



# Peterborough Safeguarding Children Board

## Neglect Strategy

2016



---

“We owe our children, the most vulnerable citizens in our society, a life free of violence and fear”

Nelson Mandela

---



CONTENTS	PAGE
<b>Section one</b> .....	3
1. <i>Introduction</i> .....	3
2. <i>Definition of neglect</i> .....	4
3. <i>Key themes and issues</i> .....	5
4. <i>Why is neglect difficult to define?</i> .....	6
5. <i>Identifying neglect:</i> .....	7
6. <i>How children seek help</i> .....	14
7. <i>How parents seek help</i> .....	16
<b>Section two</b> .....	17
8. <i>Principles</i> .....	17
9. <i>Assessment</i> .....	18
10. <i>Agency and professional responsibilities:</i> .....	21
11. <i>Strategic Aims and Objectives</i> .....	25
12. <i>Performance and Quality Assurance framework</i> .....	25
13. <i>Governance</i> .....	26

## SECTION ONE

### 1. INTRODUCTION

Neglect remains the most common form of child abuse across the UK and is usually the most common cause for a child being the subject of a child protection plan. It is well documented that neglect can cause significant distress to children and young people and lead to both poor short and long term outcomes. In addition research and findings from Serious Case Reviews also inform us that in extreme cases neglect can be fatal.

The Peterborough Safeguarding Children Board (PSCB) aim –

*“To ensure that there is early recognition of neglect cases in Peterborough and that from early help to statutory intervention there should be appropriate, consistent and timely responses across all agencies”*

To achieve its aim Peterborough Safeguarding Children Board will seek to ensure that all partner agencies work together so that anyone who comes into contact with children and young people is able to recognise, understand and know how to respond to cases where a child or young person may be at risk of harm from neglect.

This strategy seeks to explain;

- How agencies in Peterborough recognise and respond to “neglect”
- What this means for people and organisations and how they exercise their duties and responsibilities to protect children and young people
- How agencies can work together to reduce the chances of children and young people being neglected.

The PSCB recognises that this is especially difficult when signs and indicators are not always easy to spot and the consequences of action or inaction may have great significance for the child, young person, their family and those involved with them.

This strategy has been created to help improve the ways in which needs and risks are understood, recognised and responded to at all stages of the “child’s journey”. It is not a “stand alone” document and should be considered alongside a number of other strategies, including the PSCB Threshold document and the Peterborough Children’s Social Care Neglect Strategy. Together these reflect the many different aspects of neglect and priority concerns of organisations and professionals.

Over time those responsible for ensuring the safety and protection will be supported to evidence how they are implementing this strategy through the PSCB section 11 (Children Act 2004) self-assessment and their own governance and accountability structures and processes.



---

“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing”

Albert Einstein

---



## 2. DEFINITION OF NEGLECT

Neglect can be complex and is often hard to define clearly. It differs by type, severity, frequency and impact. Neglect often co-exists with other forms of abuse and is often a pre-condition to allowing other abuse to take place. Increasingly, the psychological impact of neglect is being recognised.

Being clear about what the child experiences and the possible harm that may arise will allow for preventative safeguarding, rather than waiting for the impact on the child to become irreversible.

Definitions and descriptions of child neglect help to provide benchmarks for practice. A general definition that should trigger an early help assessment is provided below:

Whether through an act or acts of omission or commission the child's immediate or ongoing need for medical, nutritional, emotional, physical, or supervisory care is not being sought or provided by the adults who have responsibility to do so'.

In terms of **safeguarding and child protection** the official description – used by all professionals responsible for children's welfare and including children up to the age of 18 years – is set out in the government's statutory guidance *Working Together to Safeguard Children 2015*.

*'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.*

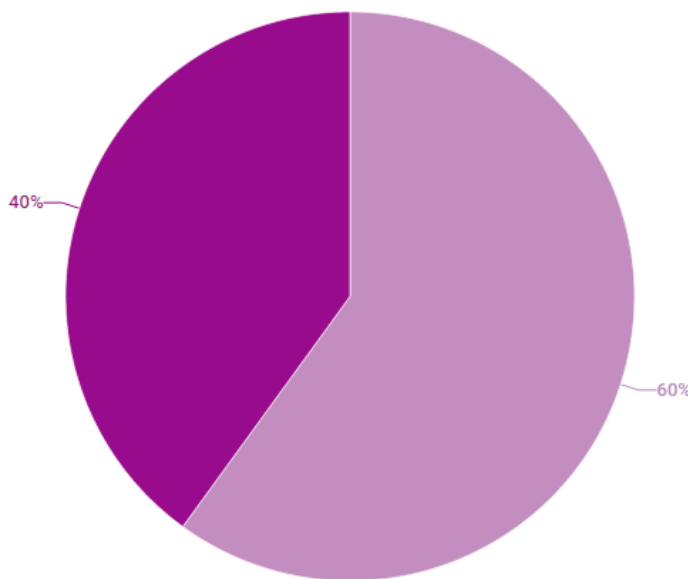
*It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'*

Neglectful parenting can manifest itself through medical, nutritional, emotional, educational, physical, and supervisory deficits. If not addressed early, parental deficits (both intentional and unintentional) 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).


