

Kent Multi-Agency Neglect Strategy August 2017

Scope of this strategy

This strategy document recognises the considerable extent to which Neglect features as a significant concern for children. The Strategy identifies and defines what neglect is and the serious impact it can have upon children. Whilst recognising the difficulties in identifying Neglect, the Strategy supports an Early Help approach to families.

Contents

1. Introduction
2. Purpose
3. Vision
4. Overarching Strategic objectives
5. What is Neglect?
6. Impact of neglect on children
7. Key risk factors
8. Roles and responsibilities
9. Guiding Shared Principles
10. Governance and Accountability

1. Introduction

In 2012, the Government's education select committee reviewed the child protection system. They concluded that the needs of children and the importance of acting quickly to secure early intervention for children are all too often not given enough priority. In response to this review, Ofsted undertook a thematic inspection of 11 local authorities and published its report in March 2014, summarising findings and making recommendations to both Local Authorities' Children's Services and Local Safeguarding Children Boards (LSCBs).

One of the recommendations refers to the need for LSCBs to develop a local Neglect Strategy to drive forward improvement in outcomes for children.

2. Purpose

The purpose of this document is to set out the strategic objectives and targets of Kent's approach to tackling **Neglect**. This Strategy also identifies key risk and contributing factors that can have an impact on Neglect. Key to the Strategy is the importance of the early identification of Neglect and the need to support children and families through **Early Help** arrangements.

This Strategy has been developed in conjunction with Kent Safeguarding Children's Board (KSCB) partners. Due to the nature of Neglect and the possibility that parents or carers may not wish to work with various agencies, staff should be particularly aware of the escalation policy within their own agency and this Strategy should therefore be considered alongside related individual agency and KSCB strategies, policies and procedures.

3. Vision

KSCB's vision is to reduce the prevalence of Neglect of children in the County and further to reduce repeat cases of Neglect for individual children. We want to 'get it right first time' and then help families to keep the improvements going.

4. Overarching Strategic Objectives

KSCB aims to ensure that the early recognition of Neglect and improved responses by all agencies reduces the number of children who need statutory intervention and when it is required, the life chances of children are improved and the risk of harm significantly reduced.

This Strategy has three objectives to meet these ends:

Objective 1:

To secure collective commitment to addressing Neglect across all partner agencies and to demonstrate effective leadership in driving forward the appropriate systems, cultures and processes.

Objective 2:

To improve the recognition, identification, assessment and intervention for children and young people living in neglectful situations.

Objective 3:

To improve outcomes for children, young people and families by ensuring the quality and effectiveness of service provision. This will include consultation with young people and their families to evidence their views about the services being offered and their effectiveness.

These objectives feature in the KSCB Business Plan 2017-20. Activity and progress in delivery will be monitored and reported to the Board by the KSCB Business Group.

5. What is Neglect?

Neglect is the most prevalent type of maltreatment in the family for all age groups in the United Kingdom (Radford, L et al 2011).

Neglect is dangerous and can cause serious, long-term damage - even death: Davies, C and Ward, H (2012) found that the risk of fatalities from neglect may be as high as that from physical abuse and the risks of further abuse are higher with neglect than other types of abuse.

Working Together (2015) defines 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.

Neglect, differs in its presentation from other forms of abuse. There is rarely a unique incident or critical event. More commonly a repetition of neglecting behaviour causes incremental damage to the child(ren).

5.1 Signs of Neglect may include:

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child's neglected appearance, other signs may include:

- Short stature
- Faltering Growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided
- Severe and persistent infestations (for example, scabies or head lice) in a child
- Parents or carers who have access but persistently fail to obtain NHS treatment for their child's tooth decay
- Parents or carers who repeatedly fail to attend essential follow up appointments that are necessary for the health and well-being of their child
- Medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain
- A child who is persistently smelly or dirty particularly if the dirtiness is ingrained.
- Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening
- If parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm
- Poor standard of hygiene that affects the child's health
- Purple mottled skin, particularly on the hands and feet are seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with injury
- Dry sparse hair
- General physical apathy
- Dental Decay
- Childhood Obesity

