



Staffordshire and Stoke-on-Trent Safeguarding Children Boards

NEGLECT

MULTI-AGENCY STRATEGY

Interim version

Document to be reviewed May 2018

CONTENTS	
Introduction	3
Strategic context	4
Vision for safeguarding in Staffordshire and Stoke-on-Trent	5
Neglect – a description of what it is	5
Purpose of the strategy	5
Why we need a strategy?	6
Key principles	7
Our focus	8
Domestic Abuse	11
Substance misuse - Hidden Harm	12
Parental Mental ill Health	13
Governance arrangements	14
Monitoring and assurance	14
Appendices	
1. Stoke-on-Trent Safeguarding Children Board structure	16
2. Staffordshire Safeguarding Children Board structure	17

INTRODUCTION

Neglect is the most common reason attributed to children and young people becoming the subject of a child protection plan arising predominantly from the actual or suspected risk to children and young people as a result of domestic abuse, parental mental ill health and alcohol and substance misuse. For some children and young people the consequences of neglect are tragically fatal.

The need to take decisive and timely action to protect children and young people is supported by a wide range of research, yet serious case reviews continue to provide us with evidence that where children and young people had either died or been seriously harmed mental health difficulties, drug and alcohol problems and domestic abuse were the most common characteristics of the families involved.

The respective Staffordshire and Stoke-on-Trent Safeguarding Children Boards (LSCBs) that I chair have resolved to work together to develop and co-ordinate a multi-agency approach to improve partnership effectiveness in tackling neglect. Our aim is to ensure there is both early recognition of neglect and through strong multi-agency leadership and governance improve agency responses to children and young people affected by neglect. We need to do everything reasonably possible to prevent neglect by working to a clear and coherent plan to help ensure there is a timely, proportionate response to providing practical and tailored support to children and young people before their needs escalate.

The LSCBs will continue to lead and co-ordinate the arrangements for joint training and joint supervision to ensure that all children's and adult services practitioners working with families affected by mental health difficulties and/or drug and alcohol problems have a thorough understanding of the impact that parental behaviours have on the welfare and safety of children and young people and enabling the opportunity to reflect together on their joint responsibilities in tackling concerns.

The LSCBs will actively seek assurances as to the effectiveness of the local arrangements to protect children and young people by commissioning audits of the quality of case work practice in joint working between adult mental health services, drug and alcohol services and children's services and use findings to drive improvements.

We will listen to and learn from the voice of the child, their families and translate what they tell us into positive action so that we can provide the right help at the right time and at the earliest opportunity.

The LSCBs Annual Reports will provide the details of how this strategy has been implemented and what has been achieved. I look forward in due course to reporting on the good work that has been done to protect children and young people at risk of harm from neglect.

John Wood QPM

Independent Chair, Staffordshire and Stoke-on-Trent Safeguarding Children Boards

STRATEGIC CONTEXT

The Children Act 2004 (sections 13 and 14) requires each Local Authority to establish a Local Safeguarding Children Board (LSCB) to co-ordinate the actions of partner agencies and ensure the effectiveness of local safeguarding children arrangements.

The statutory guidance Working Together to Safeguard Children (DfE 2015) provides the framework for how agencies should work together to help to safeguard and promote the welfare of children and young people.

The LSCBs have a range of roles, responsibilities and statutory functions as set out in the Children Act and Regulations 5 and 6 of the Local Safeguarding Children Board Regulations 2006. Those relevant to this neglect strategy are summarised below:

- Participating in the planning of services for children in the area of the local authority;
- Developing policies and procedures for safeguarding and promoting the welfare of children;
- Monitoring the effectiveness of what is done to safeguard and promote the welfare of children;
- Delivering effective multi-agency safeguarding training;
- Undertaking serious case reviews;
- Communicating the need to safeguard and promote the welfare of children,
- Publishing an Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children

Section 10 of the Children Act 2004 states that professionals should, in particular, be alert to the potential need for early help for children who:

- Is disabled and has specific additional needs;
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti-social behavior;
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- Has returned home to their family from care; and/or
- Is showing early signs of neglect

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need.

