



NEGLECT STRATEGY

Partnership approach to identify and support children, young people and families experiencing neglect

2018 to 2021

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INTRODUCTION

This strategy provides the framework for a partnership approach to tackling child neglect. The strategy aims to develop the partnership’s awareness of neglect to provide a consistent approach to the prevention, identification and support for children at risk of, or experiencing, neglect. A neglect strategy that addresses related strands of vulnerability is required because of the complex and pervasive nature of neglect.

It will do this by agreeing strategic priorities for the partnership and an associated implementation plan to ensure effective delivery on the strategy.

This strategy provides the strategic framework to support a partnership approach to identifying, supporting and improving outcomes for children and families at risk of, or experiencing, neglect.

It is aimed at all partners in contact, or working with, children, young people and families , including children and adult social care, health services, probation, schools, nurseries, housing and the community, voluntary and health sector.

This strategy should be read alongside the following:-

- London Child Protection Procedures
- Haringey LSCB Thresholds Guide (2018)
- Early Help Strategy
- Domestic Abuse Strategy

OUR VISION

Haringey's vision is to ensure:

Everyone working with children and their families in Haringey have a shared understanding of neglect - supported by a consistent partnership approach, robust management oversight and effective supervision – to identify neglect early and effectively respond to help and protect children.

STRATEGIC OBJECTIVE

Haringey LSCB aims to achieve a consistent partnership response to ensure the early recognition of neglect reduces the number of children and families requiring Children's Social Care intervention. When intervention is required to promptly improve the life chances of children and reduce the risk of harm to them.

STRATEGIC PRIORITIES

The strategic priorities are to

1. Strengthened partnership response to child neglect in Haringey
2. Strong Leadership and Partnership
3. Effective Identification, Assessment and Support

The strategic objective and strategic priorities are underpinned by the following key principles:

- There is effective partnership working where there is
 - **common language, approach** and practice and a culture of supportive challenge to drive improvement in practice
 - **shared understanding** of neglect and its impact on children, young people and families.
 - **consistent application** of thresholds ensuring early identification, so families access the right support at the right time.
- **A Child or young person's, voice and their lived experience** is at the forefront of assessments and decision-making.
- Assessments and interventions are **timely to improve outcomes** for the child or young person.
- Children, young people and adult's workforce in Haringey are knowledgeable, confident and competent in recognising and **understanding the complexity and impact of neglect**.
- Those working with adults who are parents, **Think Family** as they **See the Adult See the Child** and understand the implications for the child or young person of the parenting they experience.
- **Chronologies and histories** inform assessments and decision-making.
- Signs of Safety and Haringey's Child and Young Person Neglect Toolkit support a consistent partnership approach and engagement with families to tackle neglect and its wider issues.
- There is a culture of **supportive challenge** across the partnership to drive up standards.
- Use of a **restorative practice approach** and the **Graded Care Profile 2** will support **consistent partnership working** and **engagement with families** to tackle neglect and toxic trio issues.
- Interventions seek to **engage and work with** families

Strategic Priority 1: Strengthened partnership response to child neglect

This is a strategic priority because:

- There needs to be a consistent partnership approach to neglect across partners
- There needs to be an approach and tools to support partnership approach and response to neglect
- The profile of neglect in Haringey and understanding of the impact on children, young people and their families, needs further development.

Strategic Priority 2: Strong Leadership and Partnership

This is a strategic priority because:

- Pace to strengthen the partnership approach needs to increase
- JTAI Inspections findings in January 2018 identified the need for stronger strategic leadership.

Strategic Priority 3: Effective Identification, Assessment and Support

This is a strategic priority because:

- Neglect is not always identified early enough
- Other vulnerabilities impact on a child when they have experienced neglect early in life
- The early help to support family's needed greater focus and development
- The approach and tools to support partnership working in identifying assessing and responding to neglect needed to be agreed

WHAT DO WE NEED TO DO?