Working Together to Safeguard Children (2015) states "Professionals working in the universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need". It is important that all agencies (including Health, Schools, other Educational settings, Children's Centres, Police, Probation, Housing, Voluntary and Community Organisations), identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

Key contributing factors which increase the likelihood of neglect include:

- Parental Mental Health problems
- Parental Substance Misuse
- Households where there is Domestic Abuse
- Unemployment
- Poverty

- Poor parental functioning (including learning disabilities)
- Inadequate housing
- Homelessness

Some children are especially vulnerable to neglect, including:

- Children born prematurely
- Low birth weight children
- Disabled Children
- Adolescents
- Missing Children
- Asylum Seeking Children
- Refugees

6. Impact of Neglect on Children

The impact of neglect on children and young people is enormous. It is often cumulative, advancing gradually and imperceptibly and therefore, there is a risk that agencies do not intervene early enough to prevent harm.

Neglect causes great distress to children, can lead to poor health, poor social and educational outcomes and can be fatal. Neglect can affect the development of a child's brain. Children's ability to make secure attachments is affected by suffering neglect and their emotional wellbeing is compromised, which can affect their ability to successfully parent in the future.

Neglectful parenting is most damaging in both the early stages of life and in the teenage years. A longitudinal study commissioned by the NSPCC found a strong correlation between the neglect and maltreatment of adolescents and poorer emotional wellbeing, including self-harm and suicidal thoughts (NSPCC 2012). Children who receive care which is unpredictable, rejecting or insensitive are more likely to develop attachments which are less secure.

Children who have experienced neglectful parenting may have:

- Poorer emotional knowledge and be less able to discriminate between different kinds of emotions;
- Lower self-esteem and higher levels of emotional problems;
- More aggressive than children who are not neglected; and
- More uncooperative and noncompliant;
- There is also a related impact on children's social development: the evidence suggests that neglected children are more withdrawn and socially isolated and less socially competent than their peers.

(Safeguarding Children across Services (2012) Davies, C and Ward, H)

7. Roles and Responsibilities

Working Together (2015) states 'Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.'

Situations of apparent neglect can be very difficult and thresholds hard to establish. It is essential to place the child or young person at the centre of the assessment, ensuring that all decisions are informed by the [KSCB Inter- Agency Threshold Criteria](#).

Designated Safeguarding Leads in each agency in Kent will take a lead responsibility, contributing to the implementation of this Strategy, building on good practice and by enhancing the awareness of Neglect. All practitioners have the responsibility to ensure that they keep updated with relevant safeguarding training that incorporates neglect and that they know how to contact their Safeguarding Lead.

Children and families with additional needs are best supported by those who already work with them. This is often in universal settings or through additional support and / or targeted provision. For children whose needs are Intensive, a multi-agency approach or team around the family usually achieves the best outcomes. The Kent Family Support Framework provides a clear pathway for Notification, Screening, Assessment, Planning, Outcome Tracking and Reviewing of Early Help cases.

Specialist services are provided where the needs of the child or young person are so great that statutory specialist intervention is required to keep them safe or ensure their continued development. Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect or children with significant impairment of function/learning and/or life limiting illness will require Specialist services. These include Specialist Children's Services providing child protection, fostering and adoption, support to Looked After Children and children with disabilities as well as the Youth Justice Service and Child and Adolescent Mental Health Tier 3 and 4 Services.

Accurate, detailed and up to date documentation is particularly important in identifying issues of neglect. The nature of its presentation (mounting concerns and minor incidents) means that recording by all professionals and sharing of information between professionals is crucial to the protection of the child. Using a chronology in cases where neglect is a concern is a very useful way to quickly see the key concerns over a period of time.

Records should reflect that parents or carers have been given full information regarding choices so that they can give informed consent. It is also important to document what actions have been taken to engage with parents or carers who are refusing care or consent for treatment / immunisations, including those who do not attend for appointments.

