



Multi-Agency Neglect Strategy 2015- 2018

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 Neglect is a feature in a significant number of child protection plan (CPP) cases. In the year ending 2014/15 191 children became the subject of a CPP under a category of neglect, 39% of all children becoming the subject of a plan in the year. Overall in Newcastle 34 children per 10,000 became the subject of a CPP for neglect in the year, which was significantly higher than the national average (23.2) and only slightly lower than statistical neighbors (36.4). 41 children became subject of a second or subsequent CPP in the year as a result of neglect, 38% of all second or subsequent CPP cases. At the end of 2014/15 in Newcastle 160 children were the subject of a CPP because of neglect, 37.5% of all children subject to plans at that point in time. 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 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 Newcastle 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.

¹ At 31 March 2015 the breakdown was as follows: 44.7 per cent neglect; 33.5 per cent emotional abuse; 8.8 per cent physical abuse; 8.3 per cent multiple reasons; and 4.7 per cent sexual abuse. [Department for Education Characteristics of children in need: 2014 to 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/>)

1.5 The findings of Ofsted's thematic inspections of neglect³ present a mixed picture in respect of the quality of professional responses to neglect. 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. The LSCBs providing the strongest evidence of the most comprehensive action to tackle neglect were more likely to have a neglect strategy and a systematic improvement programme addressing policy, thresholds for actions and guidance for professional practice at the front line.

2. Purpose and Scope

2.1 The purpose of this document is to set out the strategic aims and objectives of the Newcastle Safeguarding Children Board's (NSCB) 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 of Newcastle's response to neglect.

Newcastle is committed to improving our attempts to effectively tackle neglect. Neglect is relevant to all NSCB, Newcastle Children's Trust Board and the Newcastle Wellbeing for Life Board priorities.

NSCB Delivery Plan 2016-2019 priority outcomes:

- Early help and protection – children and young people receive a timely and effective response to help and support and are safeguarded from the effects of abuse and neglect
- Engaging children and young people – children and young people are able to influence strategic planning on issues that affect them and influence the provision of services to support developing their full potential and keeping them safe from harm; the experience of children and young people are used as a measure of improvement
- Leadership and accountability – NSCB improves on its effectiveness; longer term planning is sustainable; clearer lines of communication and join up of strategic planning between children and adult safeguarding; partners hold each other to account
- Continuous improvement – NSCB and partners understand whether they are fulfilling statutory responsibilities; important lessons are learnt and services improved to reduce risk of future harm to children and young people; NSCB

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>

training effectively improves frontline practice; practitioners are enabled to incorporate new learning into their practice; NSCB hears from frontline practitioners; policy and procedures and monitored and evaluated for their effectiveness <https://www.nscb.org.uk/>

The Newcastle Children and Young People Plan 2015-2020 priorities are:

- Keeping children and young people safe and supporting families (SAFE)
- Reducing inequalities and promoting equality (EQUAL)
- Raising aspirations, achievements and opportunities (ACHIEVE)

https://www.newcastle.gov.uk/sites/drupalncc.newcastle.gov.uk/files/wwwfileroot/education-and-learning/young-people/newcastle_children_and_young_people_2015-2020.pdf

The Newcastle Wellbeing for Life Strategy 2013-2016 aims to:

- Communicate priorities and intentions to those who are not directly involved, including building necessary background knowledge
- Provide a framework (including a shared language) for collective action around wellbeing and health in the city
- Provide a driver within which Newcastle City Council, NHS Newcastle Gateshead and NHS England develop their commissioning plans
- Provide a driver within which all partners frame their own organisational priorities and workplans

<https://www.wellbeingforlife.org.uk/our-strategy>

3. Definition of Neglect

3.1 The definition of neglect from statutory guidance, 'Working Together to Safeguard Children', HM Government (2015) is:

"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 knowledge of child development is not always well embedded across the workforce and that as a result, they may be 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.

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 (parental emotional and physical fatigue)
- Large families
- **Parental risk factors**
 - Poor mental health, especially maternal mental health difficulties
 - Chronic ill health and disability, including sensory loss (young carers)
 - Learning difficulties / disability
 - Poor school attendance
 - Drug and alcohol (substance misuse)
 - Domestic abuse
 - Parents' own history of exposure to maltreatment
 - Lack of experience of positive parenting in childhood
- **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 on children is often accumulative, advancing gradually 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 Newcastle, agencies should effectively utilise the Early Help Plan to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help Plan 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 Newcastle it is important that all agencies effectively use the Early Help Plan to assess, plan and review 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 inspection on joint working between children's services and adult mental health services highlighted the lack of signposting to early help by adult services and particular delays in considering the impact of parental mental ill health on children.

