic Violence are the smallest'. Children who are exposed to violence in the home may suffer a range of severe and lasting effects. Children who grow up in a violent home are more likely to be victims of child abuse. Those who are not direct victims have some of the same behavioural and psychological problems as children who are themselves physically abused. Children who are exposed to violence in the home may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety (Unicef 2006).

Substance Abuse

Drugs and alcohol can damage the unborn baby at any time during pregnancy, causing a wide range of abnormalities in growth and development. These can range from the immediate and catastrophic to much more subtle effects that may not emerge until many years later; e.g. Foetal Alcohol Syndrome. Parental substance misuse has the potential to interfere with virtually all aspects of a child's health and development. The more severe the drug problems and the longer the child is exposed to them, the more serious the consequences are likely to be. Parental drug use itself will typically be combined with other disadvantageous factors including poverty, parental mental health problems and low educational attainment to create a parenting environment that falls dangerously short of the ideal. The outcomes are likely to be less satisfactory than if the parents had not used drugs, leaving the young person at best less well equipped to fit happily and productively into his or her community, and at worst seriously disadvantaged physically, psychologically or socially. (Hidden Harm.gov.uk 2011)

Adult Mental Ill-Health

An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves. Parental mental health is also a significant factor for

children entering the care system. Between one in four and one in five adults will experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents. Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health. Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health. The mental health of children is a strong predictor of their mental health in adulthood. (Social Care Institute for Excellence 2014)

The Tees wide PAMIC checklist is a tool to support practitioners when considering the likelihood and severity of the impact of an adult's mental ill-health on a child; it is not intended to replace professional judgment. Practitioners need to think about the nature of risk and the protective factors for the child.

When the three above factors co-exist then the risks to a child significantly increase; this is known as the 'Toxic Trio'.

The incidence of neglect is hard to quantify but the recent review of neglect by Action for Children, highlighted professional belief that the number of neglected children is rising. Neglect is a serious factor in the majority of serious case reviews (60%), and for children of all age's not just younger children. Domestic abuse, mental ill health and/or substance misuse were common in households where children were neglected. Ofsted (2014) summaries of findings from serious case reviews highlight issues regarding inconsistency in the application of thresholds for neglect; poor professional understanding of neglect; difficulties in engaging with hostile or avoiding families; and professionals failing to provide sufficient challenge to parents in cases of neglect.

Department for Education statistics show that neglect was the most common reason attributed to children becoming the subject of a child protection plan, accounting for 41% of cases (year to March 2013). A major prevalence study of child abuse and neglect, published by the NSPCC in 2011, found neglect to be the most prevalent type of maltreatment in the family for all age groups. The picture then is one of continuing high levels of neglect with consistent findings from inspections and research highlighting the importance of early recognition; robust management oversight and supervision; specialist training; acknowledgement of the complexity of this work; and effective and timely professional responses to meet the needs of the child for both help and protection.

5. ROLE OF EARLY HELP IN IDENTIFYING NEGLECT

In Redcar and Cleveland we want our Early Help Offer to deliver agreed outcomes to ensure the Best Start in Life for children in the Borough. Early Help is not something that is new to the council and there are already many examples of teams working together to assess need, help families and improve outcomes for children and young people. This provides a strong foundation upon which we can further develop and embed our Early Help Offer.

As previously stated, the impact of neglect of children is often accumulative, 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 (Health, 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. The need for practitioners to be alert to the danger of drift and 'start again' syndrome cannot be over emphasised.

Working Together (2015) requires local agencies to have in place effective assessments of needs of children who may benefit from early help services. In Redcar and Cleveland, agencies must effectively utilise the Early Help Assessment (EHA), formerly known as CAF, to assess unmet needs and 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 their families.

The Ofsted thematic inspection [What about the children?](#) (2013) on joint working between children's services and adult services highlights a lack of signposting to early help by adult services, and particular delays in considering the impact of parental mental ill-health on children.

All staff assessing or working with vulnerable adults have a duty to consider the needs of any children (including unborn children) living in the same household and/or in their care. In particular, consideration should be given to the impact of the adult's vulnerability on their capacity to care for and safeguard their child, or those living in the household. It is also important to consider the needs of children who may not live in the same household but regularly visit or have contact with the adult, such as grandchildren, as staff have a duty of care towards them. The RCSCB [Interface Protocol between Safeguarding Children and Safeguarding Adults](#) contains more detail.

In order to address the relatively high levels of neglect in Redcar and Cleveland it is important that all agencies effectively use the EHA to assess and plan services for children and families; those identified as being in the greatest need will be allocated a dedicated key worker whose role will be to provide, broker and coordinate effective and appropriate support for families. Likewise, it is important there is continued longer term coordinated support, post social care involvement, to enable parents to sustain the change in the care given to children.

