

City of York

Multi-Agency Child Neglect Strategy

2016-2019

Version	Group/Person	Date	Comments
4	CYSCB Neglect Group/Jayne Andrews	October 2016	Revisions to previous drafts
5	CSC/G Rayns	November 2016	Feedback/revisions
5	CYSCB Members	21 November 2016	Feedback/revisions
Final	CYSCB	14 December 2016	Sign off

Foreword

Over the past decade research has shown that neglect has been recognised as the most prevalent type of harm children experience. Our challenge is to develop a coherent, integrated and effective response to neglected children and young people. Neglect is not confined to young children and occurs across all ages. Early help is providing support as soon as a problem emerges at any point in a child's life.

To effectively safeguard children requires professionals to be curious and inquisitive about family circumstances and events. Child neglect can be multifaceted and enduring, it often involves a broad set of circumstances which can only be pieced together through the accumulation of evidence.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm.

The aim of this strategy is to improve the recognition of neglect in families across universal and specialist services and achieve a multi-agency coordinated approach where neglect is an issue.

We want all agencies to focus on building strength and resilience within families rather than promoting dependency and ultimately this will increase positive outcomes for children, young people and families.

I hope you will play your part to achieve this for all children in York.



Simon Westwood
Independent Chair of the City of York Safeguarding Children Board

Linked strategies and documents:

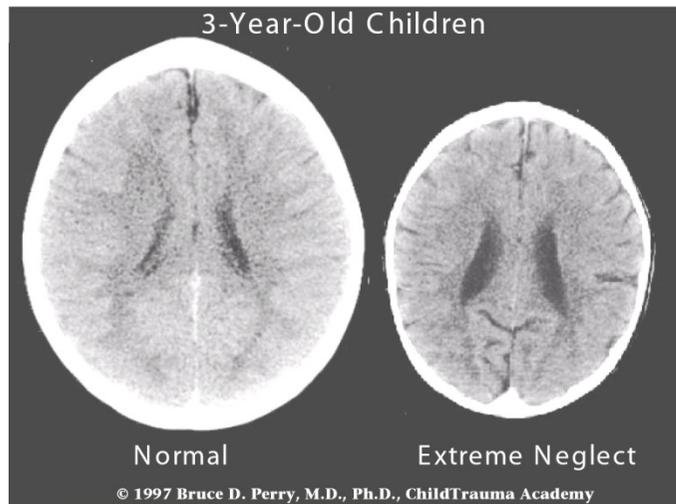
- York and North Yorkshire Domestic Abuse Strategy 2014-18
- Early Help Strategy
- Children and Young People in Care Strategy 2016-2020
- Voice and Involvement Strategy
- SEND Strategy,
- CAMHS Strategy
- Children and Young People's Plan,
- Threshold Guidance
- Substance Misuse Policy

We recognise although this strategy is for 2016-2019, that through the ongoing work of the CYCSB Neglect Subgroup and its link to the CYSCB this will be viewed as a live document and reviewed as such in line with changing local and national drivers

1. Background and Introduction

The impact of neglect on children and young people is enormous. Neglect is a form of chronic abuse, causes great distress to children leading to poor health, education and social outcomes, and is potentially fatal. Lives are destroyed, children’s abilities to make secure attachments are affected and their ability to attend and achieve at school is reduced. Their emotional health and well-being is often compromised and this impacts on their success in adulthood and their ability to parent in the future. Additionally research tells us that children neglected in very early childhood have demonstrable effects on the biology of brain development. This results in difficulty regulating emotions, reduction of ‘cause & effect’ thinking, difficulty in recognising emotions in others or an ability to articulate their own emotions, and after 2 years of age these deficits may be difficult to overcome.

The impact of neglect can start before they are born (epigenetics)– a mother may neglect her own (and therefore unborn babies) health during pregnancy for example, as a result of mental health problems, substance misuse or domestic abuse and this may impact the way in which a baby develops in the womb.^{1,2,3} Once a baby is born, physical and emotional neglect during the early years of life can also have a profound impact on the development of the brain and the body.⁴



This image w is of the brains of two 3 year old children and offers a high impact view of the significant developmental deficits caused through early neglect of infants (Graham Allen MP, Early Intervention: The Next Steps. An independent report to Her Majesty’s Government. January 2011).

