



Multi-Agency Neglect Strategy 2015- 2018

Document control and record of amendments

Version	Reason for amendment	Amended by/ Date
1	Endorsed by NSCB	22 nd November 2015

1. Background and Introduction

1.1 The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational 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 attain 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.

1.2 At the year-end (2014 to 2015) 51% (182) of Child Protection Plans in Northumberland were under the category of neglect. In addition to children who are subject to child protection plans, there are also children who are not yet in receipt of statutory child protection services but who are being offered early help due to concerns relating to neglect and those whose needs and protection plans address more obvious concerns such as emotional abuse who may also be suffering neglect.

1.3 While Child Sexual Exploitation is dominating the media, we must not lose sight of neglect. Neglect remains the most common form of child abuse across the UK and is usually the most common cause for being subject to a child protection plan¹. Numbers of recorded cruelty and neglect offences in England and Northern Ireland are now the highest they have been for a decade.

1.4 At the same time all agencies in Northumberland are facing pressures from significant reductions in funding, there is evidence of increased levels of poverty and deprivation. In this context, the early recognition of neglect and timely and effective responses to neglect is vital in providing families with the help they need². It is significant to note that between April 2014 and March 2015 Northumberland had 27 residential places for children and young people. The financial cost of the 27 residential placements was £4,077,216.

1.5 National inspections³ provide strong evidence that developing a systematic improvement programme will lead to better outcomes for this group of children and YP and we will lay this out in our strategy.

¹ At 31 March 2014 the breakdown was as follows: 43 per cent neglect; 33 per cent emotional abuse; 10 per cent physical abuse; 9 per cent multiple reasons; and 5 per cent sexual abuse. [How safe are our children? The most comprehensive overview of child protection in the UK NSPCC 2015](#)

² A report commissioned by three leading children's charities projected that the number of children living in extremely vulnerable families is set to almost double by 2015 (H Reed, In the eye of the storm; Britain's forgotten children and families, Action for Children, 2012; <https://www.actionforchildren.org.uk/resources-and-publications/reports/in-the-eye-of-the-storm-britain-s-forgotten-children-and-families/>

³ In the child's time: professional responses to neglect (March 2014) Reference no: 140059 <http://www.ofsted.gov.uk/resources/childs-time-professional-responses-neglect>

2. Purpose and Scope

2.1 The purpose of this document is to set out the strategic aims and objectives of the NSCBs approach to tackling neglect. This strategy also identifies key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to ensure continual improvement within Northumberland's response to neglect.

This strategy has been developed with multi-agency partners working within Northumberland and should be considered alongside other key strategies, policies and procedures, such as the, [Healthy Child Programme](#), [Northumberland Single Assessment Framework](#) [Northumberland Early Help Strategy 2014-17](#) [Assessing Need and Providing Help Guidance](#) and [NSCB Multi-Agency Thresholds](#).

Northumberland is committed to improving our attempts to effectively tackle neglect. Neglect is relevant to all NSCB and Northumberland Family and Children's Trust (FACT) and the Northumberland Health and Wellbeing Board priorities

NSCB Priorities 2015-2016

- Improving focus on the child's experience of services and better embedding it in practice
- Further promoting preventative and early help approaches
- Improving partnership working with education services on the safeguarding agenda
- Improving support to especially vulnerable children and high risk adolescents
- Reviewing our response to sexual exploitation

The [Northumberland Family and Children's Trust \(FACT\)](#) Children and Young People Plan 2015-2018 aims are,

- A journey to independence
- Bringing our communities together and tackling child poverty
- Developing ambition, enjoying life and doing as well as possible
- Being there to help and support when it will have most impact
- Promoting safeguarding

Health and Wellbeing Board's five priorities 2015-2016

1. Focus on children and families, who without some extra help and support early on, would be at risk of having poorer health, not doing as well at school and not achieving their full potential.

2. Focus on tackling some of the main causes of health problems in the county including obesity and diet, mental health and alcohol misuse.
3. Support people with long-term conditions to be more independent and have full choice and control over their lives.
4. Make sure all partners in Northumberland work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people.
5. Make sure all public services support disabled people and those with long-term health conditions to stay active for as long as possible.

3. Definition of Neglect

3.1 The definition of neglect from statutory guidance, Working Together to Safeguard Children, HM Government (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”.

3.2 Determining what constitutes a ‘persistent failure’, or ‘adequate clothing’ or ‘adequate supervision’ remains a matter of professional judgment. Even when professionals have concerns about neglect, research indicates that they may be unlikely to consider how they can help or intervene, apart from referring to Children’s Social Care. Research also indicates that social workers knowledge of child development is not always well developed and that as a result they are less likely to understand the impact of neglect and the importance of timely decision making to avoid significant harm. These factors contribute to neglect not being well recognised and its impact not well understood.