The Early Help Strategy identifies the need for services to be commissioned and provided in-line with an understanding of the levels of need across the population of the Borough. To do this, the Strategy highlights the importance of basing such decisions on the analysis of data, to identify patterns, trends and areas / populations with the greatest need. Learning from identification and management of neglect cases to-date, also forms an important part of this picture. Likewise, it is important that there is continued longer term co-ordinated support, post involvement of Children's Social Care and other statutory agencies in order to enable parents to sustain the change in the care given to their children.

We have identified 4 strategic issues to be addressed in order to further improve the way in which Early Help is provided across Redcar and Cleveland. They are:

- i. a confident, skilled and well supported workforce;
- ii. making the most of our community strengths and assets;
- iii. embedding a whole family approach; and
- iv. providing help across a continuum of need.

The 'What Works' Troubled Families team is now fully integrated into the Early Help Service, and the whole family approach to service delivery is being taken forward. Recent examples of embedding this practice include Community Engagement Workers in Children's Centres and Targeted Youth Support Workers in the Youth Service taking the role of lead professional. Multi-agency working will further embed a strong Team around the Family (TAF) approach that brings together relevant practitioners with the family to address identified problems, including signs of neglect and unmet needs in a holistic and flexible way, offering support that makes sense to them both as a unit and as individuals.

6. PRINCIPLES IN TACKLING NEGLECT

The strategy relies on a set of key principles which provide a strategic framework. This includes:

1. Ensuring a shared understanding of neglect. The safety, wellbeing and development of children and young people are the over-riding paramount priority.
2. Collaboration amongst agencies is vital to ensure effective identification, assessment and support. Therefore any issues around sharing confidential information need to be overcome.
3. The views of the child, young person and their families will be sought and considered
4. Children and their families have a right to expect consistency both in the practitioners' approach to them and the support offered.
5. Children with special needs and disabilities have equal rights to protection from neglect and agencies must ensure that practitioners are trained to recognise and tackle neglect for children who may have additional and complex needs.
6. No one will be discriminated against on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation, gender or disability
7. Causal factors and early indicators of neglect must be recognised so that intervention can be made as early as possible. The RCSCB Neglect Strategy will link with the Early Help Strategy to ensure that there is a coordinated and consistent approach to the management of neglect in families within the borough.
8. Early support should be of a kind and duration that improves and sustains children's safety for the future. It should build strength and resilience within families and promote independence.
9. Learning from the experiences of families living with neglect as well as local and national serious case / learning reviews will be applied.
10. Early assessment and intervention will be promoted and supported in the first instance.
11. Unless there is concern that the child or young person will be at greater risk of harm by doing so, then consent should always be gained from parent(s) or carer(s) to share information about their child(ren) with other agencies.
12. All services must consider / research historical information to inform the present position and repeat at times of significant change as well as review at regular intervals with early completion of multi-agency chronologies to assess and monitor risk of harm to children and families.
13. Evaluating vulnerability, need, risk of harm or suffering harm requires information sharing and consideration of multi-faceted indicators and outcome areas. To effectively safeguard children and young people requires professionals to be curious and inquisitive about family circumstances and events. Professionals should challenge each other about perceived changes and improvements made by families and in respect of its perceived sustainability.

14. Work with children and young people will be measured by its impact on outcomes by RCSCB which should in the long term see a reduction in the number of cases reaching the threshold for statutory intervention. Suitable statutory action may need to be taken if insufficient progress is achieved, when other methods have been unsuccessful or the level of risk presented to the child becomes unacceptable.
15. Neglect often co-exists with other forms of abuse or risk factors so this strategy must link with other work streams for example domestic abuse, substance misuse, adult mental ill health, child poverty and youth homelessness ensuring that children and families are able to benefit from all developments as appropriate to their needs. A '*Think Family*' approach to neglect must be implemented if effective outcomes are to be achieved.

RCSCB supports and provides joint working arrangements to ensure children at risk of suffering neglect are identified and understood as early as possible. These working arrangements must be informed by the guiding principles below; as detailed in the threshold document [Providing The Right Support to Meet a Child's Needs in Middlesbrough and Redcar & Cleveland](#).

7. RECOGNISING WHAT WORKS WELL

Public health and prevention approaches

Approaches such as work undertaken by Health Visitors and Children's Centres tackling the factors known to be associated with neglect could help prevent neglect occurring in the first place.

Raising public awareness across services and organisations

Helps to identify neglect and the 'warning factors' associated with it, at an early stage.

