

# Neglect Strategy & Guidance

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# 1. Prevalence: Some of the facts and figures in Peterborough

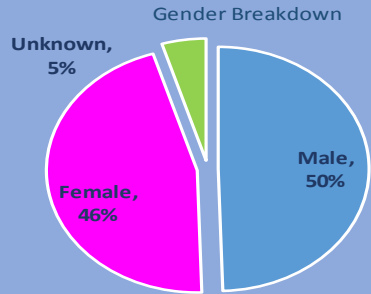
## Neglect :- Referrals

637

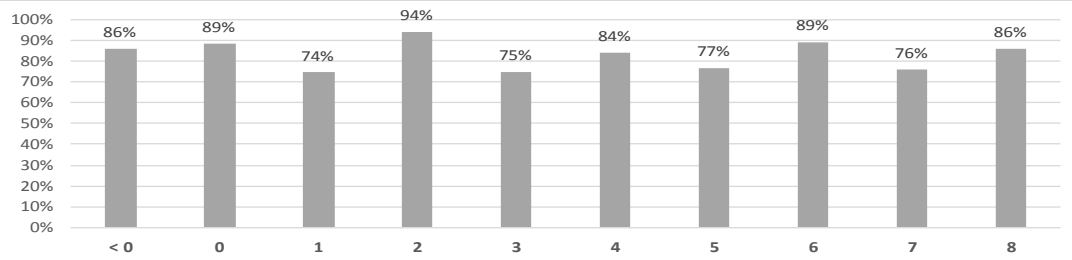
Referrals

535 (84%)

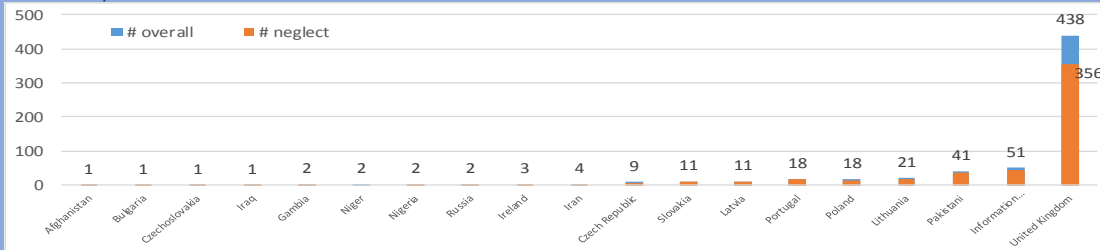
Neglect Referrals



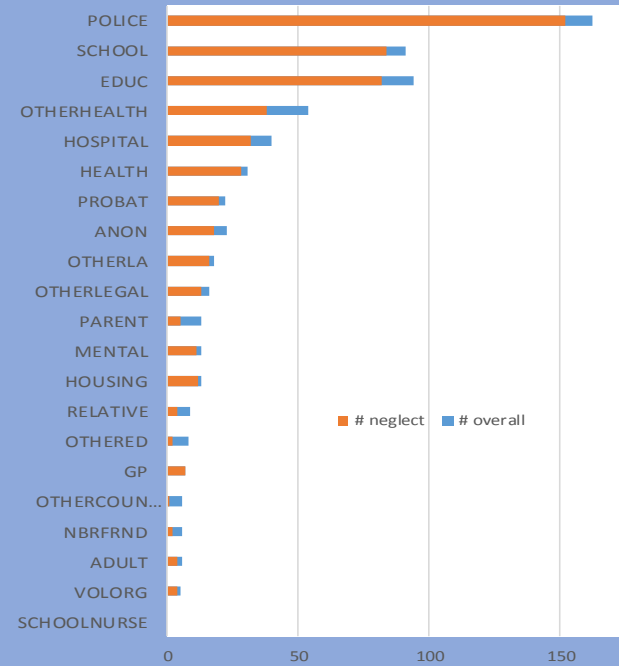
Age breakdown



Nationality Breakdown



Referral route breakdown



High numbers of referrals from the police and from Health sources. In total the various Health related sources provide 145 referrals.

84%

Of referrals are due to Neglect compared to and England average of:

75%

## Neglect :- Open Cases by Type

### Child in Need

**822**

of 1175 open Child in Need Cases were identified as having Neglect

**27%** aged 0 to 3 years Old

**15%** of Cases open for 1 to 2 years

**18%** of cases open for 2 years or more

Q1-Q3 2015/16

### Child Protection

**223**

of 267 open Child protection Cases were identified as having Neglect

**36%** aged 0 to 3 years Old

**84%** of Current child protection cases have a category of neglect compared to:

**41% In England**

Q1-Q3 2015/16

### Entering Care

**128**

of 170 Children who entered care were identified as having Neglect:

**75%**

Q1-Q3 2015/16

# Peterborough

Open Cases of Children

## 2. Introduction

Peterborough Children's Social Care (PCSC) seeks to work in partnership with organisations and individuals to ensure that anyone who comes into contact with children and young people is able to recognise, understand and to know how to respond to circumstances when a child or young person may be at risk of harm.