3.3 As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term 'failure to meet basic needs'.

These include:

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

3.4 There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. So when practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important. At the year-end (2014 to 2015) 51% (182) of Child Protection Plans were under the category of neglect and 34% (121) were under the category of emotional abuse.

4. Prevention of Neglect

4.1 A number of factors (social determinates) 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
 - Disability (Parental emotional and physical fatigue)
- **Parental risk factors**
 - Poor mental health, especially maternal mental health difficulties
 - Chronic ill health and disability, including sensory loss (young carers)
 - Drug and alcohol (substance misuse)
 - Domestic abuse
 - Parents' own exposure to maltreatment
 - Lack of experience of positive parenting in childhood
 - Poor school attendance

- **Wider Determinants of Health**

- Poverty
- Unemployment
- Poor social support

4.2 The above underlines the importance of a preventive public health approach that focuses on reducing the risk factors that cause neglect.

5. The role of Early Help in addressing neglect

5.1 The impact of neglect of children is often accumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, Health, Schools/Education, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

5.2 Working Together (2015) requires local agencies to have in place effective assessments of needs of children who may benefit from early help services. In Northumberland, agencies should effectively utilise the [Early Help Assessment processes \(EHA\)](#), formerly known as the Common Assessment Framework (CAF) to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a 'Whole-Family' approach owned by all stakeholders working with children, young people and families.

5.3 In order to address the relatively high levels of neglect in Northumberland it is important that all agencies effectively use the EHA to assess and plan services for children and families. Likewise, it is important there is continued longer term coordinated support, post social care involvement, to enable parents to sustain the change in the care given to children.

The Ofsted thematic inspection⁴ on joint working between children's services and adult mental health services highlighted a lack of signposting to early help by adult services and particular delays in considering the impact of paternal mental ill health on children.

⁴ What about the children? Ofsted 2012 <https://www.gov.uk/government/publications/joint-working-between-adult-and-childrens-services>

6. Guiding Principles

6.1 This Strategy rests on key principles which provide a strategic framework:

- a) Enabling a shared understanding of neglect and the safety, well-being and development of children is the overriding priority
- b) Ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies coordinated through the EHA, (Early Help Assessment)
- c) Early help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future
- d) Children with additional needs such as special education needs and disabilities are potentially more acutely vulnerable
- e) Beneficiary engagement is critical therefore the views of children and young people and their families with regards to 'what works' will inform the development and implementation of effective interventions
- f) Ensuring a 'whole-family' approach is owned by all stakeholders
- g) All agencies need to consider historical information to inform the present position and identify families at risk of inter-generational neglect
- h) Ensuring effective information sharing to inform assessments and evaluations of risk
- i) Agencies need to challenge each other about improvement made by families and its sustainability
- j) Work with children and young people needs to be measured by its impact on outcomes
- k) Suitable statutory action needs to be taken if insufficient progress is achieved and methods have been unsuccessful in addressing levels of risk present
- l) Significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.

7. Strategic Aims and Objectives:

7.1 Northumberland aims to ensure early recognition of neglect and improve agency responses to children and young people affected by neglect through strong and effective multi-agency leadership. To that end this strategy has 4 core objectives.

These are:

- 1). *To secure collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.*
- 2). *To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention.*

- The Northumberland Safeguarding Children Board Guidance [Assessing Need and Providing Help Guidance](#) and the [NSCB Multi-Agency Thresholds](#) have been designed with partners to ensure that children's needs are responded to at an appropriate level and in a timely way. The guidance provides clear and robust thresholds.
- Staff across the children's workforce will be expected to undertake training, (basic and advanced level), so that there is consistency of practice and application of thresholds. Each agencies' lead for safeguarding will be expected to ensure that staff within their agency has accessed the training.

3). *To improve the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of assessment tools.*

- The Northumberland EHA (Early Help Assessment) should be used in order to draw agencies together to identify needs and early support for a family. The assessment process for children and young people living in neglectful situations should be timely, robust, multi-agency, child focused and incorporate the views of the child/young person and family. Support should be coordinated by a practitioner (lead professional) with whom the family have an effective relationship.
- Neglect themed assessment tools currently used by Children's Social Care will be reviewed and refreshed to ensure their effectiveness in measuring what has changed in a family over a period of time, and (as appropriate) providing evidence for statutory interventions.
- Information will be effectively shared across partner agencies in order to build up a full picture of the needs of the child or young person and their family, including historical information. This process will also help to identify areas of support which can be accessed at an early stage, for example community and third sector organisations.
- Practitioners will be provided with training that will equip with the skills to effectively recognise, assess and respond to concerns of neglect.