Targeted support for families

Evaluations of early help initiatives include a range of support services for children and families. The Neglect Strategy must be considered alongside the Early Help Strategy.

Multi-faceted work by a highly skilled workforce

The establishment of effective working relationships with parents and children that are enduring and consistent is critical to successful engagement. This includes the ability to provide a supportive but challenging relationship on behalf of the child as well as the skills to maintain the focus on improving outcomes. Universal service staff and those on the cusp of informal and formal support systems have a vital role to play as mediators or ambassadors to encourage parents to accept targeted support if required.

Service Design

Services which are non-stigmatizing and accessible which includes considering not only location, but approach to children and parents/carers in need of help. A safe, welcoming locally available service with some outreach is found by parents to be helpful (Action on Neglect-Action for Children, 2014).

Working across services

Joined up local service delivery such as universal and targeted provision. Many practitioners have reported that joint working, for example, with a social worker and health visitor to be a

useful way to approach complex concerns. It also enables the practitioners to work more collaboratively and share information about families.

Complex Case Meetings

Multi-Agency Practice Guidance was developed in March 2016 to provide a mechanism to support services to address potential drift and delay in cases which are 'stuck' whatever the circumstances of the child or their legal status. **(Recommendation 9 SCR Emma)**. The Complex Case Meetings process is designed to:

- Encourage creativity in the workforce whilst maintaining a safe approach to practice;
- Promote a solution focussed plan;
- Support defensible decision making based on robust analysis;
- Agree actions by individual agencies to 'unblock' progress, reduce risk and improve outcomes within specific timescales; and
- Improve ownership through communication.

Interventions need to offer long term support

There is now significant evidence to suggest that many families will need focussed, long term services rather than episodic intervention. This is often the case with very vulnerable families or 'hard to reach' families.

Seeing and speaking directly with children

There are many examples of Serious Case Reviews, both nationally and locally, of professionals not seeing and speaking with children to gain their views and experiences of home life. Direct work with children can enhance their resilience and protective capacity but this must not be used as a measure to replace adults' responsibility to provide overall care and protection to the child.

Recognising the family unit

An approach that considers the 'whole family', not only the individuals but the child and wider family within their own community. There is evidence from reviews on work with families that including the family in as partners is a key to planning to build capacity and resilience.

Long Term Impact

For some children experiencing significant harm requires intense intervention to arrest any harm that has been caused and remove risk. It includes complex case management on decisions about permanent separation from parents and families.

8. AGENCY AND PROFESSIONAL RESPONSIBILITIES

Responsibility of all agencies

Of particular importance is health's role in identifying parental neglect of a child's health/medical needs. It is essential when raising concerns that the health professionals is explicit as to what the concerns are (using non-medical terminology) and how this may/will impact on the child's health and development.

All agencies represented on the RCSCB have a responsibility to contribute to the safeguarding of children in Redcar & Cleveland. Roles and responsibilities are clearly defined in both [statutory guidance](#) and the [Tees Local Safeguarding Children Board's Procedures](#).

Responsibility of Health Care Providers

All health professionals must be alert to the signs of neglect in children and young people. Health professionals are involved with children and families throughout their lives, and are well-placed to identify concerning indicators. The nature and impact of neglect is corrosive and cumulative so it is essential that all health professionals maintain accurate, detailed and contemporaneous records. The records will aid the baseline from which to judge progress in cases of neglect.

Responsibility of Children & Families Services

Children & Families services is responsible for coordinating statutory assessments of children's needs which include the parent's capacity to meet those needs. The assessment may result in the provision of services designed to support the child and their family with a child in need plan. Where a child is deemed to have suffered, or be at risk of suffering, significant harm, Children & Families services may convene a multi-agency child protection strategy meeting to decide whether child protection enquiries should be undertaken. If the outcome of the child protection enquiries deems the child to be at continuing risk of significant harm, Children and Families services may convene an initial child protection conference to consider the risks on a multi-agency basis. This may result in a multi-agency child protection plan to safeguard the child.

Responsibility of Adult Services

Children may be at greater risk when they live with parents or carers who have mental health problems, have problems with alcohol and drug misuse, are in violent relationships or have learning difficulties. Professionals working with adults who have difficulties and have children should be particularly alert to how these may impact on the care they give their children. Reference should be made to the [Interface Protocol between Safeguarding Children and Safeguarding Adults](#) produced jointly by RCSCB and the Safeguarding Adult Board.

Adults with responsibilities for disabled children have a right to a separate carer's assessment.

The outcome of this assessment should be taken into account when deciding what services, if any, will be provided under the Children Act 1989.