This strategy and practice guidance document seeks to explain;

- How in Peterborough we understand "neglect" and how this can be recognised
- How PCSC will make sure that neglect is widely and consistently recognised and acted upon in an appropriate and timely way.
- How in building a shared understanding of the things that can contribute to children and young people not being safe, organisations and people can work together to improve the circumstances and opportunities that can reduce the chances of children and young people being harmed.

This is especially difficult when the signs and indicators are not always easy to recognise 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 and practice guidance document has to be considered alongside the Peterborough Children's Safeguarding Board strategy and a number of other single and multi-agency strategies. These reflect the many different aspects of neglect and priority concerns of organisations and professionals. This requires all of us to work towards ensuring that these fit together. This strategy therefore reflects the unique perspective and role of PCSC in ensuring that the identification of and response to the many aspects that neglect can take are effective and result in children and young people being protected.

This strategy and practice guidance document has been created to help and improve the ways in which needs and risks are understood, recognised and responded to at all levels and at all stages of the "child's journey" as they grow up and as they come into contact with services, support and professionals.

### 3. Vision

Peterborough's vision for Children's Service is:

#### *Helping Children to be their best*

PCSC wants to develop and enhance the professional and organisational response to children, young people and their families who may be or are subject to neglect. It is a very significant problem in Peterborough, both in terms of numbers and the impact it has on our child population and their life chances. We need to work together to look at things differently, and offer new solutions to support and improve all our practice.

This strategy sets out how we understand what neglect is and the different forms it can take and how this can affect the wellbeing and safety of children and young people. In order to further improve the professional response to neglect we have to better understand its prevalence, ensure that all joint working arrangements reflect this, that professionals have access to the right training and that at every point when children come into contact with professionals their needs are recognised and responded to in a consistent, timely and proportionate way.

As more effective responses to providing early help are introduced, PCSC will not only support this response to neglect, it will also measure the effectiveness of this. This strategy sets out how this will be achieved and what this will mean for all partner organisations, professionals, people who work with children and young people in a voluntary capacity and children themselves.

### 4. What do we mean by "neglect"

Neglect is a complex issue and differs in type, frequency, impact and severity. Neglect is likely to be a feature in all types of abuse or harm to a child whether as a result of physical, sexual, or emotional harm. Neglect can be an act of omission or commission and in some circumstances both.

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

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

### 5. Definition

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. An effective interagency approach to cases of neglect is essential.

When we asked parents to define neglect in a questionnaire undertaken in June 2016, they said things like

“I think it means being careless about your child regarding their health, safety and wellbeing

and

“Not being cared for properly – keeping warm, fed, clothes, clean, seeing medical professional when needed, not keeping correct supervision when at home and out. Not paying attention or interacting with the child – teaching basic skills, playing, singing...”

A general definition that should trigger some form of 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 requiring a safeguarding and child protection response, Children's Social Care use the following definition from Working Together 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.**

## 6. Identifying neglect

This has been explained in detail in the LSCB Strategy and the PCC Strategy endorses all the information in Section 5 of that document.

### 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.

In the main, professionals will need to be attuned to the ways in which children signal their need for help. The signs of neglect were summarised earlier in this document. These might be understood as unmet need, which should arouse professional curiosity and concern if manifested in a child known to them. 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 too. Below are some extracts from Action for Children's 'Action on neglect' (2013). They come from a joint letter compiled for professionals by the children who acted as the researcher's consultative group.

### 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. In their 2000 study 'Services for children in need: from policy to practice', Tunstill and Aldgate found that many families had been struggling for some time before approaching social services, and those who were professionally referred appeared to have a greater chance of receiving a service than those who approached services themselves.

The key message here 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 are some extracts from Action for Children's 'Action on neglect' (2013). They come from 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.*

*It's annoying when people don't turn up for visits when they said they would.*

## 7. Principles

All interventions whether early help or statutory interventions will hold to the following principles:

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 him or her of our involvement with them and their family.

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 that will address the issue.

Interventions will be conducted openly and honestly with children and their families, and we will strive to work in partnership with parents/carers and children.

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. They will focus explicitly on each child in the family.

Plans will be clear and directly related to the strengths and concerns identified in the assessment. Plans will have timescales and will be reviewed regularly to ensure that actions are happening **and** are effective. They will focus explicitly on each child in the family.

