Derby Safeguarding Children Board

Neglect Strategy

1 Role of LSCBs in safeguarding children from neglect

1.1 LSCBs should:

 have access to and regularly examine data and quality assurance information to enable them to monitor the quality of practice in relation to neglect across early help, child in need and child protection interventions

 ensure that all agencies, including adult mental health services; drug and alcohol services; police and social work services working with families where there is domestic abuse; and services for adults with learning difficulties, work effectively together to assess and agree plans for children who experience neglect

 ensure that practitioners and their managers have access to high-quality specialist training on the recognition and management of parental non- compliance and disguised compliance

 ensure that the training provided for front-line practitioners and managers enables access to contemporary research and best practice in working with neglect

 ensure that all staff are aware of their duty to escalate concerns when they consider that a child is not appropriately protected and/or is suffering from neglect, and that all agencies have appropriate escalation policies and procedures, including a procedure for challenging the decisions of children's social care services where cases are not accepted for assessment or child protection investigation.

2 Definition of neglect

2.1 There are two statutory definitions of neglect: one for criminal and one for civil purposes.

2.2 Neglect is a criminal offence under the Children and Young Persons Act 1933 where it is defined as *failure "to provide adequate food, clothing, medical aid or lodging for [a child], or if, having been unable otherwise to provide such food, clothing, medical aid or lodging, he has failed to take steps to procure it to be provided"*

2.3 The civil definition of neglect which is used in child and family law is set out in the Children Act 1989 as part of the test of 'significant harm' to a child. This is expanded upon in *Working Together 2015* statutory guidance which describes neglect as:

"*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."

3 Impact of neglect

3.1 It is well established that neglect can have a serious impact on a child, particularly if chronic (long term) and including pre-birth. In some situations neglect can be fatal, but generally will affect a child's health and overall development, having far-reaching implications for the child throughout their life. Neglect in infancy and early childhood is particularly damaging.

4 Aims of this strategy

- To ensure effective supports and education are available to families to prevent neglect occurring
- To ensure neglect of children is identified early in a child's life and early in the duration of any concern
- To ensure effective interventions are put in place to enable parents and/or wider family to provide adequate care for their children, where neglect has been identified
- To ensure that in serious cases of neglect, where interventions have been unsuccessful, children are removed from that environment before long-term damage is done and consideration given to criminal action.
- To enable the LSCB and partner agencies to have a robust understanding of the extent and impact of neglect in Derby, to allow resources to be directed appropriately

5 Prevention

5.1 Families with children need adequate income through work and/or benefits, decent housing and access to health and education. Central Government, the Local Authority, Public Health and CCGs and others all have responsibilities for providing these and/or providing accessible information & access.

5.2 Most parents will rely on their families, communities and friends for advice and guidance on caring for their children. Support will also be available to parents through universal and targeted services, to enable them to understand their children's needs and how to meet them. This includes:

- GPs and dentists
- Midwifery & ante-natal classes
- Health visiting & child health clinics
- Children's Centres and open access groups
- School health and school-based activity for parents
- Voluntary and community sector groups

5.4 Some groups are more vulnerable than others, eg disabled children, young parents, new migrants to the UK, those with learning disabilities. Targeted services are available from:

- Integrated Disabled Children's Service
- Ripplez (Family Nurse Partnership)
- New Communities Team
- Adult Learning Disability Service

6 Early Identification of neglect

6.1 Children's health and development will be monitored formally ante-natally by midwifery and at 6 weeks, 2 yrs and 5yrs by Health Visiting / School Nursing. Standardised recording tools are used for these assessments to track a child's growth and development, and identify any problems.

6.2 However, all professionals in contact with children and parents are expected to be alert to indications that a child might be being neglected. This might be apparent in:

- the child's health, dental hygiene, growth, development, behaviour, presentation
- the parents' issues with mental health, substance misuse, crime, domestic abuse, etc
- disclosures by child, parents, neighbours, family
- conditions of home & garden and treatment of pets
- poor school attendance
- non engagement / non-attendance of appointments

6.3 Health and Education staff need to be aware that children may present with problems such as dental decay, obesity, poor concentration, etc which whilst having a medical explanation may equally be indicative of neglect.

