Suffolk LSCB Neglect Strategy

Policy Version History

Version	Author
1.2 - Draft version - 6th October 2014 1.3 - 12th November 2014 1.4 - 8th January 2015 2.1 - August 2016	Ali Spalding – LSCB Manager
2.2 - November 2016	Ali Spalding, LSCB Manager Jean Driscoll, Practice Development and QA/ Principal Social Worker.
2.3 - December 2016	Ali Spalding – LSCB Manager
2.4 - March 2017 – Updated Action Plan	Paul Nicholls - LSCB Manager
2.5 - May 2018 – Revised strategy, new action plan developed, and separate neglect guidance document created.	Tracy Murphy – LSCB Professional Adviser in consultation with Early Help, CCG, Public Health, Social Care, Safeguarding Nurses, Workforce, QAPD Team.
2.6 – October 2018 – Revised following CYP QEP meeting.	Tracy Murphy – LSCB Professional Adviser in consultation with Chair of LSCB and CYP Managers.

Introduction

Neglect is one of the LSCB'S key priorities for 2018/19. This strategy has been developed to provide a framework to support Suffolk's approach to working with and tackling neglect. This document sets out the principles and aims of the LSCB in addressing child neglect and includes the action plan to make this happen.

"Neglect is the most common form of maltreatment in the UK" (NSPCC 2014). The impact of neglect on children and young people is significant and can be long lasting, including a multi-generational effect of neglect. Neglect causes significant distress to children and young people and often leads to poor health, education and social outcomes. Research and findings from SCRs inform us that in extreme cases, neglect can be fatal.

Definition

Neglect 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" (Working Together to Safeguard Children 2018). Neglect may occur during pregnancy as a result of maternal abuse. Once born, neglect may involve a parent/carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect the child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate care-givers).
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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.

"Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years" (Working Together 2018).

Parental factors may be present which impact on their ability to provide an appropriate level of care to their child/children without additional support, for example, experience of poor parenting in their own childhood, mental health issues, substance misuse, living with DA or having a learning difficulty. Determining what constitutes persistent failure to meet a child's needs remains a matter of professional judgement (NSPCC 2015).

Risk Factors

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.

Neglect in Suffolk

In Suffolk, neglect is a factor in 13% of the contacts received by MASH between April 2017 and March 2018. The percentage number of assessments with neglect as a factor is 31% compared to a national figure of 52%. The average number of referrals per month with the category of neglect is 191. The percentage of children in Suffolk subject to Child Protection for the reason 'neglect' from April 2017 to March 2018 is 60%. The last three Serious Case Reviews in Suffolk featured neglect as the main reason for the review.

Mental health difficulties, domestic abuse and alcohol misuse are all overrepresented in parents where neglect is a factor in assessments when compared to all families assessed.

It is important to remember that severe neglect can result in Police prosecution. A total of 347 investigations in Suffolk for child neglect have been undertaken since 2016 and Suffolk Police have made six charges on the grounds of neglect since 2016.

Vision and Principles

Suffolk is committed to making a difference to the lives of children and young people.

"Suffolk family services need to have the greatest possible sustainable impact on outcomes for children, young people, parents and carers" in order to 'give every child the best start in life'. Family 2020 Strategy – Outcome 1.

Our strategic aim is to ensure there is early recognition of neglect. From early support to statutory intervention there should be appropriate, consistent, and timely responses across all agencies working together. Work with children and families should be positive and empowering and keep a clear focus on the impact of neglect on the child.

All those who have contact with children and families have their role to play in the recognition of possible neglect. This strategy links closely with the 'Be Safe' Priorities in the Family 2020 Health and Wellbeing Strategy and Joint Strategic Needs Assessment 'Working together to tackle poverty' 2015-20.

Guiding Principles

1. Enabling a shared understanding of neglect and the safety, well-being and development of children is the overriding priority.
2. Ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies co-ordinated through SCC Early Help Teams**.**
3. Early help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future.
4. Children with additional needs such as special education needs, and disabilities are potentially more acutely vulnerable.
5. Engagement is critical; the views of children and young people and their families with regard to 'what works' will inform the development and implementation of effective interventions.
6. Ensuring a 'whole-family' approach is owned by all stakeholders.
7. Neglect must be understood within a context which may include other forms of abuse. It is therefore important that those in strategic roles ensure that strategies and initiatives link and complement each other, including the journey to excellence, the early help strategy and the use of Signs of Safety methodology.
8. Professionals must be curious and inquisitive about circumstances and events with an understanding of the child's lived experiences. They need to feel confident to challenge families and each other and work collaboratively to ensure sustainability of any improvements required. Historical information and the voice of the child must always be considered.

Aim

The overarching aim of this strategy is to minimise the occurrence of neglect, incidences of repeat neglect and reduce the impact of neglect for children in Suffolk.