4). *To ensure the effectiveness of service provision.*

- Evidence-based practice will be identified and promoted to ensure the use of effective interventions that work for children, young people and their families.
- Work with children and young people will be measured by its impact on outcomes. The views of children and young people (the Voice of the Child) and their families with regards 'what works' will inform the development and implementation of effective interventions.

- Multi-agency audits commissioned by the NSCB will also inform the effectiveness of interventions. The audits will seek evidence that the 'Voice of the Child' has been considered in all assessment, planning and review processes.

8. Governance and accountability

8.1 Governance will be provided by the NSCB and challenge will be provided by Northumberland's Health and Well-Being Board. The NSCB business group will monitor progress against the strategic objectives on a quarterly basis reporting to the NSCB on a six monthly basis and to the Health and Well-Being Board during the annual reporting process.

9. Key indicators for measurement of the effectiveness of the strategy

9.1 It is important that measures of success are established and agreed. The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

- a) Reduction in the number of repeat child protection plans under the category of neglect
- b) Reduction in the number of repeat referrals post single assessment;
- c) Reduction in persistent school absenteeism
- d) Reduction in the number of looked after children
- e) Increase in the number of 'open' EHAs completed per agency

It should be acknowledged that in the short to medium term, through improved recognition of neglect etc. there may be an increase in some of the above indicators.

10. Delivery Plan

Strategic Aim 1: To secure collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.					
Date	Objective(s)	Actions	Lead / NSCB Sub Committee	RAG	Timescale / Milestone / Progress Review Points
Nov 2015	NSCB partners engage fully with the Neglect Strategy to deliver strategic objectives.	Scrutinise partnership contribution and indicators of neglect to determine whether the Neglect Strategy is reducing the impact of neglect on children's lives.	Early Help and Early Intervention Sub Committee Business Group		April 2016
Performance measure: Neglect Strategy objectives are achieved through implementation and completion of actions / Challenge is made to partners by NSCB to effect delivery of strategic objectives.					
Strategic Aim 2: To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention.					
Nov 2015	Practitioners and their managers across all services have access to high-quality specialist training on the recognition and management of parental non-compliance and disguised compliance (Working with Resistant Families) Training provided for front-line practitioners and managers (including adult focused services) enables access to contemporary research and best practice in working with neglect	Bi-annual report to the NSCB on the evaluation and take up of training places including numbers from specialist services.	Policies, Procedures and Training Sub Committee		April 2016
Performance measure: The bi-annual training report and data demonstrate an increased number of frontline practitioners undertaking neglect training from specialist services.					

Strategic aim 3: To improve the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of assessment tools.

Nov 2015	NSCB understands the numbers of children for whom neglect is a feature, the prevalence of parental factors and the effectiveness of the safeguarding system in reducing the impact of neglect.	NSCB data set includes information on the numbers of children experiencing neglect at each level of the continuum of need. NSCB Quality Improvement and Performance sub-committee receives effective analysis and scrutinises performance data in relation to the impact of adverse parental factors to understand the impact of these in relation to child neglect.	Early Help and Early Intervention Sub Committee Quality Improvement and Performance	April 2016
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Performance measure: Performance Management information contributes to NSCB learning and partnership improvement activity

Strategic aim 4: To ensure the effectiveness of service provision.					
Nov 2015	NSCB develops an understanding of the effectiveness of interventions in reducing the impact of neglect on individual children	Multi-agency case audit to be undertaken to identify if multi-agency support, at all levels of the continuum of need, lead to a reduction in risk/ need associated with neglect.	NSCB Business Group		June 2016
Performance measure: Action and referrals at need Tiers 2 & 3 result in increased EHAs					
Nov 2015	Partnership working across Adult / Children safeguarding boards supports more effective outcomes for families	Engage with the Safeguarding Adults Board in relation to substance misuse and adult mental health issues. NSCB Quality Improvement and Performance sub-committee to receive reports on engagement of agencies as part of Multi-agency working.	NSCB / NSCB Business Group / Early Help and Early Intervention Sub Committee Quality Improvement and Performance		April 2016
Performance measure: Increase in EHAs or referrals to the Hub from service providers / Increased engagement by service providers in Early Help Assessment planning and review activity.					
Nov 2015	NSCB contributes to the development of services that support families to reduce the impact of neglect upon children's lives.	Report to the Health and Well Being Board / Family and Children's Trust Board on the effectiveness of services and interventions on reducing the impact of neglect on children's lives.	NSCB Independent Chair		April 2016
Performance measure: Health and Wellbeing Board & Northumberland Family and Children's Trust (FACT) respond to strategic reports on matters relating to Neglect as identified by NSCB.					