Responsibility of Police

The police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and although Cleveland Police have a Vulnerability Unit, all officers are responsible for identifying and referring children who are at risk or in need. Any officer can use emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm. The police regularly enter people's homes and are therefore well placed to identify issues that might indicate neglectful parenting. In these circumstances the police should contact Children and Families services.

Responsibility of Education

Schools, Academies and Colleges play an important role in the prevention and identification of abuse and neglect. Schools, Academies and Colleges provide a safe environment for children and often know the child's circumstances better than most. Schools, Academies and Colleges provide an essential educative environment for the next generation of parents. All education staff have a crucial role in identifying the early indicators of neglect and in referring concerns to School Health or Children and Families Services.

Responsibility of Housing

Housing Providers may have important information about families, identifying cases of neglect or contributing information to assessments. Housing Providers have a critical role in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important part to play in reporting concerns to Children and Families Services, where they believe that a child may be in need of help or protection.

Responsibility of Probation Services

In discharging its statutory responsibility, the Probation Service, through its work with offenders and their families, may become aware of children who are at risk through neglect. Probation staff have a responsibility to be aware of the signs of child neglect and to refer appropriate cases to Children and Families Services. Probation staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant child protection policies, procedures and protocols.

Responsibility of Youth Offending Service

The Youth Offending Service (YOS) aims to prevent offending and re-offending of children aged 10-17 years. All YOS staff have a responsibility to ensure any concerns, in relation to a child, are raised with their manager and where appropriate will be referred Children and Families Services.

Responsibility of the Voluntary and Community Sector (VCS)

The Voluntary and Community Sector (VCS) are well-placed to identify early concerns that relate to neglectful parenting and to work with the family in addressing issues quickly. All VCS staff have a responsibility to ensure any concerns, in relation to a child, are raised with the designated child protection officer within the organisation and where appropriate will be referred Children and Families Services.

Responsibility to share information

All agencies within Redcar and Cleveland, whether in the statutory or voluntary sector, have a duty to share information about children who are suspected to be experiencing neglect and to make a contribution, where appropriate, to the assessment process, whether as part of an 'early help assessment' or statutory assessment. The [Tees Multi-Agency Information Sharing Protocol](#) sets out when and how information should be shared between agencies. It helps to support decision making, and ensure that information is being shared legally and professionally. If any professional is unsure at any point, they should seek advice from their supervisor, manager or nominated person.

Chronologies

All services must consider/research historical information to inform the present position, repeat at times of significant change as well as review at regular intervals with early completion of multi-agency chronologies to assess and monitor risk of harm to children.

9. SUPERVISION

Supervision for all practitioners is an important aspect of working with children and families who are experiencing difficulties. It is an opportunity for reflection and professional challenge between the supervisor and supervisee. When working with children at risk of neglect, supervision ensures the focus remains on the needs and experiences of the child. Professionals working with children should use supervision to identify and respond to drift, delay and disguised compliance. Professionals should focus on significant improvements in assessing positive and sustained change.

In addition, supervision has a crucial role to play in ensuring that practitioners are supported not only to use their knowledge but also to withstand the emotional demands of the role. Professional judgment and practice can be affected when professionals are fatigued, stressed, ill, overwhelmed, inexperienced, or complacent. The supervisor has a responsibility to take action to support the supervisee where any of the above characteristics are evident.

Professionals working with highly complex cases where attempts to engage the family in a Child Protection Plan are proving unsuccessful should consider request a complex case multiagency supervision session.

10. STRATEGIC OBJECTIVES

The strategic objectives shown below will be applied in order to increase the understanding and response to neglect in joint working arrangements to protect children and young people by partner agencies serving RCSCB.

Strategic Objective 1: Improving awareness and understanding of the impact of neglect.

Strategic Objective 2: Improved assessment of children and young people living in neglectful situations before statutory intervention is required by including the use of the Early Assessment, Single Assessment Framework and other recognised assessment tools.

Strategic Objective 3: Develop and sustain an agreed multi-agency response to children and young people who are at risk as a result of neglect.

Strategic Objective 4: Improve outcomes for children and young people who are affected by neglect through the conduct of audits, reviews and dissemination of their learning to promote continuous improvement in multi and single agency practice.

11. PERFORMANCE AND IMPROVEMENT

Performance and improvement in the area of neglect will be measured by a whole systems approach as it has already been identified that this is a complex area with many facets. Some measures will be linked to the Early Help Strategy or the Joint Health and Wellbeing Strategy (and the plans that sit underneath it) while some will be included and monitored as part of the Performance Data presented to RCSCB.