Local decision making

At the joint meeting of the LSCBs Performance sub-committee in March 2018 it was agreed that the strategic priorities for 2018-2021 would be common to and shared by both Boards.

The development sessions held by the partnership Boards and Executive Groups to examine and assess the national and local drivers set within the Single Improvement Plan identified the need to tackle child neglect as a priority. The need for this priority was based on national learning and local evidence which highlighted neglect as a recurring theme in serious case reviews and is known to be the most prevalent form of abuse for children subject of a child protection plan in Staffordshire and Stoke-on-Trent.

Around half of all children looked after by the Local Authorities are known to have experienced harm as a result of neglect. Arising from the knowledge of local factors the LSCBs will have a particular focus on the impact of parental behaviours and influences that can often lead to neglect of the welfare and safety of children and young people specifically, domestic abuse, drug and alcohol misuse and parental mental ill-health. In combination these factors are known as the 'toxic trio'.

VISION FOR SAFEGUARDING IN STAFFORDSHIRE AND STOKE-ON-TRENT

Children and young people are safe through agencies working together effectively to provide the right help to families at the right time.

Our vision recognises that protecting and safeguarding children is about the development of a culture that promotes good practice and continuous improvement within services, raises public and practitioner awareness that safeguarding is everyone's responsibility, responds effectively and swiftly when sexual abuse has been alleged or occurs, seeks to learn when things have gone wrong, is sensitive to the issues of cultural diversity and puts the young person at the centre of planning to meet their support needs and ensure they are safe in their communities.

NEGLECT – A DESCRIPTION OF WHAT IT IS

The statutory guidance Working Together to Safeguard Children (2015) describes neglect 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 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 or 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 caregivers); 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', or '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 aside from offering practical solutions or referring to children's social care services. Research also suggests that practitioners from statutory agencies may operate to a higher threshold than the general public; partly because they become desensitised to children's poor living conditions and in consequence, lower their expectations of what constitutes good enough parenting.

PURPOSE OF THE STRATEGY

This strategy sets out the vision, commitment and approach of the respective **LSCBs** to ensure the effectiveness of the arrangements to safeguard children.

This strategy advocates that the best way to identify and address the neglect of children is through effective co-ordinated inter-agency partnership working to a clear and coherent plan. We aim to do everything possible to prevent neglect as well as helping to ensure that when it does occur that there is early intervention at the first signs with proportionate and tailored support provided to children, young people unfortunate to experience it.

It is our collective multi-agency responsibility to identify those children and young people at risk of neglect and our joint responsibility to protect them and to help prevent neglect concerns from escalating. To that end the Boards have a key role in promoting and facilitating local and cross border co-operation and collaboration and in reassuring our communities that we can perform our duties effectively.

WHY WE NEED A STRATEGY

Neglect can be a significant risk factor for children and young people regardless of their age, class or culture and whilst it is widely known that young children under the age of five and children with a disability are particularly vulnerable as a result of familial neglect, older children are at risk too. Teenagers who have experienced neglect as younger children can often be labelled as anti-social and display behaviour that is problematic due to the emotional impact of their experiences, which can lead to them becoming looked after or coming to the attention of the youth justice system. Whilst the effects of harm from neglect can be short term for some children and young people, for others they last into adulthood and have a far reaching impact on their mental health, self-confidence and own parenting approach.

The pervasive and long-term cumulative impact of neglect on the well-being of children of all ages is well documented. There is a risk that agencies do not intervene early enough to prevent harm and it is therefore vital that all partner agencies identify emerging problems and 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' responses to tackling neglect, so that any action required is timely and minimises the risk of future harm.

All aspects of a child's development can be and are, adversely affected by neglect, including their physical and cognitive development, emotional and social well-being,

mental health and behaviour. For some children and young people the consequences of neglect are tragically fatal. The need to take decisive and timely action to protect children is supported by a wide range of research, yet serious case reviews continue to provide us with evidence that neglect is one of the most challenging areas for professionals working with children, young people and families.