An implementation plan will detail the required actions to implement and embed the Haringey Neglect Strategy, address strategic priorities and monitor progress. This will include:

- Promoting and embedding an agreed partnership approach to neglect underpinned by Signs of Safety.
- Agreeing and embedding the use of the agreed Neglect Toolkit
- Embedding the voice of the child, and young person, and understanding their lived experience
- Working with disengaged / non-compliant parents
- Training, learning and development opportunities about neglect including use of Signs of Safety, applying thresholds, and use of the Child and Young Person Neglect Toolkit.
- Quality assurance process will monitor the effectiveness of multi-agency practice with children and families on neglect.
- An outcomes framework will be agreed to monitor the impact on outcomes for children
- Confirming the early help support and pathways into targeted and specialist services
- Ensure all professionals working with children and families consider neglect as underlying concern when issues start emerging with child and their family.

Work with Disengaged / Uncooperative parents

A range of behaviours by parents may be considered uncooperative or that parents have disengaged with professionals. These behaviours range from non-compliance, reluctant or resistant behaviour, those who are angry or aggressive in their response to intimidation, abuse and threats/actual violence.

When working with parents who are not engaged professionals must always consider what the child's experiences of living in the household are and the potential impact on their safety and well-being.

A lack of engagement or cooperation can result in;

- Parents not following through agreed actions including attendance at health or other appointments for their child or young person.
- Child, or young person, is kept away from professionals
- Inability to complete thorough robust assessment for any other reason e.g. constantly moving

Promote a partnership approach to neglect

The Signs of Safety practice approach will underpin all work with children, young people, and their families in Haringey.

Haringey Child and Young Person Neglect Toolkit

The Haringey Child and Young Person Neglect Toolkit is designed to provide an objective measure regarding the care of their child based on the parental commitment and ability to meet their child's needs.

The toolkit will enable parents/carers, the child, young person and professionals to better understand the problem and identify what to do about it.

The Haringey Child and Young Person Neglect Toolkit has two components

Child & Young Person Neglect Checklist will enable professionals to identify and quantify concerns specific to the individual child and young person being able to refer to the more detailed toolkit for guidance.

Child and Young Person Neglect Toolkit will enable Children's Social Care to work alongside other professionals to undertake a more detailed assessment in regarding neglect and identify key actions to reduce the impact on the individual child or young person.

The partnership should have an awareness of the Child and Young Person Neglect Toolkit as well as other relevant tools such as the Domestic Abuse and CSE screening tool. The workforce working, or in contact with, children and their families in Haringey will be trained and confident in using the tool to aid assessment process and decision-making.

Understanding the child or young person's lived experience

Haringey LSCB requires all partners to evidence that they have listened to the voice of the child, young person and their families in respect of individual care planning and decision making, service delivery, strategic developments.

Signs of Safety and the Haringey Child and Young Person Neglect Toolkit, will support this approach.

NEGLECT – THE NATIONAL AND LOCAL PICTURE

National Picture

Nationally we know that: -

- Research and data analysis consistently evidence neglect, and the trio of vulnerabilities factors contribute to the year on year rise in social care referrals and interventions.
- Abuse and neglect in England, is a primary reason for half of all social care referrals.
- Most common cause for a Child to Need or a Child Protection Plan is risk of or actual harm resulting from domestic abuse, parental mental ill health and/or alcohol and substance misuse.
- One or more of the toxic trio issues are common in households where children are neglected.
- Neglect is a major factor in 60% of serious case reviews.
- 60% of the 70,400 children are looked after because of neglect.
- Children living with neglect do not always have their needs identified early enough and there is often 'drift and delay' in ensuring they receive the right support at the right time before neglect becomes too entrenched.
- Children and families can be re-referred for interventions several times before neglect is identified and the right support and interventions are in place to support families
- No national data is available on number of adults receiving specialist mental health services who are parents. However, it is estimated 30% of adults with mental ill health have dependent children. Small studies show at least 25% of adults with mental health in acute psychiatric settings maybe parents.
- Ofsted's analysis of serious case reviews (2007-2011) shows mental health, drug/alcohol problems and domestic abuse as most common characteristics of families concerned and highlights repeated examples where parental needs were underestimated resulting in risks for children.
- No national data is available on number of adults receiving treatment for substance misuse who are parents with dependent children. Public Health England official statistics 2015-16 estimated in 2011 that 1/3 adults receiving treatment for substance misuse are parents with children under 18 living with them. The impact on parenting varies.