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

We will work together positively with other agencies to address the identified needs and risks for the child and his or her family. Any concerns about the effectiveness of interventions with the child should be raised as soon as possible in a constructive way to enable progress to be made.

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

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.

## 8. Early Help Assessment and Processes

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. It is important to address the issues as early as possible, and every opportunity should be taken to engage children and their families in Early Help services as a first intervention.

### 8.1 Early Help Assessments

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 general 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.

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)).

## 8.2 Peterborough Early Help Process

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.

The professional talks to the family to start a dialogue about their concerns and encourages them to engage with the Early Help Process

The child / young person and/or the parent/carer gives consent to engage in the process

It is at this point that the practitioner should consider which of the 3 possible EH assessments may be the most useful for identifying issues and a way forward with a child experiencing neglect. If support is needed, the practitioner should contact the Early Help Team.

An appropriate Early Help Assessment is completed on the Local Authority web-based eCAF / Early Help Module. Electronic forms will be available for all 3 assessment types.

The appropriate 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.

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 Team around the Child / Family (TAC) meeting involving the family, Lead Professional and a range of other professionals
- A professionals meeting
- Referral to a single service
- Manage with internal resources
- Close the episode
- Refer to one of the Early Help Panels
- Refer to Children's Social Care

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.

[For further details of services available under Early Help, please see the Peterborough Threshold Document 2016 pp.8-12](#)

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.

## 9. 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 2016](#)**

## 10. Children’s Social Care Assessments

Where the above criteria are thought to be met in relation to concerns around neglect, a referral should be made to PCSC 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.

The assessment should cover the areas below, which are particularly relevant to childhood neglect, and should incorporate the Graded Care Profile as an objective evaluation of the current functioning within the family unit:

- Exploration and understanding of the family history - including the parent’s own childhood experiences and memories of how generational parenting has been undertaken.
- A detailed chronology of events known across agencies
- Exploration of the impact, known and likely, of specific behaviours or abilities exhibited by the parents including substance misuse, learning disability, mental health
- Exploration of support networks and the extent to which these can be seriously viewed as ‘protective’ in nature.
- Tested and evidenced views regarding parental ability and motivation to maintain sustained change in a timeframe appropriate for the child.

- An understanding based on discussion with the parents, about their view of the situation, what they see as the issues, how they think services can help and the extent to which they maintain focus on the child.
- An identification of the individual needs of the child and their anticipated needs as they move through childhood and adolescence.
- An evidenced and observed view of the quality of the attachment and bond between the child and the parent.
- An exploration of the impact of socio-economic factors as they directly relate to the care of the child. This is more than simply stating the socio-economic context in which the family live.
- An understanding of the child's view of their situation, how this affects them, what they would like to change and what they would like to stay the same. To gather a meaningful rather than superficial understanding of this, the professional should spend time with the child using appropriate approaches and tools for communicating with children.
- Set an evidenced benchmark using the Graded Care Profile from which to evaluate progress over an agreed timescale. For example; height and weight, routines, interactions, speech and language development, cleanliness and so forth.
- An evaluation of risk that:
  - Evidences concerns and strengths
  - Demonstrates an understanding of causal factors and impact on the child now and in the future should nothing change,
  - Provides an evidenced opinion regarding the potential for sustained change in keeping with the child's timescale
  - Expresses an evidenced opinion on parental cooperation and motivation to change.
- A plan (whether it be Child in Need or Child Protection) that is child focused and designed to affect change in a timescale appropriate for the child. The plan should address the causal factors as well as symptoms. Any proposed services should be directly linked to improving the circumstances for the child and specify the time frame in which improvements must be evidenced (ie SMART plan).

The plan should be subject to regular review, with the Graded Care Profile repeated at agreed intervals, to ensure that it is achieving what is required in the timescale agreed as appropriate. Drift is something that all professionals should be wary of, particularly as other family events are likely to distract from, and complicate, the focus of work. Workers and Managers will be expected to review the risks to children regularly and consider the long-term impact on their physical and emotional development if changes are not being achieved within the appropriate timescales for the child.

Awareness should be demonstrated at all times about the underlying causes of the neglect to the child, and appropriate support sought from Adult and Health resources where required. Clear action plans to address parental need should be understood by the family and all relevant professionals, and close monitoring of the resultant impact on the child should be reviewed regularly.