[What about the children? Ofsted 2012](#)

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 and young people is the overriding priority
- b) Promoting the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies coordinated through the Early Help Plan
- 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 interventions 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. Innovation and evidence based practice:

7.1 Recognising and responding to the neglect of children and young people is everyone's business and this needs to be promoted and reinforced by NSCB partners. Severe and/or persistent neglect requires specialist assessment and intervention by lead agencies, usually Children's Social Care, Police and Health. In addition to this, Newcastle City Council and partners have sought opportunities to develop, and often fund, innovative and evidence based services. These include:

7.2 'Thriving Families' – a collaboration between the NSPCC, Newcastle Children's Social Care and North Tyneside Children's Social Care. A bespoke assessment is undertaken to establish the type, scale, impact and reason behind neglect. A range of services may be provided, including evidence based programmes:

- Safe Care – practical support for parents of children aged 5 or under to help them develop parenting skills and focus on the needs of their child
- Positive Parenting Programme (Triple P) – helping parents to manage their moods, improve communication and increase their confidence and parenting skills
- Video Interaction Guidance (VIG) – supports parents in understanding and responding to their child's needs using filmed clips and a strengths based model

The North Carolina Assessment Scale is used to measure change.

7.3 **Family Insights** – a Department for Education funded Children's Social Care Innovation Programme. Part of this work is focused on the creation of Social Work Units which respond to specific groups of family needs and characteristics. Units targeting Physical Abuse and Child Problematic Behaviour were established in July 2015; a Unit targeting Domestic Abuse was established in November 2015; a fourth Unit targeting child neglect will become operational in February 2016.

Practice across the Units is grounded in a systemic approach and using Signs of Safety tools. Evidence based interventions are employed and novel approaches developed. Data Analysts support practitioners to maintain curiosity, find new insights and evidence change.

7.4 **Parents Under Pressure (PUP)** programme was– developed in Australia and combines psychological principles relating to parenting, child behaviour and parental

emotion regulation within a case management model. The programme is home-based and designed for families in which there are many difficult life circumstances that impact on family functioning. Such problems may include depression and anxiety, substance misuse, family conflict and severe financial stress. The program is highly individualised to suit each family. Parents are given their own Parent Workbook. For many parents, this becomes a personal journal of their treatment experience.

The overarching aim of the PuP programme is to help parents facing adversity develop positive and secure relationships with their children. Within this strength-based approach, the family environment becomes more nurturing and less conflictual and child behaviour problems can be managed in a calm non punitive manner.

Funded for 5 years by a Department for Communities and Local Government Transformation Fund grant, the PUP Team will become operational in Newcastle in April 2016.

7.5 Multisystemic Therapy – Child Abuse and Neglect (MST CAN) - is an adaptation of Multisystemic Therapy (MST) that has been specifically designed to help children and young people aged **6 to 17** and their families who have come to the attention of the child protection system due to physical abuse and/or neglect.

MST-CAN is provided to families in the home and at times convenient to the family. It is an intensive treatment involving a minimum of 3 sessions per week. All members of the family are involved in the treatment. Common treatment strategies include safety planning, Cognitive Behavioral Therapies for managing anger and addressing the impact of trauma, Reinforcement-Based Therapy for adult substance misuse, family therapy focused on communication and problem solving, and sessions to support the parent in taking responsibility for the events that brought the family to child protection.

MST-CAN therapy, lasts six to nine months and addresses the specific problems that brought the family to child protective services plus important risk factors. The major goals of MST-CAN are to keep families together, assure that children are safe, prevent abuse and neglect, reduce mental health difficulties experienced by adults and children, and increase natural social supports.

The Newcastle MST-CAN Team became operational in October 2015.

8. Strategic Aims and Objectives:

8.1 Newcastle Safeguarding Children Board aims to promote 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 culture, system and process changes required.

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 Newcastle Safeguarding Children Board Multi-agency Thresholds and Guidance and Continuum of Help and Support Framework has 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. http://newcastlescb.proceduresonline.com/chapters/p_cont_help_sup_p.html

- 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 Early Help Plan is the process used to bring 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 practitioner) with whom the family has an effective relationship.
- 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.
- Children and young people requiring Children's Social Care involvement will have their needs comprehensively assessed using the Single Assessment

process to which relevant agencies will contribute and in which historical information will be fully considered

- Practitioners will be provided with multi-agency and single agency training that will equip them with the knowledge and 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 regard to '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 and will seek to evidence that the 'Voice of the Child' has been considered in all assessment, planning and review processes

9. Governance and accountability

9.1 Governance and challenge will be provided by NSCB. The NSCB Business Group will monitor progress against the strategic objectives on a six monthly basis reporting on progress and barriers to the NSCB. The NSCB Chair will publish the effectiveness of arrangements in the NSCB Annual Report, which is presented to the WfLB and full Council.

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

10.1 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) Increased Common Assessment Framework activity where the primary concern factor is neglect
- b) Reduction in the number of repeat child protection plans under the category of neglect
- c) Reduction in the number of repeat referrals post Single Assessment (Children's Social Care)
- d) Reduction in persistent school absenteeism
- e) Reduction in the number of looked after children

- f) Take up of multi – and single agency neglect training offers and impact on practice
- g) Take up of routine immunisations
- h) Success rate of health visitor routine health checks

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

11. Review

The strategy and action plan will be reviewed on an annual basis, next due December 2017.