Easily identifiable indicators will be the:

1. Reduction in number of Children in Need and number of children on Child Protection Plans as a result of neglect.
2. Reduction in the number of families identified as “troubled families”
3. Increase in the number of EHAs completed by a range of partners where neglect is a concern

The RCSCB Annual Report will provide an account of how it improves and supports the professional response to neglect in the Borough. This will also be demonstrated through performance data reports presented to the Board.

12. NEGLECT STRATEGY DELIVERY PLAN

The delivery plan outlined below is intended to identify a number of practical tasks which will support the achievement of the strategic objectives (described above). It is important to recognise that each of these tasks is not intended to be a distinct piece of work, more an on-going process alongside individual agency's responses to neglect issues.

Ref	Activity	Responsibility of:
Strategic Objective 1 – Improve awareness and understanding of the impact of neglect.		
1.a	Coordinate Re-launch of Neglect Strategy.	RCSCB Business Manager
1.b	Report impact of strategy in Annual report to RCSCB and Health and Well-being Board.	RCSCB Chair & Business Manager
1.c	Reissue Neglect Guidance for practitioners across the children's workforce in addition to further promotion of the requirement that each agency's thresholds for action will reflect the use of the Continuum of Needs and Services.	RCSCB Business Manager
1.d	Effective working between services working with children and adults will be supported so that a whole family approach to neglect is taken.	All agencies
1.e	Present reports to RCSCB on outcomes of audits related to neglect	All agencies
1.f	Work and support other relevant strategies: Early Help and Prevention, Domestic Abuse etc.	All agencies
1.g	Work with our junior LSCB, 'Safe4Us' to help us develop an understanding of children and young people's experience of neglect.	RCSCB Chair & Business Manager

Ref	Activity	Responsibility of:
Strategic Objective 2 – Improve assessment of children and young people living in neglectful situations before statutory intervention is required by including the use of the Common Assessment Framework, Single Assessment Framework and other recognised assessment tools.		
2.a	Increase the use of EHA to support neglect.	All agencies
2.b	Roll out of the Graded Care Profile as an assessment tool to be used by practitioners.	STHFT and Children's Social Care
2.c	Explore implementation of the "Signs of Safety" approach for multi-agency working.	All agencies
2.d	Assessments will focus upon historical information that will assist with identifying the cause and reason for neglect in its presenting features.	All agencies

Ref	Activity	Responsibility of:
2.d	Practitioners will be required to use assessment tools in a dynamic manner to ensure that progress can be measured over designated time frames for example by repeat assessment.	Practitioners Line Manager

Ref	Activity	Responsibility of:
Strategic Objective 3 – Develop and sustain an agreed multi-agency responses to children and young people who are at risk as a result of neglect		
3.a	Findings from local and national research on neglect will be gathered and shared with Board Members for them to disseminate within their agencies.	RCSCB Business Manager
3.b	The Board’s joint multi-agency training and development programme will promote evidence based practice and effective interventions that work for children and families where neglect is prevalent on a wide, multi- agency basis.	Chair of Middlesbrough and Redcar & Cleveland Training Sub Group
3.c	Relevant developments in service provision will be clear and promoted to practitioners on a multi-agency basis.	Board Members
3.d	Practitioners will be supported in developing effective skills and tools to work with families experiencing neglect.	Practitioners Line Manager
3.e	Practitioners will be supported to challenge and resolve common problems when working with families experiencing neglect.	Practitioners Line Manager

Ref	Activity	Responsibility of:
Strategic Objective 4 – Improve outcomes for children and young people who are affected by neglect through the conduct of audits, reviews and dissemination of their learning to promote continuous improvement in multi and single agency practice.		
4.a	The Board will seek evidence that there are improvements to the lives of children and young people who are living in families where neglect is a factor through early recognition and appropriate response to their need by agencies. It will challenge relevant agencies to demonstrate that they are able to identify those children and young people who may be vulnerable to neglect and provide evidence of early intervention to reduce the risk of harm and effective interventions where harm has been identified.	RCSCB Chair

13. REFERENCES

- [Allen, G., \(2011\). Early Intervention – Next Steps](#)
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[Graded Care Profile NSPCC](#)
[HM Government, \(2013\), Working Together to Safeguard Children and Young People](#)
[Howarth, Child Neglect: Identification and Assessment](#)
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[Munro. E., \(2011\). A Child Centred System. Department of Education](#)
[Northumberland Neglect Strategy](#)
[NSPCC, 2012, Responding to Neglect](#)
[Ofsted 2014, In the Child's Time: Professional Responses to Neglect](#)
[Rochdale Integrated Early Help Strategy 2016- 2019](#)
[Rochdale LSCB Neglect Strategy 2014- 2016](#)
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