Indeed, it is worth noting that a further period of growth is also evident in adolescence supporting the case for intervention around neglect within the teenage years.

¹ Nice 2015 Identifying and assessing mental health problems in pregnancy and the postnatal period London NICE

² Fischer et al 2006 Methadone versus buprenorphine in pregnant addicts: a double-blind, double-dummy comparison study Society for the Study of Addiction 101, 275-281

³ Valdez-Santiago et al 1996 Domestic Violence during pregnancy and its relation to birth weight Salud Publica Mex 38, 352-362

⁴ Glaser D. (2000) Child Abuse and Neglect and the Brain – A Review. Journal of Child Psychology and Psychiatry 41 (1) 97-116

A key message, within this document, is that neglect is preventable and can be tackled and this strategic vision supports the case for ensuring that all agencies work together to develop the range of responses required intervening at a number of levels.

More than 50% of Child Protection Plans in York are under the category of neglect, and this continues to rise year on year (this is in line with national trends); 17.3% of referrals to social care included neglect concerns as a risk factor.

Nationally neglect is noted as a risk factor in 60% of serious case reviews⁵.

The findings of Ofsted's thematic inspections of practice in relation to neglect present a mixed picture in respect of the quality of professional responses to neglect⁶. The quality of assessments in neglect cases overall was found to be too variable. Almost half of assessments reviewed either did not take sufficient account of family history or did not sufficiently convey or consider the impact of neglect on the child. Published serious case reviews highlight that professionals face a big challenge in identifying and taking timely action on neglect.⁷ These reviews were undertaken where neglect was considered a key factor following the death or serious harm to a child in the following ways:

- Chronic neglect over a long period of time sometimes co-existing with physical, emotional and sexual abuse
- Death or serious harm from physical or sexual abuse where neglect was a feature or preceded the abuse
- Sudden Unexpected Death in Infancy (SUDI) related to neglect risk factors such as malnutrition, poor social circumstances or parental substance misuse
- Accidents, sometimes with an element of forewarning when long-term neglect in a family resulted in an unsafe environment
- Attempted suicide of a young person as a result of the effect of long-term neglect on mental health.

⁵ NSPCC: Learning from Case Reviews, Summary of risk factors and learning for improved practice around neglect 2015

⁶ In the child's time: professional responses to neglect (March 2014) <http://www.ofsted.gov.uk/resources/childs-time-professional-responses-neglect>

⁷ NSPCC ibid 2015

Local Safeguarding Children Boards providing the strongest evidence of the most comprehensive action to tackle neglect were more likely to have a multi-agency child neglect strategy and a systematic improvement programme addressing policy, thresholds for actions and professional practice at the front line.

A new initiative demonstrating collaborative multiagency work is underway across York and North Yorkshire to develop a Problem Profile on neglect, which will be completed during 2017. This innovative approach will take account of the emerging picture of familial patterns of neglect over time.

2. Definition of Neglect

Neglect is defined⁸ as the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy e.g. as a result of maternal substance misuse. During infancy and through childhood and into adolescence, 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
- Ensure access to appropriate medical care or treatment

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

Determining what constitutes a 'persistent failure'; 'adequate clothing' or 'adequate supervision' remains a matter of professional judgement. Even when professionals have concerns about neglect, national research indicates that they may be unlikely to consider how they can help or intervene, apart from referring to Children's Social Care services. There is also some evidence from national research that social workers knowledge of child development is not always well developed, and as a result they may be less likely to understand the impact of neglect and

⁸ [HM Government, Working Together to Safeguard Children – A guide to inter-agency working to promote the welfare of children 2015.](#)

the importance of timely decision making to avoid significant harm⁹. These factors contribute to neglect not always being well recognised and its impact not always well understood. Neglect, is the result of a pattern of behaviours, actions or inactions rather than attributed to a 'one off event'. This often results in delayed detection and action due to a normalisation of the child's situation and staff becoming blind to the growing concerns. This long term accumulation of factors for the child contribute to more entrenched disadvantage and prolonged impact upon general health and social and emotional wellbeing.