The current economic and social climate is also very challenging for families and for those professionals working with children who are at risk of neglect. Statutory services are working to capacity as a result of increasing numbers of referrals over recent years and at the same time partner agencies are facing pressures from a significant reduction in funding and increased levels of poverty and deprivation. This combination of socio-economic factors can result in extremely vulnerable families where there is a likely increase of neglect as a result of maternal mental health difficulties, material deprivation, poor-quality housing, and parental illness.

Department for Education statistics¹ show that abuse and neglect nationally remains the primary reason for half of all referrals to children's social care services.

It is the most common reason attributed to children becoming the subject of a child protection plan and is predominantly, but not exclusively, caused by the actual or suspected risk to children as a result of domestic abuse, parental mental health needs and / or alcohol and substance misuse. This accounts for 43.2% of child protection concerns nationally.

Neglect is also a major factor in the majority of serious case reviews (60%), and for children of all ages not just younger children.² Domestic abuse, mental ill health and/or substance misuse were common in households where children were neglected. Ofsted summaries of findings from serious case reviews highlight issues regarding inconsistency in the application of thresholds for neglect; poor professional understanding of neglect; difficulties in engaging with hostile or avoiding families; and professionals failing to provide sufficient challenge to parents in cases of neglect.³

Continued high levels of neglect locally are consistent with the national findings from inspections and research which highlight the importance of early recognition; robust management oversight and supervision; specialist training; acknowledgement of the complexity of this work; and effective and timely professional responses to meet the needs of the child for both help and protection.

All of these interrelated factors place a significant responsibility on LSCBs, their partner agencies and other local strategic partnerships to understand the cumulative and pervasive impact of neglect on the development of children and their life chances. All parties must work together to properly address neglect if we are to help children and young people to contribute to and benefit from society as adults and

¹ [Characteristics of children in need 2014-2015](#) (DfE: Published October, 2015)

² M Brandon, P Sidebotham, S Bailey, P Belderson, C Hawley, C Ellis and M Megson, *New learning from serious case reviews: a two year report for 2009–2011*; Department for Education, 2012; www.gov.uk/government/publications/new-learning-from-serious-case-reviews-a-2-year-report-for-2009-to-2011

³ *Learning lessons from serious case reviews, 2009–2010* (100087), Ofsted, 2010; www.ofsted.gov.uk/resources/learning-lessons-serious-case-reviews-2009-2010.

future parents.

KEY PRINCIPLES

The LSCBs have adopted the following *See Me, Hear Me Framework* principles:

1. The child's best interests must be the top priority

The best interests of children and young people and their rights to protection must drive all decision making. The paramountcy principle as outlined in the Children Act 1989 must be adhered to where applicable.

2. Participation of children, young people, parents and their carers

There must be a 'whole-family' approach by partners. We need to involve children, young people, their parents and carers when decisions are being made about the child or young person's care, protection and on-going support. All parties should be kept informed on any issues that affect them throughout.

3. Enduring relationships and support

Support must be tailored to meet the needs of the child, according to their age, identity, ethnicity, belief, sexual orientation, disability, language, and stage of development. Children and young people tell us that having a consistent practitioner throughout the whole period of their protection and on-going care is crucial to their recovery.

4. Comprehensive problem-profiling

It is important that agencies regularly problem-profile their local area to analyse and understand the patterns of neglect in respect of children, young people and their families. A comprehensive multi-agency informed problem-profile needs to be compiled with the oversight of the LSCBs. This should be shared with key partners to inform the development of multi-agency strategy development and action plans, as well as the commissioning of services and the delivery of training and awareness-raising activity to support local practitioners.