### 3. KEY THEMES AND ISSUES


A number of key themes and issues have been identified around neglect, these include the following;



 Neglect is a factor in 60% of Serious Case Reviews (NSPCC 2015)

 **29 %** Neglect is one of the most common reasons for a child to contact Childline (NSPCC 2016)

 **24,300** Children identified in 2015 were identified as needing protection from Neglect. This makes neglect 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, children in care, runaways, and asylum-seeking children.



Neglect has adverse short- and long-term effects. In extreme cases, neglect kills.



We know that professional responses to neglect can be variable (ref: 'In the Child's time: professional responses to neglect' (March 2014 Ofsted))

#### 4. WHY IS NEGLECT DIFFICULT TO DEFINE?

Neglect can be difficult to define because most definitions are based on personal perceptions of neglect. These include what constitutes "good enough" care and what a child's needs are. Lack of clarity around this has had serious implications for professionals in making clear and consistent decisions about children at risk from neglect.

Most neglectful families have complex needs so interventions frequently involve different agencies. Practitioners' understandings of neglect, however, are often shaped by different professional backgrounds and can vary within and across different services. This can contribute to vital pieces of information being lost or not being effectively communicated across agencies. Consequently, an effective interagency approach to cases of neglect is essential.



---

“Sometimes no one believes you or no one comes to your home to see what’s going on so no one might know or can tell from the outside”

Quote from young person

---



## 5. IDENTIFYING NEGLECT:

There are a number of factors which can adversely affect the parent's ability to meet the needs of their child. Although these factors may be present it should not be assumed that the child is being neglected but they should at the least act as a signal to the professional to explore with the parent and child the impact of their situation or behaviour on the child. Child neglect is assessed using the assessment framework triangle.



The assessment framework provides practitioners with a working model for conceptualising parental neglect. Neglect cases usually involve a failure of parents / care givers to provide one or more of the components of the assessment framework. The three domains; Family and environmental factors, child's development needs and parenting capacity provide a holistic assessment of both the child and the family.



---

“Young people might think it's their fault that they are being neglected so they go along with it”

Quote from young person

---



## **Parenting, Family and environmental factors.**

Mental illness, alcohol and drug misuse, domestic abuse and learning disability are all known to increase the likelihood of children experiencing neglect. This becomes more likely when they appear in combination. **Cleaver, Unell and Aldgate** (2011) bring these factors together and their findings are summarised below:

### ***Parental mental health***

Parental mental health difficulties can lead to deterioration in their ability to perform parental tasks. Sometimes a preoccupation with their illness makes parents unresponsive to the needs of their child. The professional should consider in these circumstances what support mechanisms are available to the patient to help mitigate any possible deficits in the parent's ability to meet the child's needs. It is important that mental health workers including G.Ps consider the potential impact on their patient's ability to perform their parenting duties and be ready to ensure the needs of the child are met in these circumstances. An absence of any extended support network, inter-partner conflict and financial worries should act as warning signals to professionals.

#### *Maternal or paternal depression*

Maternal or paternal depression is associated with lower sensitivity and may result in disrupted bonding and reduced sensitivity to the child's need for empathy, warmth and understanding. Research suggests that the impact of depression is most harmful during the first 5 years of the child's life. The possible impact on older children should not be underestimated as it can impact on the parent's response to the child's behaviour with fewer positive and reinforcing reactions.

#### *Anxiety disorders*

Phobias and anxiety disorders have been found to result in negative parental reactions, although the research into this area is limited. Nevertheless in some cases parents suffering from these disorders were found to be less responsive to their child, more likely to be critical or accepting of differences in opinion, less affectionate, smile less, and be more likely to overreact

#### *Psychotic disorders*

Serious psychotic disorders involve distorted thinking, perception, communication and limiting emotional response. These disorders are very likely to significantly limit the parent's ability to fulfil their parenting responsibilities and must be taken extremely seriously by the professionals involved when assessing the parent's ability to care for children.

### ***Substance and alcohol misuse***

Drug and alcohol misuse are serious risk indicators for child maltreatment across the full range of potential mechanisms for abuse. Prior to birth, the effects of alcohol and drug use can impact of the baby's growth and will probably result in withdrawal symptoms and neonatal distress. The longer term effects for the child are likely to impact on their health and wellbeing.

The impact of substance and alcohol misuse on parenting capacity is likely to manifest in their reduced ability to focus their energies on fulfilling the basic parenting tasks which are replaced with a preoccupation in serving their own needs. Living standards may be affected, income may be misappropriated, parental relationships may be negatively affected and criminal activity may become a feature of their lives.



Supervision standards may become lackadaisical, which considerably increases the child's vulnerability to neglect and other forms of abuse. Where the principle attachment of the parent is to a substance, it follows that their child will inevitably come second and, in some cases involving older children, the family hierarchy becomes inverted with the child caring for the parent. The abuse of substances rarely occurs without other problems relating to mental health, family relationships and socio-economic circumstances.