3. Prevention of Neglect

A number of factors increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

Child Risk Factors

- Disability
- Behavioural problems
- Chronic ill-health

Professionals also need to recognise that some children may be more vulnerable to neglect, including: new-born babies, premature babies, babies & children with on-going health needs, teenagers especially where there are younger siblings, children not in receipt of regular dental treatment, children who regularly miss medical appointments or who have repeated visits to A&E.

As a result of earlier neglect children can become anxious and demanding this may lead to:

- Infants being fractious, fretful, clinging, and difficult to soothe;
- Young children may display attention seeking behaviours, exaggerated effect on mood and/or poor confidence and concentration;

⁹ C Davies and H Ward (2011). Safeguarding children across services: messages from research. Department of Education.

- Teenagers may appear immature, and/or display impulsive behaviours, needing to be noticed. This often manifests in trouble at school, the community and within families;
- Neglectful parents may feel angry and helpless, leading to rejecting the child, who may then turn to other family members, grandparents or gangs, or becoming vulnerable to exploitation.

All of the above increase the likelihood that they become further neglected by their parents/carers.

Professor Jan Horwath, who presented at the Neglect event held in York in July 2016, spoke of four factors that are associated with neglect of the unborn child: Disease, Diet, Drugs and Domestic Abuse

Parental Risk Factors

- Poor mental health, particularly maternal mental health difficulties
- Deep seated attitudinal/behavioural/psychological problems
- Problematic drug and/or alcohol misuse
- Domestic abuse
- Parents own exposure to maltreatment during childhood
- Young parents
- Lack of experience of positive parenting in childhood
- Lack of skill/knowledge about a child's needs at different life stages
- Temporary illness of parent/carer
- Lack of support / socially isolated

Wider Determinants

- Poverty
- Unemployment or family pressures and difficult working hours
- Poor social support

The above underline the importance of a preventative, population level approach that focuses on the risk factors that cause neglect.

4. Intervening within Families where there is Neglect

A whole system approach challenges us to consider how and where we intervene to prevent, tackle and overcome neglect where it is identified.

The impact of neglect for children is often cumulative, increasing gradually, and therefore there is a risk that agencies do not intervene early enough to prevent harm, or that professionals become ‘acclimatised’ to the neglect as a family norm. It is important that all agencies – health, social care, education, police, and probation, housing, voluntary and community organisations – identify emerging problems and potential unmet needs and seek to address these as early as possible, in an attempt to prevent actual neglect of the child’s needs and welfare.

Working Together to Safeguard Children (2015) requires local agencies to work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services and intervention.

The delivery of an effective preventative approach to tackling neglect needs a co-ordinated response from all agencies and the delivery of services at a range of levels – it also requires a ‘whole-family’ approach owned by all stakeholders working with that child/young person & their family.

City of York Council is already in the process of training staff in the use of the Graded Care Profile Tool, including both staff within the 0-19 Healthy Child Service and Children’s Social Care. This example of a unified approach will ensure that key staff are both fully aware of the impact of neglect on individual children and also ensure that they are using a shared language to identify, assess and implement packages of care to those most vulnerable within our City. This provides a clear focus and a consistent approach City wide through local area teams, early intervention and provision of services.

5. Guiding Aims:

This strategy rests on the following principles, which provide a strategic framework for professionals in tackling neglect across the City of York:

- Enabling a shared understanding of neglect and the safety, well-being and development of children and young people as an overriding priority.
- Ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration & intervention amongst agencies.
- Early help needs to be of a type and duration that both improves and sustains the safety and recovery of children and young people into the future.
- Children with additional needs such as premature babies, those with special education needs and disabilities are potentially more vulnerable¹⁰.
- Considering approaches to collating the views of children and young people and using these to refresh the strategy.
- Ensuring a 'whole-family' approach is owned by all stakeholders, and that the voice of the child is clearly documented at the beginning, during and at the end of the intervention.
- All agencies need to consider historical information (re the child and the parents' upbringing) to inform the present position and identify families at risk of inter-generational neglect, professional drift. A 'start again' approach must be avoided
- Ensuring effective information sharing to inform assessments and evaluation of risks.