Professional Practice

In the Child's Time – Professional Responses to Neglect (2014) highlighted the following key issues that impact on professional working with families at risk of or experiencing neglect. We will learn from the following to make improvements:

- Assessments and analysis need to take enough account of family history or impact on neglect on the child.
- Plans need to consider longer-term support to sustain change.
- The use of effective methods to measure impact of neglect on child over time and evaluate change
- Non/disguised compliance by parents was common feature and needs to be challenged by professionals.
- 1 in 3 long term cases saw 'drift and delay' resulting in a child's continued exposure to neglect.
- Front line professionals should use specific research to support their work.
- Impact of training on practice is not routinely evaluated.
- Partnership performance must monitor the profile neglect.
- Areas providing strongest evidence of tackling neglect had a neglect strategy or systematic improvement programme.
- Partnership challenge supports the sharing of best practice to drive improvement.

What is NEGLECT?

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. 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:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

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

Working Together to Safeguard Children

2018

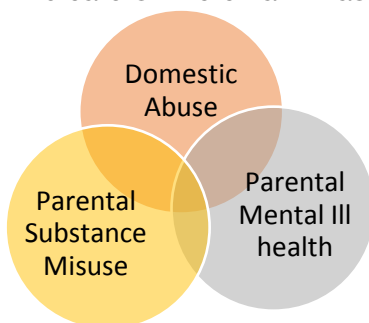
Neglect is difficult to define as research shows it often co-exists with other forms of abuse. Whilst it is the most common reason for a child to have a Child Protection Plan, interventions can focus on the presenting area of vulnerability rather than the underlying cause. Definitions of neglect are helpful to develop an understanding of neglect. The strategy recognises that neglect is often not the presenting issues when concerns start to emerge regarding a child, young person and their family.

Other vulnerabilities that can increase neglect

There are other issues or concerns identified when working with families at risk of or experiencing neglect which can be the reason for a referral.

It is recognised presenting behaviours that require interventions can have neglect as the underlying cause or a contributory factor i.e. young person who goes missing or at risk of sexual exploitation may not be considered as experiencing neglect. It is important when using other screening tools with young people – such as for domestic abuse, CSE etc – that professionals also consider neglect.

In addition to this there is the link to parental issues that impact on parental capacity to meet their child’s needs. Three key areas where this is evident is regarding domestic abuse, parental mental ill health and parental substance misuse. Often referred to as the ‘toxic trio’ or ‘trio of vulnerabilities’ to describe the effect on children, young people and families were a combination of domestic abuse, parental substance misuse and parental mental ill health co-exist. These issues are identified nationally as significant indicators where harm has occurred to children.



Ofsted (2010) noted in relation to children's families that the most common issues were domestic abuse, parental mental ill health and parental drug and / or alcohol misuse. These issues rarely exist in isolation with there being a complex interaction between the three issues. These issues can also be present and early indicators of neglect within families.

Domestic Abuse

Domestic abuse is; *any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners of family members regardless of age or gender. This can include psychological, physical, sexual, financial or emotional abuse.*

The Adoption and Children Act 2002 extends this definition of harm to include "impairment suffered from seeing or hearing ill-treatment of another. In respect of this strategy the term 'living with domestic abuse' includes children who are:

- Currently living where incidents of domestic abuse, or there is a risk of them, taking place
- Seeing or hearing domestic abuse outside of their home
- Witnessing the effects of domestic abuse on others"

Children are at increased risk of physical injury during an incident of domestic abuse. Those witnessing domestic abuse are likely to experience emotional harm affecting their emotional well-being.

Parental Mental ill Health

Whilst many parents with mental health, substance misuse or domestic violence difficulties successfully care for their children with the support of family/ friends, these are risk factors that can impact on children's safety and welfare.

Professionals need to consider family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse. The co- existence of mental health, domestic violence and substance misuse significantly escalates the risk of children being harmed.