Objectives

- To ensure 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.
- To improve awareness, understanding and recognition across the whole partnership using SOS and Well-being methodology.
- To improve the recognition, assessment and response in Early Help and Universal Services to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of assessment tools.
- To ensure the effectiveness of service provision.

Indicators for Measurement of the Effectiveness of the Strategy

- Increased Common Assessment Framework (CAF) assessment to Early Help through CAF triage where neglect is an identifying factor.
- Increase in numbers of GCP2 (Graded Care Profile) completed with families.
- Decrease in school exclusions, concerns with punctuality, persistent school absenteeism.
- Number of children subject of an ICPC with neglect as a reason.
- Number of children subject to a second CP Plan with neglect as a reason.
- Reduction in the number of children and young people who become children in care as a result of neglect.
- Decrease in the number of DA notifications where neglect is identified as a concern.
- Reduction in admissions to hospital due to concerns about neglect.

The effectiveness of the strategy will be informed by the voice of the child and adolescent and by audits of the quality of practice.

Action Plan

The action plan sets out the key actions to be put in place to achieve our priorities and will be reviewed and updated quarterly in order to ensure delivery of the strategy.

Governance

The LSCB will monitor, promote, coordinate and evaluate the work of statutory and non-statutory partners that help and protect children at risk of neglect, including working with the Health and Well-being Board and the Children's Alliance. to ensure a co-ordinated approach.

The governance and challenge of this strategy will be provided by the LSCB through the Learning and Improvement Group (LIG), updates to the Board and the Board's annual report.

LSCB Neglect Strategy Action Plan

(All partners and key agencies to identify how they will contribute to addressing neglect in Suffolk through this Action Plan).

Key Priorities	Lead Agency	Actions (How will we address this?)	How will we know we've achieved it?	Timescales (By When)
A strategic and operational commitment to supporting the promotion and use of the Graded Care Profile Tool as a key assessment tool to help measure the quality of care given to a child and a basis for planning and delivering support.	(To be identified for all five priorities)	**Example Actions** 1. *Work with partners to develop and implement a neglect specific training programme for practitioners to attend before GCP2 training and ensure that adolescent neglect is included in the training.* 2. *Repeat the LSCB neglect/GCP audit on a yearly basis to gain an understanding of how the GCP is being used with families.* 3. *Work with the CYP Inclusion Consultant and the Resolution Team to explore ways to work with schools to help them fully understand the impact of an exclusion on children who are experiencing neglect/subject to a plan for neglect.*		

Key Priorities	Lead Agency	Actions (How will we address this?)	How will we know we've achieved it?	Timescales (By When)
		4. *Ensure clarity about how Universal Services, Early Help and children's Social Care can support the work that each other does in neglect cases.* 5. *Develop better use of FNMs to ensure family/friends/neighbours/community take responsibility for the wellbeing of our children.* 6. *Include questions in the case audit which address if a GCP 2 has been completed when appropriate to the case and which capture the quality of practice in relation to neglect and use of the GCP2.*		
Cross agency commitment to the current strategies in place to reduce the number of children who live with the damaging impact of substance misuse, mental health and DA.		**Example Actions** 1. *Ensure that neglect is threaded throughout the County DA strategy and that the strategy identifies how it will support agencies and workers in identifying the causal link with neglect and DA.* 2. *Work with young people to get a better understanding of lived experiences of neglect. A particular focus should be the needs of older children, not just their behaviours. A recent regional audit showed issues of poor self-esteem, self-harming and substance misuse (including involvement with gangs) resulting from ongoing neglect experienced as younger children.*		

Key Priorities	Lead Agency	Actions (How will we address this?)	How will we know we've achieved it?	Timescales (By When)
A collective cross agency commitment to the development of services and support to help families to address parental childhood trauma and contribute to developing resilient parents and carers.		**Example Actions** 1. *To continue the work started with Public Health on trauma based (ACE) approaches to neglect and ensure a multi-agency strategy is developed.*		
A joint approach between children and adult services to improve support for families where parents have a learning disability and where parents suffer from poor mental health in order to help reduce the risk of neglect arising.		**Example Actions** 1. *Develop a protocol between children's and adult mental health services regarding support and provision for adults who are parents of children living with neglect who have mental health needs and for children living with neglect who have mental health needs.* 2. *Work with adult services including mental health and substance misuse services to address parental neglect by supporting adult needs.* 3. *Ensure early screening is available in health services, Health Visitors, School Nurses, Midwives, Hospitals, GPs etc.*		

Key Priorities	Lead Agency	Actions (How will we address this?)	How will we know we've achieved it?	Timescales (By When)
To identify and support those families from pre-birth to two years old where children may be at risk of poorer outcomes because of factors associated with neglect. These could include a family history of involvement with social care services, poverty, insecure and/or inadequate housing and contextual safeguarding issues.		**Example Actions** 1. *Ensure postnatal services in midwifery are commissioned and provided in a way that ensures midwives are supported to provide women with individualised postnatal care plans and that they receive the level of postnatal care required.*		