---

Most young people can't tell anyone that they are being neglected

Quote from young person

---



### ***Domestic Abuse***

Domestic abuse is a prevalent feature in cases of neglect. Domestic abuse is not limited to the use of physical assault and can include forms of psychological abuse. Adult victims are exposed to emotional torment, criticism, humiliation, as well as physical assault. As such adults who experience this form of abuse often feel helpless, disempowered, degraded and depressed. They are frequently socially isolated and alone and may self-medicate or use alcohol more frequently. The impact of domestic abuse on the parent's ability to care for their child should not be underestimated and can become neglectful. Domestic abuse is closely linked to parental depression and can mean that the child becomes lost in the turmoil of the parents' relationship.

For children living in environments where domestic abuse is a feature, the immediate dangers are significant. The risks of physical assault on the child are increased by intentionally or unintentionally being assaulted. Witnessing or being aware of domestic abuse is, at best, frightening for the child and at times the child can be exploited as a form of aggression. This is a form of emotional abuse.

Although, understandably, allowances are often made for parents experiencing domestic abuse, it is again important that professionals keep the child's experiences in sharp focus.

### ***Parental learning difficulties***

The presence of learning difficulties in a parent is a risk factor that requires further assessment. It is incorrect to assume that parents with a learning difficulty will inevitably neglect the care of their child. Research suggests that in the majority of cases adequate care can be afforded to the child providing there is a good understanding of the potential difficulties the parent may find problematic. Support services are crucial and a full exploration of support networks may mean that the outcomes for the child will not be adversely compromised.

Factors that need to be considered include their ability to learn how to parent, money management, their own childhood experiences, their view of themselves, vulnerability to abusive relationships, and their ability to unlearn any negative experiences brought forward into their own style of parenting.

Neglect is the most common concern amongst professionals when working with parents who have learning disabilities. Neglect becomes more likely when the parent's resources, knowledge, skills and experiences are insufficient in meeting the child's needs. In some cases long term support will be required in order to ensure that the child's changing needs are not affected by the parent's adversities. **It is crucial, when working with parents who have a learning disability, that professionals do not lose sight of the child's experience while attempting to help the parent.** This has been called 'fixation error' and for professionals working with cases such as these, it is important that through supervision appropriate challenge and reflection ensures the child's experience is not compromised.

### ***Economic and neighbourhood factors***

Poverty, housing difficulties, drug and alcohol availability in a particular neighbourhood can increase the likelihood of neglect. Families who are experiencing poverty do not necessarily neglect their children and poverty is not a single causal factor in neglect cases. However, the majority of those cases of neglectful families that come to the attention of professionals working in social care are experiencing poverty. The pervasive impact of poverty on parents' neglectful behaviour is a recognised feature and as such requires the professional to fully understand the stressors impacting on the parent's ability to parent appropriately. It is important in these situations that support is made available to the family to ensure benefits are being appropriately received and housing issues addressed where applicable.

### ***Social isolation***

A positive mitigation and protective factor is the presence of good family or extended support networks. Conversely, social isolation and lack of readily available support is a further risk factor that can make neglect more likely. Parents who have been in care themselves may neglect their own children because of the absence of a family support network or from family substitutes such as foster carers. In many cases of neglectful parenting, it is the case that the parents suffered dysfunctional relationships with their own parents, resulting in diminished opportunities for supportive relationships with their wider family.



---

Schools and teachers are supposed to help and they can, but  
sometimes they are too stressed and busy

Quote from young person

---





---

Being ignored causes the same chemical reaction in the brain as experiencing a brain injury

---



### **Child's development needs**

The indicators described above should serve to alert professionals to the possibility of neglect. There are however other signs and indicators that are also suggestive of neglectful parenting.

#### ***Faltering growth***

This is a complex issue with potentially many causes. However, in terms of meeting the child's fundamental need for nutrition, a child who does not gain weight and height, or who loses weight for no apparent medical reason, should be a cause for concern amongst professionals. Peter Connelly's weight dropped very significantly in the months before his death and although noted by the health visitor and school nurse, this indicator of neglect did not result in any immediate action.

Babies and small children who are not fed eventually stop crying –this should not be misinterpreted as a content child.

It is extremely important that, in the circumstances described in this section, a paediatric assessment is seriously considered and discussed with a paediatrician.

#### ***Burns and other injuries***

Scalds and burns are potentially a sign of neglectful and careless parenting. They may also be an indicator of physical abuse. With all concerning injuries it is important for professionals to have a clear understanding of the circumstances that led to the injury. Accidents are generally understood to be a sudden, unexpected event taking place without warning. However, the belief that an injury was caused accidentally should not simply be accepted. In neglectful families there is more likelihood of accidents occurring due to the pre-existing attitudes of parents and/or the environment in which the child lives. Further suspicions should be aroused when parents have failed to seek medical attention promptly, fail to keep medical appointments, or where the injury is significant.