6.4 Sometimes a single encounter with a child or their family may raise an immediate and urgent concern, but often neglect only becomes apparent over a period of time. There is a very real risk that professionals can become de-sensitised

to neglectful situations, or experience them as normalised in disadvantaged communities, or fail to notice a very gradual decline or falling behind in a child's growth or development.

6.5 In order to prevent this, professionals will have, and will be expected to use as appropriate to their role:

- Training around neglect, parental non/disguised compliance and child development
- "Think Family" training
- Regular reflective supervision

6.6 DSCB provides multi-agency training to support professionals in recognising and responding to neglect; this includes:

- Identification of neglect inc use of the Graded Care Profile
- Working with babies
- Working with challenging parents

6.7 DSCB also promotes the use of assessment processes and tools; these should be used in all situations where there are emerging concerns around neglect:

- Early Help Assessment
- Social Care Single Assessment
- chronologies
- Graded Care Profile
- DV Risk Identification Matrix and DASH risk assessment in domestic violence situations

6.8 Professional judgement and supervision should highlight cases where neglect may be an issue, and in all such cases further assessment and use of the above tools will be carried out. The DSCB Threshold Document will then indicate the level of response required to assist the child and their family. Critical to this is the sharing of information between involved professionals, in order to build a complete picture of the child's world.

7 Effective interventions

7.1 Parents or carers need to be supported, educated and/or challenged to provide good enough care for their children, and a range of services at different levels needs to be maintained to provide that. These may be targeted services, early help (Local Authority Multi Agency Teams or MAT) or safeguarding (Social Care), depending on the level of concern, with important contributions from adult services.

Interventions should be offered at the lowest level, consistent with the level of need and risk. This would typically mean that where universal and targeted services have been insufficient to help a family, a referral is made to a MAT for an early help response. If this is insufficient, a referral would be made to Social Care. Occasionally, severe neglect may be encountered which requires an immediate social care response.

7.2 A good assessment is key to identifying the contributory factors and therefore the services and interventions needed; this may be an Early Help assessment or Social Care single assessment. A chronology will be a critical part of this, to include the historical context of a current concern – how many times has this happened before? How effective and sustainable have interventions been? – to establish the impact on the child and future plans. Assessment tools as above, especially the Graded Care Profile, should be used.

7.3 Specialist assessments may also be needed and should be commissioned promptly, to inform future work. This may include adult learning disability, adult mental health, paediatric, including where a child has a disability, etc.

7.4 Working in partnership with parents is important, so that they will fully engage in the services offered and accept responsibility for making things better for their children. This is likely to be more successful and sustainable. Interventions will often need to focus on parents' needs – eg substance misuse, mental ill health – at the same time as addressing their parenting. Approaches adopted around parenting will need to reflect any specific needs of the parents, eg learning disability, their age, cultural differences, language, etc.

7.5 Most parents will respond positively to help offered in this way. However professionals need to be alert to parents who refuse to engage or where there is "disguised compliance" – ie a parent may say the right things but not making the necessary change. There is a risk for professionals in over-identifying with parents and not noticing or challenging repeated non-attendance, cancelled visits, distraction with repeated crises and justification for not carrying out an agreed actions. Professionals may also become desensitised to the conditions & environment in which a child is living.

7.6 Alternatively, professionals need to be alert to the risks of developing over-dependency, where services have effectively taken over part of the parenting role and families have lost their self-sufficiency. This situation is not sustainable and is disempowering for parents.

7.7 Once neglect is identified, it is important to continuously monitor the impact on the child, to ensure any intervention is having the necessary effect. Any timescale for improvement will be appropriate to the age and circumstance of the child – the younger the child and the more serious the concern, the quicker any improvement needs to be. These timeframes need to be clearly identified at the outset with clear contingency plans so that parents and professionals are aware.