When concerns are identified, these should be discussed with the parent or carer and factors that may be contributing to the persistent failure to meet the child or young person's basic physical or psychological needs to be explored. As with all presenting needs, the earlier neglect is identified and responded to, the better the outcome for the child. This must involve professionals being aware of and responding through an early help approach whereby concerns are identified and addressed through conversations and action early in the life of the problem

7.1 The role of Early Help and Preventative Services

In Kent, partners should effectively utilise the Kent Family Support Framework for vulnerable children and families with multiple needs or whose needs are more complex. Early Help and Preventative Services work with families requiring intensive support following a request for support giving informed consent from the family. Early Help Units in each district work with children, young people and families requiring intensive support. They work in partnership with other professionals

and the family to assess needs and agree an outcomes focused plan providing co-ordinated support to build resilience and develop solutions to problems the family may be experiencing.

Children and families with additional needs are often best supported by those who already work with them. In some cases, additional support and / or targeted provision provided by Early Help and Preventative Services is appropriate which can be accessed via the local Open Access Children's Centre or Youth Hub.

Early Help and Preventative Services works closely with Specialist Children's Services to ensure the right support is provided at the right time. Joint District Step-down Panels discuss and agree when a case needs to step-down to an Early Help Unit, with consent from the family. Depending on the continued support required, additional support and/or targeted provision may be agreed as appropriate.

Youth Justice Service assess, plan and provide support for young people who have come to the attention of the police and receive a court disposal. They work in partnership with other professionals, including Specialist Children's Services, to provide the appropriate support in all cases including where neglect has been identified.

7.2 The role of Kent Specialist Children's Services including the Disabled Children's Service

A clearly understood threshold for access to Specialist Children's Services is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of Neglect (cumulative harm, non-incident focused, improving and worsening often in line with the advance and retreat of professional help) can present challenges for practitioners assessing parental behaviours and the impact on children.

Specialist Children's Services are accessed via referral to the Central Referral Unit where decisions are made about whether to progress an assessment of a child under S.17 or s.47 Children Act 1989.

All agencies that refer Neglect into Specialist Children's Services can expect clear communication about whether the referral has been accepted and the role of the referrer going forward and, if the referral has not been accepted, why this is the case and what support the referrer can offer or seek for that child. In some cases, support from Early Help and Preventative Services may be suggested and, with consent from the family, the referral will be forwarded to the relevant team to provide appropriate support.

Any child who is subject of an assessment and on-going support from Specialist Children's Services will have a plan that identifies their needs, what outcomes the plan hopes to achieve and what actions the adults in the child's life will have to take to achieve the outcomes. These plans are multi-agency and the ambition of all our plans is that children have permanent and secure homes where the adults are able to meet their needs without on-going support of statutory safeguarding services.

All Social Workers in Specialist Children's Services will be trained to understand how neglect presents and the long and short term effects on children. They will be supervised and supported to make judgements about what action is required to safeguard a child from neglect.

Specialist Children's Services will work with universal services throughout their involvement with the child or young person and will work with universal services to have a clear plan for when Specialist Children's Services involvement is stepped down. In some cases, intensive support from Early Help and Preventative Services may be agreed, with consent from the family and following discussion at

the Joint District Step-Down Panel. Depending on the continued support required, additional support and/or targeted provision may be seen appropriate at step-down.

7.3 The Role of Police in addressing Neglect

Neglect can be sufficient to meet the criteria for a criminal investigation. The Police Specialised Officers will take primary responsibility for investigating crimes relating to child abuse, however, there may be circumstances when professionals need the urgent assistance of police and therefore 999 should be used accordingly.

For police to be able to successfully prosecute an offence relating to neglect evidence will be required to support the concerns and as such consideration must be given to involving police at the earliest stage. Evidence would include, (but not exhaustive), home conditions, school attendance, eye witness statements, non-attendance of medical appointments.

7.4 The Role of Education in addressing Neglect

Schools and early years settings play a vital role in recognising and responding to neglect at an early stage. All staff employed within the education workforce have a responsibility to safeguard children and promote welfare as defined by section 175 of the Education Act 2002. Safeguarding training provided to the sector focusses on signs and symptoms of abuse and neglect whilst guiding staff through the process of knowing how to respond, record, report and refer where appropriate.