Frequent attendance at Accident and Emergency departments, or the GP, for child injuries may also indicate that there is insufficient supervision within the home, which could be a sign of neglectful parenting and warrant further examination.

#### ***Poor hygiene and physical care.***

In some cases professionals may inadvertently excuse signs of neglect because other positive factors may be in evidence. For example, the child may appear happy and playful, generally well-nourished and seemingly 'loved' by their parents. The potential impact of poor hygiene and poor physical care including oral hygiene is nevertheless a concern that should not be tolerated by professionals. Again it is important that

professionals hold in focus the experience of the child and how this affects outcomes for them in their school, their community, and upon their development.

### ***Bruising and rough handling in the context of neglect in babies***

Marion Brandon in her reviews of Serious Case Reviews has commented that the use of both the concept and the terminology of 'rough handling' may mask the risks of physical injury or even death for babies and older children. A view may be formed that these injuries are less serious acts of omission, indicating inconsiderate and careless parenting rather than a potential indicator of underlying serious concerns and injuries.

In some Serious Case Reviews, where children have died or been seriously injured, professionals had noted previous insensitive 'rough handling' of babies, and parents being verbally aggressive and smacking a toddler, and other inappropriate behaviours that imply physical aggression.

In some families' rough handling was frequent behaviour and formed part of the child's everyday experience, while in others it occurred in the build-up to an incident of domestic violence or when the parent was experiencing an episode of poor mental health.

In light of the above:

- The term "rough handling" should not be used as it may encourage the minimisation of safeguarding concerns
- All bruising in a non-mobile baby should be considered suspicious. There should be an assumption that a referral to Children's Services will be made and a paediatric assessment undertaken. The decision not to refer should be made in consultation with the agencies supervising senior with a clear explanation of the reasons for this recorded.
- The significance of bruising to older children MUST be interpreted in relation to the child's age, developmental capability and the care being received
- An understanding of child development is essential in the interpretation of bruising and injury, but especially so for children living with neglect, who may have less than optimum supervision.
- A bruise also needs to be considered in relation to the parent's capacity to supervise in a way that is appropriate to the child's developmental needs.
- Children may be described as bruising themselves easily or more often. Any bruise needs to be carefully considered and explained in relation to the child's age and developmental capability and in the context of the care received.
- Older babies are more able to bruise themselves through falls and tumbles but where there are pre-existing concerns about neglect and emotional development, for example faltering growth and failure to thrive, workers should be concerned about bruising and consider specialist assessment by a paediatrician rather than a GP.
- A safe living environment is a pre-condition for a safe relationship between children and their care-givers. **If parents have a "good relationship" with the children but their living conditions are not safe, then the child is not safe.** (Brandon 2013)

### **Childhood behaviour difficulties**

Early indicators of childhood neglect and emotional abuse manifest themselves early in life. Attachment difficulties can be an early sign of neglect or emotional maltreatment. Disorientated attachment patterns can manifest themselves through behaviours such as repeated unsuccessful attempts to engage with a parent and failing to seek reassurance when upset or distressed. It is thought that this type of behaviour may occur when the parent from whom the infant may seek attention or comfort is also the parent the infant considers, due to experience, to be a source of fear.

Childhood neglect may also be associated with one of the many causes of language delay and communication, socio-emotional adjustment and behavioural difficulties. Studies have found that such difficulties can manifest themselves in children by their third birthday. The implications of this for the child are likely to be seen in preschool settings with difficulties in literacy, numeracy, and friendships

In older children the signs may include behaviours thought to be harmful to themselves or others, anti-social in nature and a disregard of risk with risk taking behaviour. Older children may typically be involved in crime, use drugs and alcohol or exhibit violent behaviour towards others. Physical neglect is likely to manifest itself in young people becoming stigmatised and bullied.

### **Disabled children**

*'Disabled children are more dependent than other children on their parents and carers for their day-to-day personal care; for helping them access services that they need to ensure that their health needs are met; and for ensuring that they are living in a safe environment. The impact of neglect on disabled children is therefore significant. This is not always recognised in time.'* (Ofsted thematic inspection August 2012).

This statement identifies the potential for disabled children to be neglected, given the reliance some children have on their parents to meet their care needs. Disabled children may also be at increased risk due to communication difficulties, sympathy for carers affecting professional judgement and perceptions that the needs of a disabled child should be viewed differently from other children. The family and environmental factors identified above are no less relevant for disabled children and therefore professionals working with disabled children should always be prepared to have candid discussions when concerns begin to emerge about the care of a child.

### **Older Children**

Children deemed to be in the period known as adolescence are making the transition from childhood into adulthood. As such, it is a period where experiences, over time, are forming and shaping the adult they will become. The time span during which a child might be deemed an adolescent is hugely variable and professionals should hold in focus the fact that children remain children until they are deemed adult in law, that is when they reach the age of 18.