5. Effective information-sharing within and between agencies

Each area should have a cross sector information-sharing protocol. All relevant agencies and services should be signatories and it should clearly state what information should be shared, by whom and the process for doing this. This information should inform assessments and decisions about risk. It is also paramount when reviewing information that all agencies consider historical information and the potential impact of this on a child's presenting circumstances; this will help to identify families at risk of inter-generational neglect. In addition all frontline practitioners should have significant regard to be the overlap between neglect and other forms of child maltreatment, such as parental domestic abuse, substance misuse and mental ill-health.

6. Supervision, support and training of staff

Services should invest in the development and support of staff including providing regular supervision and the opportunities for them to critically reflect on their practice.

Those practitioners who offer direct support to children, young people and their families where issues of neglect have been recognised, may require further specialist training and need regular opportunities to discuss their practice with a suitably skilled supervisor.

7. Evaluation and review

Evaluations and regular reviews of the effectiveness of the neglect strategy and the supporting action plan is necessary to ensure services and interventions are achieving their intended outcomes and meeting the needs of children, young people and their families or carers.

OUR FOCUS

The LSCBs have resolved to develop and co-ordinate a multi-agency approach to improve partnership effectiveness in tackling neglect; this approach will have a specific focus on the impact that parental behaviours have on the welfare and safety of children and young people.

Our aim is to ensure there is both early recognition of neglect and through strong multi-agency leadership and governance improve agency responses to children and young people affected by neglect.

It is widely acknowledged and agreed that only a clearly defined child focused, proactive and co-ordinated, multi-agency approach will be effective in helping to prevent neglect. Safeguarding partners have demonstrated a strong commitment by signing up to working together to meet the strategic aims and principles set out within this strategy. One of the key aims of this strategy is to keep the prevention of neglect at the forefront of people's thoughts, agendas, and policy discussions in such a way that as a partnership we help to improve outcomes for children and young people.

We will:

- Secure the collective commitment to addressing neglect across all partner agencies and demonstrate effective leadership and governance in driving the appropriate systems, culture and process changes required to make system improvements and achieve positive outcomes for children, young people and their families.
- Understand our local needs in respect of the neglect of children by undertaking a comprehensive multi-agency needs assessment with the active contribution and oversight of the LSCBs to develop a multi-agency action plan that informs the commissioning and of delivery of local services.
- Ensure that the views of children, young people, parents, carers and practitioners to inform the needs assessment.
- Share information effectively 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 that informs the current strengths, needs and risks.

- Challenge each other and hold all key agencies to account for contributing to and driving forward the work of the neglect strategy action plan.
- Engage with other strategic partnerships across Staffordshire and Stoke-on-Trent when required to align, drive progress and hold partnerships to account for making local improvements in relation to child neglect.
- Raise awareness of neglect and what to look for amongst key groups of professionals and community organisations as a critical protective factor for children, young people and their families. Patterns and prevalence of neglect should be understood so that prevention strategies can be adjusted to be proactive and to target specific needs.
- Improve awareness and understanding of neglect across the whole partnership from a senior level through to frontline practitioners. This includes embedding a common understanding of neglect and the impact of parental factors that present risks to children and young people of all ages.

To achieve this we will help all practitioners across the children's and adult's workforce to undertake relevant training (basic and advanced) so there is consistency of practice and in the application of local thresholds. All partners across Staffordshire and Stoke-on-Trent will be expected to ensure that their workforce has accessed appropriate training.

- Develop a media and communication strategy designed to raise public awareness of neglect and provide information on where to access national or local support pathways. This must include signposting those affected by neglect issues to early help and intervention services so that they can access support at the earliest opportunity, prevent escalation and achieve good outcomes for children, young people and their families.
- Embed the use of Early Help Assessments 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, child focused, multi-agency and incorporate the views of the child, young person and their family or carers. Support should be coordinated by a lead practitioner.
- Seek assurances that practitioners working at all levels of need have access to expert advice and consultation to help them to understand their duty to identify vulnerability and risk.
- Continually review and assess 'what works' to help ensure preventative strategies can respond to developing issues and changes in national or local trends and themes.
- Work with our commissioners and provider services to ensure that they reflect the needs of our community. This includes looking at ways in which early help

can be embedded within procurement and commissioning contracts; as well as how commissioners and providers can be innovative in both preventative and proactive approaches to reduce potential future needs and risks.