- Previous history of mental health problems
- Predisposition to or severe post-natal illness
- Delusional thinking involving the child or not
- Self-harming behaviour and suicide attempts
- Altered states of consciousness e. g . Splitting/dissociation, misuse of drugs, alcohol, medication, etc.
- Obsessive compulsive behaviour that impacts on the child
- Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on the child
- Disorder designated 'untreatable' either totally or within time scales compatible with the child's best interests
- Domestic violence and/or relationship difficulties
- Unsupported and/or isolated parents without community ties
- Newly arrived to this country /suffering from Post-Traumatic Stress

For those parents with signs of more serious mental health illness, consistent monitoring and on-going review of their level of vulnerability and impact on their parenting capability is essential

Parental Substance Misuse

Parental Substance Misuse is; *intoxication by – or excessive consumption of and / or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).* NICE 2007

When a pregnant mother uses drugs and or misuses alcohol it can potentially impact on family life and the unborn baby. This can result in concerns for the child or the unborn baby's welfare or safety. Parental substance misuse needs to be identified early on in pregnancy with an assessment identifying appropriate support to prevent or minimise harm to the unborn child.

IMPACT OF NEGLECT ON CHILDREN & YOUNG PEOPLE

The impact of neglect on children and young people can be long standing and accumulative over time. Neglect causes harm to children leading to poor health, educational and social outcomes that impact on their adolescence and adulthood.

The impact of neglect during the first two years of a child's life can have a profound and lasting effect on the development of the brain leading to problems later on with self-esteem, emotional well-being and relationships.

During the first five years of child's life neglect can impact on all aspects of the child's development resulted in outcomes for:

- Basic Trust
- Self-esteem
- Ability to control their behaviour
- Social Interaction
- Educational attainment
- Problem-solving

Young people experiencing neglect may be involved in risky behaviours including:

- Child sexual exploitation
- Early sexual activity / teenager pregnancy
- Anti-social behaviour / offending
- Gang related activity

When working with young people it is important for professionals to use the appropriate tools to fully understand and assess their needs and to also consider neglect as a contributory factor or the underlying cause.

WHAT WILL SUCCESS LOOK LIKE

Haringey Safeguarding Children Partnership will know that this strategy has been successful because:

- The neglect toolkit is being used by all partners for identifying and assessing neglect.
- Children, young people and families get support early, preventing neglect becoming entrenched
- Professionals identify neglect as contributory factor, or the underlying cause, for concern for families who have been involved with services over a number of years and provide the right support
- Agencies working with adults know those who are parents/carers of children and consider the impact of child, or young person of parental behaviour and intervention
- Increase in referrals to Early Help and MASH for neglect related issues.
- Evidence of a consistent approach across the partnership to prevent, identify and support those families at risk of, or experiencing, neglect.
- An increase in the number of referrals for early help support regarding possible or actual neglect.
- There is a reduction in the number of re-referrals for neglect and toxic trio factors.
- Children and adult workforce across the partnership feel knowledgeable, confident and competent in preventing, identifying and supporting children, young people and families at risk of, or experiencing, neglect.
- Overtime there is a reduction of new children and young people in need of a Child Protection Plan or becoming looked after because of neglect.
- More contacts and referrals to Early Help where neglect and / or related vulnerabilities are identified as cause for concern.
- Fewer re-referrals for children and young people where neglect and / or related vulnerabilities have been identified in current or previous referrals.
- Over time fewer children or young people becoming children in need, subject to child protection plans or becoming looked after for neglect.
- Robust performance data analysis around neglect based on outcomes framework (Appendix 1) provides comprehensive knowledge, trends and evidence regarding neglect and related vulnerabilities locally.
- Workforce feels knowledgeable, confident and competent in preventing, identifying and supporting families with neglect.
- Section 11 Audit confirms:
 - Workforce feels knowledgeable, confident and competent in preventing, identifying and supporting families regarding neglect or related vulnerabilities.
 - Workforce have undertaken some learning and development activities on neglect.
 - Workforce feels knowledgeable, confident and competent in using Signs of safety approach in working with children and families.
- Haringey's children's and adults' workforce are appropriately trained and feel knowledgeable and confident and competent in identifying neglect early on and supporting families to improve the outcomes for outcomes for the child.
- Haringey's children and adult workforce provides effective supervision to support practitioners in preventing, identifying and supporting families where neglect is an issue ensuring effective and timely *step-up* and *step-down* arrangements are in place
- Children, young people and families who receive interventions - where neglect is identified as a cause for concern - tell us that interventions have improved their situation.
- Workforce had completed training or learning and development activities on preventing, identifying and supporting families
- Evidence shows a positive impact of training on partnership practice.