The cumulative impact of childhood neglect during this period is likely to become clearer and consolidate into patterns which will generate poorer outcomes throughout the rest of their lives. Adolescents do not grow out of being neglected; in fact the impact of their earlier experiences is likely to worsen. **Ventress (2013)** stresses that a young person maybe indulging in what might be viewed as extreme risk-taking behaviour sufficient to provoke in the professional a belief that the young person is to blame.

Furthermore, some young people who are acting out the impact of years of neglect may be written off as being beyond help. Whatever the manifestation or reasons for such behaviours, it is important to recall that an adolescent's tolerance of neglect does not indicate a positive choice to be neglected, nor should it be a reason to engage in blaming the young person.

Regardless of whether their childhood experiences have been positive or difficult, young people will seek out opportunities to exercise their autonomy and this will involve making some poor choices. Adult levels of reasoning, rationality, planning and impulse control are not fully developed and there may be many years before development is complete; so even those adolescents who have had an entirely positive upbringing will not yet have a matured prefrontal cortex.

## 6. HOW CHILDREN SEEK HELP

Research is clearer about why children do not seek out help than how they do. However, children often develop their own methods of communicating a problem or concern with which the professional needs to become attuned.

Gorin (2004) identified the reasons for children not seeking help as including fear of the abuser, fear of the consequences, fear of not being believed, and fear of loss of control. The behaviours associated with these fears and designed perhaps as coping mechanisms are likely to include avoidance, inaction, confrontation, risk taking, recourse to informal support.

A key message for professionals here is that children are more likely to speak to adults in whom they have confidence and who care about them. It is important that the adult is able to listen and take a measured response based on presenting risk and bearing in mind the reasons why children don't seek help. The importance of establishing a strong, respectful and approachable relationship with the child is of paramount significance particularly as children tend to choose who they talk to. Below is an extract of children's comments from Action for Children's 'Action on neglect' (2013).



---

I used to talk to my dog and it helped me

Quote from young person

---



*'...don't make assumptions about us, our situation and stories- we are more than what you read in our case files and you can't always believe everything that's in them. You do know some things about us but probably not all, although you sometimes seem to think you do. Our situations can be complex and may be hard for you to understand, so you need to take time to get to know us as individual human beings.*

*Some of us have been helped by CAMHS staff whereas some say they were hideous and just asked 'why are you here?' Some of us have been labelled as having Asperger's or autism and this can help (or sometimes not) but it needs to be explained to us properly.'*

*Sometimes some of us run away from home and school: you need to realise that we're trying to tell you something when we do this. Try asking something other than 'are there any problems?' because we'll probably just say no. And if we don't want to talk to our parents about the problems, please don't make me. We'd like you to listen and look out for signs of children being in need of attention - like being bullied or showing behaviour that is risky for them.*

*Youth workers can be good - some of them we turn to because they are usually understanding and not patronising. They don't ask too many questions and yet you can tell them things, maybe because you chose to. You can shut them off easier when they bug you!*

*We need to have people's jobs explained to us. Who are they? What is their role? Why and how might they help us?*

*There are other people who try to help us, like teachers. Some of them could be more understanding about things like why we don't have our PE kit and haven't done our homework - they need to ask us why and not just tell us off. Sometimes teachers are not there for us when we need them but can be there too much when we don't.*

## 7. HOW PARENTS SEEK HELP

The blocks for parents seeking help are strikingly similar to the reasons why children don't seek out help. However when parents do ask for help it appears that many don't receive it.

The key message for professionals is the need to be proactive in seeking support for families who are struggling and not to shy away from engaging such families in constructive dialogue about ways in which help can be provided. Equally important is the role that fathers play in caring for their children. Fathers tend to be excluded from such conversations and as a result their role may be ignored or not fully understood within the dynamics of the family's functioning.

Below is an extract from Action for Children's 'Action on neglect' (2013). It is a joint letter compiled for professionals by the parents who acted as the researcher's consultative group:

*The first impression we get when we meet you is very important. Whether you speak to us clearly and respectfully and whether you show an interest in us and our children as individuals. We would like you to listen to us and talk with us rather than at us. We sometimes feel patronised and made to feel small by professionals, especially if we're young and we didn't have good parents ourselves. Sometimes, you make us feel that we can't ever be a good parent. We need encouragement so we don't end up feeling that we'll never move forward.*

*It's horrible when all the professionals sit around laughing and chatting when your life is falling apart. And the meetings can be big and embarrassing for us, especially when we are asked about new boyfriends and other very personal things.*

*The important thing to realise is that sometimes parents haven't had very good childhoods themselves. Some of us don't know what children need from their parents - we don't know how to look after them very well or how to play with them. So we need clear information and advice and we need you to use language that makes sense to us.*

*First of all, try to put yourselves in our shoes. It's hard when you feel that your life is not your own and that you have no control over what happens to you and your children*



## SECTION TWO

### 8. PRINCIPLES

To ensure that neglect is addressed consistently and effectively all agencies interventions whether early help or statutory intervention should work to the following principles:

1. The child is at the heart of what we do. This means that we need to take account of the child's views and feelings and understand the impact on them and their family.