¹⁰ The Ofsted thematic inspection 'Protecting Disabled Children' identified delays in disabled children who were suffering neglect receiving appropriate services. Ofsted (2012) <http://www.ofsted.gov.uk/resources>

5 Child Neglect: Be Professionally Curious! Investigators/practitioners Guidance Notes. National Multiagency Child Neglect Strategic Work Group. October 2015

- Agencies need to challenge each other about improvements made by families and their sustainability.
- Work with children and young people needs to be measured by its impact and outcomes.
- Appropriate statutory action needs to be taken if insufficient progress is achieved and methods have been unsuccessful in addressing the levels of risk that are present. This must take account of the child's timeframe, and drift must be avoided.
- Significant regard needs to be given to the overlap between neglect and other forms of maltreatment such as domestic abuse, substance misuse and child sexual exploitation.
- Practitioners need to be 'professionally curious'.
- Professionals must view the family situation & parenting through the eyes of the child.

6 Strategic Objectives

The City of York LSCB aims to ensure early recognition of & intervention in child neglect and to improve multi-agency responses to children and young people affected by neglect through strong and effective multi-agency leadership. To that end the strategy has four core objectives.

These are:

- To secure collective commitment to robustly addressing child neglect across all partner agencies, and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward;
- To improve the awareness and understanding of child neglect across the City. This includes developing a common understanding of neglect and the thresholds for intervention;
- To ensure timely identification, assessment and intervention for children and young people exposed to neglectful parenting/ living in neglectful situations at all levels of intervention, including the use of evidence based tools and interventions ;
- To ensure effective service provision to prevent child neglect occurring in the first instance, and address the impact and prevent re-occurrence once substantiated, in order to ensure that children are safely cared for and provided with optimum caring environments.

7. Governance and Accountability

It is proposed that governance will be provided by the Local Safeguarding Children Board, with challenge provided by the YorOK Board as a sub-group of the Health and Wellbeing Board for the City. The Local Safeguarding Children Board will monitor progress against the strategic objectives on a quarterly basis. The YorOK Board will challenge the effective delivery of the strategy via regular outcome indicator progress reports.

8. Indicators for Measurement of the Effectiveness of the Strategy

It is important that measures of success are established and agreed. The following outcome indicators are proposed as a way of demonstrating the effectiveness of the strategy and its implementation:

1. Indicator – Children and Young People exposed to neglect receive help in a timely manner

Measure – percentage increase agreed in the number of children referred to early help where neglect is a factor;

Measure – a reduction in the number of children being re-referred to Children’s Social Care Referral and Assessment Team where neglect is a factor;

Measure – a reduction in the number of children being re-registered under the category of neglect having been subject to a Child Protection Plan within the previous 2 years

2. Indicator - A reduction in the numbers and percentage of children remaining on a Child Protection Plan where neglect is the category of registration

Measure – percentage agreed for reduction

3. Indicator - Increase in Number of cases open in Prevention and Early Help with neglect as a factor

Measure – percentage agreed for increase

4. Indicator – Reduction in the number of children removed into care with neglect as a factor

Measure – percentage agreed for reduction

5. Indicator - Increase in number and percentage of children fully immunised at the point of being taken into care where neglect is identified as a factor

Measure – percentage agreed for increase

6. Indicator – Increased use of evidence based tools for addressing neglect and those that progress to FEHA, CPP, and Children in Care.

Measure - percentage agreed for use of Graded Care Profile assessment tool across the City

7. Indicator - Children aged 5 years with one or more decayed, missing or filled teeth

Measure – reduction in percentage

8. Indicator - Hospital admissions for dental caries (1-4 years)

Measure – reduction in rate per 100,000.

Whilst an overarching aim is to reduce the number of children and young people who need statutory intervention, it should be recognised that in the short to medium term there may be an increase in the number of children subject to a Child Protection Plan and/or removed into care as a result of neglect due to improved recognition and reporting of neglect.

9. Delivery Plan

Once the strategy is approved a delivery plan will be developed setting out the activities required to deliver the objectives.