- Single and multi-agency audits routinely consider if the following outcomes for children, young person and families can be demonstrated:
 - Neglect is identified, understood and prioritised by professionals.
 - Child, young person and family is engaged at all stages
 - Referrals are appropriate, of good quality and timely and show increased use of Child and Young Person Neglect Checklist.
 - Non-compliance is identified and acted upon promptly
 - Decision making is based on child's needs and results in child get help they need.
 - All assessments clearly identify risks, needs and strengths and demonstrate use of the Child and Young Person Neglect Toolkit to inform assessment.
 - Assessments of young people show use of other tools helping to support the identification of neglect as a contributory factor or underlying cause
 - Family history is evident in assessments and considered in decision making

GOVERNANCE

Haringey Safeguarding Children's Partnership will offer governance and challenge across the partnership on the implementation and impact of this strategy.

All partners are responsible for proactively supporting the implementation and delivery of this strategy and holding partners to account.

Haringey's Child and Young Person's Neglect Strategy is supported by a detailed implementation plan monitored by the Business Group quarterly.

The strategy and its' implementation plan also links to the JTAI Partnership Action Plan drawn up in response to the JTAI Inspection findings in 2017-18. LSCB also monitor the progress of the JTAI Action Plan regarding neglect through monthly Implementation/Challenge meetings. Together this will ensure a coordinated consistent partnership response to neglect.

The Haringey Safeguarding Children Partnership will receive regular updates on the implementation plan, its' impact on practice and what difference this has made to children, young people and families.

MONITORING & QUALITY ASSURANCE

Haringey Safeguarding Children Partnership will quality assure the effectiveness of this strategy by:

- Partnership Outcomes Framework (see Appendix 2)
- Evaluating the impact of learning and development activities on practice
- Single agency audit activity
- Section 11 Audit process across the partnership
- Multi-agency audits will demonstrate improvement in early identification of neglect, families receiving the right services at the right and improvement in outcomes for children where neglect has been a concern. Haringey LSCB multi-agency audit tool will ensure all audits consider
 - Neglect has been considered as issue with family early on
 - Evidence of use of signs of safety, and Haringey Child and Young Person Neglect Toolkit
 - Voice of child informs assessment and decision making
 - Evidence of an understanding of the lived experience of the child, or young person, within assessments and decision making

- Evidence of professional curiosity
- Evidence of identifying parental non-engagement and strategies to address this

Appendix 1 – Signs of Safety Approach to Child Safeguarding

Haringey CYPS began implementing the Signs of Safety Model in June 2015. This has been adopted by Haringey LSCB as the approach to underpin partnership working in Haringey. You can read more about SOS here <https://www.signsofsafety.net/>

Appendix 2 NEGLECT STRATEGY – OUTCOMES FRAMEWORK

- Parental mental ill health and parental substance misuse: services know those who are parents / carers of children and young people and provide evidence.
- Number, outcome and trends regarding MASH referrals for neglect, domestic abuse, parental mental ill health and parental substance misuse.
- Number/% of assessments were i) neglect, ii) domestic abuse, iii) parental mental ill health and, iv) parental substance misuse.
- Number of contacts and referrals based on Neglect Checklist
- Number/% of referrals where neglect identified as i) reason for referral or ii) related factor in referral, that lead to assessment using neglect toolkit .
- Number / % cases where neglect identified after referral
- Number of Police Protection Orders due to neglect or related toxic trio issues
- Number of Police prosecutions for neglect and outcome
- Number of adults who are parents/carers - of children under 18 years – who are accessing; i) Adult Social Care services, ii) support for domestic abuse, iii) mental ill health, and iv) substance misuse.
- Training Attendance for single and multi-agency training on i) neglect, and ii) use of neglect tool.
- Evidence and analysis of impact on professional practice of single and multi-agency training
- Evidence and analysis of impact on outcomes for children of single and multi-agency training
- Single and multi-agency audits routinely i) identify if related vulnerabilities were considered, and ii) if Child Neglect Checklist and Toolkit were used early on by the range of professionals involved with the family.