PCSC are implementing the **Strengthening Families model** throughout its Child in Need and Child Protection processes. This will enable all Plans for children to flow through the levels of engagement with them and their families, depending on assessed need and risk at any given point (training is available for all professionals on the Strengthening Families model through the PSCB ([www.safeguardingpeterborough.org.uk](http://www.safeguardingpeterborough.org.uk)))

If the required change is not achieved within the agreed period, cases should be escalated in a timely manner to the Public Law Outline, and if this is not successful, ultimately to legal proceedings in respect of the child. Clear and objective evidence will be essential at all these

stages, and SMART Plans and regular Graded Care Profiles will help form the strongest case to ensure that permanency decisions for children are made as effectively and swiftly as possible.

### **11. Agency and professional responsibilities**

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 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.

### **12. Information Sharing**

Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

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 PSCB Threshold Document 2016 for more information.

### 13. Performance and Quality Assurance framework

The performance data that will contribute to assessing the impact of this strategy is as follows:

- What children, young people and their families tell us
- Thematic case audits
- Numbers of Graded Care Profiles undertaken in cases of suspected neglect
- Number of Family Star outcomes with scores of 1 or 2
- Number of Early Help Assessments where neglect is identified as an issue
- Number of Referrals and Re-Referrals with neglect identified
- Child in Need cases where neglect is the primary concern
- CP plans where neglect is the category
- Domestic Abuse notifications where neglect is identified as an issue

### 14. Research on child neglect

**Ofsted: In the child's time: professional responses to neglect (March 2014)** - This report explores the effectiveness of arrangements to safeguard children who experience neglect, with a particular focus on children aged 10 years and under. The report draws on evidence from 124 cases and from the views of parents, carers and professionals from the local authority and partner agencies.

Explore what **research** tells us about child neglect, its causes and new ways of recognising and helping neglected children. This **briefing** from NSPCC gives an overview of some of the findings from research into child neglect. It summarises recent and prominent academic studies into neglect and issues associated with neglect.

NSPCC has produced a **series of factsheets** that helps professionals understand, identify and respond effectively to cases of child neglect. The series covers what neglect is, thresholds for intervention, a child's needs and rights, how to identify a neglected child and the effects of neglect on children.

Action for Children's policy report (March 2014) - **Child neglect: the scandal that never breaks** - sets out what needs to be done to help neglected children in England.

***Action for Children have worked with the University of Stirling over the past four years to produce annual reviews of child neglect.***

AfC's latest review of child neglect (March 2014) - **Preventing child neglect in the UK: what makes services accessible to children and families?** - focuses on help seeking by children and families.

**2012 review** found that neglected children aren't getting the help they need and that everyone, professionals and the public, can do something to help.



**2011 review** found that while an understanding of neglect and the terrible consequences it can have is growing, most social workers feel "powerless" to intervene and local authorities don't have accurate data on the scale of neglect.

**Action on Neglect resource pack** Action on Neglect is a resource pack for practitioners who work with neglected children. It supports teachers, nurses and social workers to provide the best possible response to children experiencing neglect. Action on Neglect was produced in partnership with the University of Stirling and the University of Dundee, with support from the Department for Education.

**Department for Education training materials on child neglect** Action for Children produced training materials on child neglect which are available on the Department for Education (DfE) website. The materials consist of a number of elements that can be used flexibly to produce a range of training courses for multi-agency participant groups. The training framework, also available on the DfE website, should be used to plan and develop training courses. It can also act as a stand-alone tool to help with understanding the complexity of child neglect.

**Review of Child Neglect in Scotland** This project, funded by the Scottish Government and undertaken in partnership with the University of Scotland, addresses how many children are currently experiencing neglect in Scotland, how good we are at recognising children who are at risk of, or are experiencing neglect and how well we are helping children at risk of, or currently experiencing neglect.

**Evaluation of the Action for Children UK Neglect Project** A four-year (2008-2012) evaluation by the University of Salford of the Action for Children UK Neglect Project which looks at the impact of interventions to improve outcomes for children.

**Read the executive summary. Read the interim review - Evaluation of UK Neglect Intervention Project Action for Children's impact report (2012)** This report shows the difference Action for Children services make to the lives of the most vulnerable and neglected children and young people across the UK.

**Neglecting the issue(2011) / Esgeuluso'r mater (Cymraeg)** Highlights existing knowledge and evidence on the impact, causes and responses to child neglect in the UK. Written for Action for Children by Cheryl Burgess, Research Fellow and Brigid Daniel, Professor of Social Work, from the University of Stirling.

**Child neglect experiences from the front line (2010)** Evidence of the damaging effects of neglect and the challenges of dealing with the issue as told by the professionals on the front line.

**Seen and now heard (2010)** Findings from a consultation on neglect involving over 3,000 eight to twelve year olds, making it one of the biggest studies of its kind.

**Neglect: research evidence to inform practice (2009)** A review of the research evidence to inform practice from Action for Children consultancy services.