2. All professionals have a responsibility to identify needs and concerns in relation to children and take action to ensure those needs and concerns are addressed at the appropriate level of intervention. This should always be at the lowest possible level to address the issues.

3. Interventions will be conducted openly and honestly with children and families and all agencies will strive to work in partnership with children, parents and carers.

4. Assessments will be holistic, taking account of all views including parents that do not live with their children. Assessments will be evidence based and identify strengths as well as areas of concern. Assessments will focus explicitly on each child in the family.

5. Plans will be clear and directly related to the strengths and concerns identified in the assessment. All plans will have clear timescales that will be reviewed regularly

6. Parents/carers will be expected to take responsibility for making the required changes to address the identified concerns. Professionals will be expected to be clear with parents/ carers about what those changes need to be and the support they will offer to help achieve them.

7. All agencies will work together positively to address the identified needs and risks for the child and their family. Any concerns about the effectiveness of the interventions with the child should be raised as possible in a constructive way to enable progress to be made.

8. Agencies will support information sharing that is in the best interests of the child.

9. Areas of disagreement will be taken seriously and considered with the family. The child and family will have information that tells them how to make a complaint.

**Early help and statutory joint working interventions will often be triggered by concerns about signs of neglect so it is important that assessment and interventions to help and protect children reflect this.**

## 9. ASSESSMENT

Neglect is a corrosive and significantly damaging form of child abuse. The signs of neglect may not be immediately obvious to the professional and are often part of a complex family picture that can on occasions be explained away or that simply overwhelm the professional. Sometimes symptoms can be masked by apparently good or warm care from the parent. The cumulative impact of a series of seemingly minor incidences can sometimes be lost but, when considered together, warrant a coordinated professional response. Parental needs can also potentially blind professionals to the impact of neglectful parenting on the child. Children who are in neglectful environments require the same robust and structured assessment process as children who are in other abusive situations.

Protecting children and young people involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward and responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance.

### I. Early help assessment

Working Together 2015 emphasises the importance of local agencies working together to help children who may benefit from early help services. Early help assessments should identify what help the child and family might need to reduce the likelihood of an escalation of needs to the level that will require interventions through a statutory assessment conducted under the Children Act 1989.

Where possible early help needs are identified, Peterborough promotes the use of the Early Help Assessment (previously known as a CAF) as the tool for recording the family's unmet needs. Any professional who knows the child can carry out the assessment and liaise with other professionals who might need to be involved. A lead professional, who knows the child and can coordinate the delivery of services, should be identified.

This could be a G.P, teacher, health visitor – the decision should be made on a case by case basis and be informed by the views of the child and family concerned.

**An Early Help Assessment must only be undertaken with the agreement of the child and family and requires honesty about the reasons for completing the assessment as well as clarity about the presenting concerns. Should the child or family decline the offer of an assessment, the professional who identified the concerns should discuss the case with Early Help Services or PCSC to determine if the circumstances warrant a statutory assessment by Children's Social Care.**

Saying no to prevention or early help services does not mean that specialist safeguarding services will become involved, except where there is a risk of significant harm to the person concerned, or where they may present a significant risk to others.

## Peterborough Early Help Process

1. A child / young person with more than one unmet need is identified by a professional including teacher, school nurse, housing officer, fire officer, health visitor, nursery manager, family support worker, learning mentor, GP, community paediatrician, child minder, youth worker etc.
2. The professional talks to the family to start a dialogue about their concerns and encourages them to engage with the Early Help Process
3. The child / young person and/or the parent/carer gives consent to engage in the process
4. An Early Help Assessment is completed on the Local Authority web-based eCAF / Early Help Module
5. The Early Help Assessment comes through the Local Authority Gateway via the eCAF / Early Help Module system where it is checked by the Early Help Team – primarily for Safeguarding and Quality. It is also at this point that an Early Help Co-ordinator might make suggestions as to possible avenues of support based on the information within the assessment.
6. Following approval through the gateway, the Lead Professional will choose with the family the best way to take the assessment forward, which might include:
  - a. A Team around the Child / Family (TAC) meeting involving the family, Lead Professional and a range of other professionals
  - b. A professionals meeting
  - c. Referral to a single service
  - d. Manage with internal resources
  - e. Close the episode
  - f. Refer to one of the Early Help Panels (see below)
  - g. Refer to Children's Social Care
7. Families needing support at a targeted level will be encouraged to engage with and contribute to a SMART family action plan to monitor outcomes and measure progress.

## Assessment Tools

In addition to the Early Help Assessment, Peterborough recognises and encourages the use of a variety of other tools to both assist with the assessment process and also as alternative ways of engaging with families and encouraging their participation in the Early Help Process.

In cases of neglect, there are two other assessment tools that may be of more use to professionals in identifying concerns and establishing the most effective plan of intervention to support children and their families.

The first is the **Outcome Star**, which many professionals are already used to completing with families. It offers a general evaluation of concerns within a family, but

can also provide a scoring system that may help direct professionals to areas of neglect that require attention.