7.8 Single agencies will need to have processes in place to monitor work with children identified as neglected or at risk of neglect. Local Authority and DSCB procedures should be followed for all work at levels of early help, child in need and child protection to ensure:

- assessments and investigations are carried out in a timely way
- there is good partnership working across children's and adults services with information shared appropriately
- clear plans are in place with clear expected outcomes and actions for family and professionals
- interventions are appropriate and effective
- there are regular reviews

7.9 There is a risk of drift and delay in work with neglect; where insufficient progress is made within the child's timeframe, the work should be promptly escalated to a higher level. The Local Authority requires each case to be discussed in supervision at least twice in each review period, to ensure work is progressed robustly. An independent chair to review the work with a family can be very helpful in identifying when this is necessary.

7.10 DSCB has an Escalation Policy which is used by staff where they have concerns about the response or (in)action by another agency. Child Protection managers and Child in Need Reviewing Officers will also highlight cases where insufficient progress is being made, recommending advice be taken with regard to alternative care arrangements.

8 Legal action

8.1 In serious cases of neglect, where there is, or risk of, significant harm, a strategy meeting will be held in line with DSCB procedures. This will include consideration of any legal action by the Police or Local Authority.

8.2 The Police will need to consider the need for a criminal investigation and possible prosecution for criminal neglect.

8.3 Rarely, the Local Authority will need to consider the need for an Emergency Protection Order where there immediate risks to “life and limb”. More commonly there will have been a period whilst services have been offered to a family and insufficient progress made within the child’s timeframe. In these circumstances consideration will be needed with regard to discussing alternative family care arrangements, voluntary accommodation or issuing care proceedings, to secure the care of the child outside the current neglectful care.

8.4 Decisions around care proceedings are made by a Local Authority panel, with a legal adviser, to ensure consistency in the application of threshold.

8.5 In such cases the Local Authority and partners will be able to present the range of assessments undertaken in relation to child and parents, can evidence the work undertaken with the family by all agencies and can demonstrate the cumulative impact on the child (or likely impact for an unborn baby or very young child). The Court will expect all this information to be available at the point of issue in neglect cases.

9 Strategic oversight of neglect

9.1 Neglect is more common in families and communities living with disadvantage and deprivation, and it is important that current limited resources are targeted at the most deprived communities.

9.2 The health and wellbeing of children in Derby is mixed compared with the England average. The level of child poverty is worse than the England average with 22.9% of children aged under 16 years living in poverty (March 2016). The rate of family homelessness is worse than the England average. Derby welcomes a relatively high number of families as recent arrivals to the UK (37.5% of children in Derby are from minority ethnic groups) and these families have a greater likelihood of disadvantage as well as cultural differences to accommodate to.

9.3 The Derby Child and Family Poverty Strategy – Areas for Action – is a partnership strategy that was adopted by the Derby City and Neighbourhood Partnerships Leadership Board in June 2013. Work-streams for each Area for Action have been devised by the Derby Child and Family Poverty Commission, which oversees delivery and monitors the impact on child and family poverty in the city.

9.4 Derby Health and Well-being Board, informed by other Boards including the Children, Families & Learners’ Board and by all partners, has an over-arching responsibility to co-ordinate and plan for the well-being of residents in Derby. This includes children suffering or at risk of neglect.

9.5 Information to support this and other activity across the partnership is available from the Joint Strategic Needs Assessment, which collates a range of data. Combined with Public Health data, in particular the child health profile from ChiMat, this should allow a focusing of activity to prevent and intervene in the neglect of children, and to attempt some measurement of success.

9.6 However, due to the complexity and multi-faceted nature of neglect, and absence of a standardised reporting system, numbers of children living in neglectful circumstances are not fully known. Numbers of children subject to child protection plans will be indicative of overall numbers and can be used to monitor upward or downward trends. Numbers of plans in the different categories are monitored by the Local Authority and DSCB quarterly.

9.7 The ChiMat child health profile, collated and analysed by Public Health, offers a range of measures which are associated with neglect, eg dental caries, hospital admissions for accidents and low birth weights. Tracking changes in these measures will provide some indication of any change in the prevalence of neglect.

9.8 Derby Safeguarding Children Board will review this data annually and will both undertake quality assurance activity, such as multi-agency audits, and receive QA reports from partners. This will enable the Board monitor the quality of practice in relation to neglect and to challenge partners as necessary.

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