A safe school requires a culture of vigilance where staff are alert to early signs of concern and know where to go to consult where appropriate. Good partnership working with parents and other agencies is critical to addressing neglect as a child whose basic primary needs are not being met is unlikely to be motivated to learn. A good understanding and heightened awareness of signs of safety and the KSCB thresholds for intervention is a requirement for all Designated Safeguarding staff in schools and settings.

7.5 The Role of Health in addressing Neglect

Accurate, detailed and up to date documentation is particularly important in identifying issues of neglect. The nature of its presentation (mounting concerns and minor incidents) means that recording by all health professionals, and sharing of information between professionals is crucial to the protection of the child. Updating a chronology in cases where neglect is a concern is a very useful way to see quickly the key concerns in these cases over a period of time.

Records should reflect that parents or carers have been given full information regarding medical choices so that they can give informed consent. It is also important to document what actions have been taken to engage with parents or carers who are refusing care or consent for treatment / immunisations including those who do not attend for appointments.

When concerns are identified these should be discussed with the parent or carer and factors that may be contributing to the persistent failure to meet the child or young person's basic physical or psychological needs to be explored. As with all presenting needs, the earlier neglect is identified and responded to, the better the outcome for the child. This must involve health professionals being aware of and responding through an early help approach (Kent Family Support Framework) whereby concerns are identified and addressed through conversations and action early in the life of the problem

If neglect is suspected discuss the matter with your Designated/Named/Lead Safeguarding Professional. Situations of apparent neglect can be very difficult and thresholds hard to establish. It is essential to place the child or young person at the centre of the assessment, ensuring that all decisions are informed by the Kent Inter- Agency Threshold Criteria.

Should the outcome of any assessment identify that a child or young person is at risk of significant harm then a referral to Specialist Children's Services via the Central Referral Unit in accordance with Kent & Medway Safeguarding Children Procedures should be made.

7.6 The Role of other services working with vulnerable adults with children (including housing, drug and alcohol services, and adult mental health services)

All services that are predominantly adult focussed, including mental health services, are expected to align their practice with the 'think family' principles. Within mental health, it is well evidence that parents with mental health issues may need support and guidance to fulfil their role and responsibility as a parent due to the impact of their illness (SCIE 2009).

Staff need to be aware of the signs that a family is struggling and ensure interventions, assessments and partnership working with the family and other agencies is robust at all times. The right level of training, advice, supervision and support is also necessary to ensure staff are equipped to provide the best possible care to these vulnerable families.

8. Guiding Shared Principals

Those agencies working together to this Strategy agree to the following principles when considering neglect. The need to:

- 1) Have a shared understanding of Neglect and the safety, wellbeing and development of children is the overriding priority.
- 2) Collaboration amongst agencies is vital to ensure effective identification, assessment and support.
- 3) Identify Neglect at the earliest stage, in order for the early assistance to be coordinated through the early help process.
- 4) Work using the 'Signs of Safety Approach'. At its simplest, this framework can be understood as containing four domains for inquiry:
 - a. What are we worried about? (past harm, future harm and complicating factors)
 - b. What's working well? (Existing strengths and safety)
 - c. What needs to happen? (Future safety)
 - d. Where are we on a scale of 0 to 10 where 10 means there is enough safety for child protection agencies to close this case and 0 means it is certain that the children will be (re)abused.
- 5) Use historical information to inform assessments and chronologies on Specialist Children's Services cases and where appropriate, cases worked by Early Help and Preventative Services.
- 6) Continually question hypothesis and assumptions made in relation to each child's case.
- 7) Take appropriately statutory action if sustainable progress is not made to reduce risk.
- 8) Ensure all children, regardless of age, disability, ethnicity, special needs and caring responsibilities have an equal right to be protected from neglect.
- 9) Understand that 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.

9. Governance and Accountability

The implementation of this strategy will be overseen by the KSCB Policy and Procedures Sub Group and this will provide challenge and support. The Sub Group will the review this Strategy in line with its review policy.

10. Review Date

This Strategy will be review in August 2019.