The much more specific tool is the **Graded Care Profile**. This assessment model was specifically designed to look at neglect, and help professionals and parents to focus on the key areas that need intervention. It supports open discussions with families, and enables a very clear baseline of current functioning to be taken. Focussed plans to address difficulties are easier to develop, and “rescoring” at key intervals enables all involved to measure progress objectively.

Practitioners do **not** need to complete all of these tools in relation to one family; professionals should choose the tool that is most useful for the presenting difficulty they are trying to address.

Training is available on all three assessment tools through the Early Help Team ([helpwithcaf@peterborough.gov.uk](mailto:helpwithcaf@peterborough.gov.uk)) and the PSCB ([www.safeguardingpeterborough.org.uk](http://www.safeguardingpeterborough.org.uk))

The lead professional should ensure that the circumstances of the child improve as a result of coordinating the delivery of services. Where improvements do not occur, in a timescale appropriate for the child, a referral to Children’s Social Care should be considered.

Where the situation is judged to be within the definition of a ‘child in need’ or the child has suffered or is likely to suffer significant harm, a referral should be made to Children’s Social Care immediately.

**Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:**

- a. **He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;**
- b. **His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or**
- c. **He/she is a Disabled Child.** (definition of disabled child for the purposes of S17 can be found in section 17(11) of the Act)

## **II. Statutory assessment**

Where the above criteria are thought to be met, a referral should be made to Peterborough Children’s Social Care who will consider the need to undertake a statutory assessment. Where an assessment is deemed appropriate, the Social Worker will complete the assessment within 45 working days. ***For further guidance around thresholds for early help and statutory intervention please refer to the [Peterborough’s Safeguarding Children’s Board threshold document](#)<sup>1</sup>.***

---

<sup>1</sup> The PSCB’s Threshold Document can be found at <http://www.safeguardingpeterborough.org.uk/children-board/professionals/procedures/threshold-document/>

## **Parental Consent**

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their family.

Where a practitioner is requesting support of services on behalf of a child or family, they require consent beforehand – this is regardless of whether they are seeking support from Early Help Services or from Children’s Social Care for child in need services. Where the referral relates to immediate safeguarding concerns, and professionals are concerned that seeking consent may place the child at risk of significant harm, consent is not required and contact should be made with Children’s Social Care as soon as possible. The reason for not informing the parents or carers of the referral should be clearly recorded by the professional.

Should the child or family decline the offer of an assessment, the professional who identified the concerns should discuss the case with the Early Help Team or their own Safeguarding lead to determine if the circumstances warrant a referral to Children’s Social Care.

Saying no to prevention or early help services does not mean that specialist safeguarding services will become involved. Children’s Social Care will only become involved if there is a risk of significant harm to the child or where the information provided indicates that significant harm is likely to happen if statutory intervention does not take place. They will always inform the family, and child where appropriate, who made the referral and concerns reported, unless the referral is anonymous

For further guidance please refer to the [Peterborough’s Safeguarding Children’s Board threshold document](#).

## **10. AGENCY AND PROFESSIONAL RESPONSIBILITIES:**

### **Responsibility of all agencies**

No one agency is able to address the complex elements of neglect on its own, largely because a child’s and family’s needs cannot always be met by a single agency. Effective interventions, whether early help, child in need or child protection depend on professionals developing working relationships which are sympathetic to each other’s legal responsibilities, agency’s purpose and procedures respective roles and agencies capacities.

All agencies represented on the Peterborough Safeguarding Children Board have a responsibility to contribute to the safeguarding of children in Peterborough. Roles and responsibilities are clearly defined in both statutory guidance and the PSCB Procedures and include the following:

- To view the safety and wellbeing of children as paramount.
- To ensure that achieving the best outcomes for the child is the primary focus when working with childhood neglect.
- To ensure that their workforce understand the significance of neglect on children and equip their workforce to work effectively in situations where neglect is a feature.

- To share relevant information and collaborate with other agencies and work together to ensure accurate assessments (graded care profile, outcome star and strengthening families) and the early identification of needs.
- To harness and develop resources to ensure that interventions are proportionate, effective, and delivered sufficiently early so as to reduce the likelihood of any escalation of adversity for the child.
- To ensure that staff attend the PSCB training on how to undertake the tools used to assess neglect and that the training is embedded in practice.

### **Responsibility of Health**

Health is a universal service that is accessed by individuals from all of the communities in Peterborough. Health professionals are involved with children and families throughout their lives and as a consequence they get to know families in more detail than other statutory agencies. Health professionals, particularly midwives, health visitors, school nurses and specialist paediatric staff, spend time with children, young people and their families either in people's homes or other establishments (schools/hospitals) and are very well-placed to identify cases of neglect. It is important that health professionals are alert to the signs of neglect in children and young people and attend the numerous safeguarding training opportunities that are available to them. The nature and impact of neglect is corrosive and cumulative so it is essential that all health professionals maintain accurate, detailed and contemporaneous records that help to form a "picture" of neglect. When a practitioner identifies concerns regarding neglect in a family they should speak to a member of the Health Safeguarding Children team to determine what the next steps to take are.

### **Responsibility of Children's Services**

Children's Services are responsible for co-ordinating 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 address the identified needs of the child through a child in need plan. Where a child is assessed as having suffered, or being at risk of, significant harm Children's services will convene an initial child protection conference to consider the risks on a multi-agency basis. This may result in the child becoming subject of a child protection plan under the category of neglect. Children's Social Care has the statutory responsibility for child protection cases but it will work with other agencies to develop, implement and monitor a plan (Child in Need or Child Protection) to help the child and their family and stop the neglect.

### **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 these difficulties and have children should be particularly alert to how these may impact on the care they give their children. It is important that professionals from the

adult workforce attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

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 all officers are responsible for identifying and referring children who are at risk or in need. Any officer can utilise emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm (this is a very draconian step and should only be utilised in exceptional cases). 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 either the early help team or Children's social care. It is important that Police officers attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

### **Responsibility of Education**

All schools play an important role in the prevention and identification of abuse and neglect. Schools are a universal service that often provide a safe environment for children. Due to the amount of time that school staff spend with children (and their families) they often know the child and their circumstances better than other agencies. Schools provide an essential educative environment for the next generation of parents. Whilst it is recognised that PSHE is not a statutory requirement consideration of issues relating to neglect (including the promotion of wellbeing and self-esteem) should be addressed within the school setting. All education staff have a crucial role in identifying the early indicators of neglect, the early help agenda and in contributing to child in need and child protection cases involving neglect.

### **Responsibility of Housing**

The Housing Department may have important information about families, identifying cases of neglect or contributing information to assessments. The Housing Department has a critical role in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important part to play in reporting concerns where they believe that a child may be in need of support through early help or in need of statutory intervention. It is important that housing professionals attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

### **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. All Probation staff have a responsibility to be aware of the signs of child neglect and to refer appropriate cases to early help or Children's Social Care. 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 aims to prevent offending and re-offending of children aged 10-17. All YOS staff have a responsibility to be alert to safeguarding issues in their work with children and their families. Concerns should be raised with the manager and where appropriate will be referred Children's Social Care.

### **Responsibility of the Voluntary and Community Sector (VCS)**

The VCS undertake a range of programmes around early help, some of which are designed to assist parents in their parenting role. The VCS are therefore well-placed to identify early concerns that relate to neglectful parenting and to work with the family in addressing issues quickly. In some cases improvement may not be achieved in sufficient time for the child, or the situation may be judged sufficiently chronic in nature to warrant a referral to Children's Social Care.

### **Responsibility to share information**

Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection.

It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.

Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.

It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.

It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

Please see the [\*\*Peterborough's Safeguarding Children's Board threshold document\*\*](#) for more information.



## **11. STRATEGIC AIMS AND OBJECTIVES**

To support the implementation of this strategy and to ensure that “neglect” is widely understood and responded to in joint working arrangements, the PSCB undertakes to deliver the following objectives:

1. To ensure that all PSCB partners understand the threshold for intervention in situations where neglect is a feature by:
  - Leading on the review of the Threshold document and re launching it through multi-agency forums
  - Highlighting childhood neglect within the early help offer
  - Ensuring thresholds for intervention are implicitly covered in PSCB training.
2. To ensure services are delivered in a meaningful and timely fashion for children who are experiencing neglect so as to avoid the need for statutory intervention where possible by:
  - Developing performance and Quality assurance systems and mechanisms that enable the PSCB to judge the effectiveness of early help and check that services designed to mitigate the effects of childhood neglect are working.
3. Raise awareness of neglect through our website and newsletters and will seek to be involved in and support events and initiatives that will contribute to this.
4. Maintain our commitment to “Strengthening Families” ensuring as it is rolled out and developed that it maintains a focus on neglect.

## **12. PERFORMANCE AND QUALITY ASSURANCE FRAMEWORK**

The PSCB is responsible for scrutinising multi agency performance data. To assess the impact of this strategy the PSCB will regularly monitor the following multi-agency quality assurance information:

- What children, young people and their families tell us
- Thematic case audits (both single and multi-agency)

In addition the following outcome indicators will be used to provide the PSCB with insight into the effectiveness of the strategy.

- Numbers of graded care profiles undertaken in cases of suspected neglect
- Number of Family Star outcomes with scores of 1 /2
- Number of early help assessments where neglect is identified as an issue
- Domestic Violence notifications where neglect is identified as an issue
- Childhood obesity
- Prevalence of low birth weight
- Poor compliance with hospital appointments
- Poor uptake of immunisations
- Avoidable dental intervention.

- Numbers of referrals and re referrals where neglect is identified
- Child in Need cases where neglect is the primary concern
- CP plans where neglect is the category

### **13. GOVERNANCE**

Governance is provided by the PSCB and scrutiny of progress against the strategic aims and objectives and performance management indicators will be undertaken through the PSCB Quality and Effectiveness Sub Group.

All Board members are responsible for implementing and embedding this strategy within their own agency and the PSCB will hold members to account over this.