- Work together to improve the recognition, response, assessment and the best interventions for children and young people living in neglectful situations before statutory intervention is required.
- Work with our partners to ensure that there are appropriate support pathways in place to help children and young people who have experienced harm through neglect who require longer term support.

When things go seriously wrong, we have a responsibility to look into this thoroughly with a learning review and report the findings so that practice can be improved. Equally important, is our role in promoting good practice and generating confidence within our communities that concerns about abuse and neglect can be expressed openly and are encouraged and will be responded to effectively when raised.

Domestic Abuse

Why it is important?

There is extensive evidence illustrating the harm caused to children and young people who live with domestic abuse. The Adoption and Children Act 2002 extended the definition of harm to include 'impairment suffered from seeing or hearing the ill-treatment of another'. For the purpose of this strategy the term 'living with domestic abuse' includes:

- Children who are currently living where there are incidents of domestic abuse, or where there is risk of domestic abuse, taking place.
- Children seeing or hearing domestic abuse outside of their home.
- Children witnessing the effects of domestic abuse on others.

What we will do?

The LSCB will seek assurances from connected partners and assess the extent to which:

- children and young people who live with domestic abuse experience a child-centred approach from all professionals and the risks to them and their needs are assessed effectively and responded to appropriately.
- professionals and support staff see incidents through the eyes of the child and are trained, confident and knowledgeable to understand the impact of domestic abuse.
- children and young people living with domestic abuse receive the right help and protection because application of appropriate thresholds, effective information sharing and timely intervention take place.

- the risk of harm to children is reduced through the identification and assessment of the risks that perpetrators and adult offenders pose.
- multi-agency risk assessment conferences support the protection of children through timely sharing of information, assessment of risks to children and through developing effective action plans.
- the impact of domestic abuse on children and young people is reduced because they, their families and perpetrators can access a sufficient range of commissioned local services.

How we will know that we have made a difference?

There is clear evidence that children and young people feel listened to, their concerns are responded to and their support needs are met.

The day to day experiences of children and young people living with domestic abuse is widely understood by connected partners

A high standard of decision making and practice is demonstrated consistently by front line staff from connected partners in support of children living with domestic abuse.

Information sharing arrangements between connected partners to inform risk assessments will be recognised as a strength.

Substance misuse - Hidden Harm

Why it is important?

Public Health England collects national data on the number of drug and alcohol service users who are parents. In 2011 it was estimated that around one third of people receiving treatment were parents and had children living with them.

Whilst the extent to which difficulties impact on parenting varies enormously. In terms of assessing the impact of problem drug and alcohol misuse on children and young people there is limited evidence. However, it is clear from a variety of sources that alcohol misuse by parents can result in violence and risks of physical harm to children and young people and as referenced in other parts of this strategy there are overlaps with the so called 'toxic trio' of Domestic Abuse and Parental Mental ill Health.

What we will do

The Safeguarding Children Boards will seek information from connected partners in relation to:

- Confirming with commissioners and providers what data and information should be received from children and drug and alcohol services for inclusion in the Safeguarding Board performance data set.
- Assurances that commissioners of drug and alcohol services have systems in place to monitor the extent to which providers of those services meet their responsibilities to safeguard and protect children.
- The number of adults receiving specialised drug and alcohol services who are parents or carers; in order to develop an understanding of local needs relating to children affected by parental substance misuse and to seek assurances that children and young people are being supported.
- Assurances that senior managers from connected partners have arrangements in place for supervision and oversight and evaluate the quality of joint working through analysis of referrals and case file audits with findings reported to the LSCB.
- Assurances that senior managers and practitioners across all connected partner agencies services are made aware of learning from Serious Case Reviews relevant to drug and alcohol misuse.
- Assurances that all children's and adults services practitioners working with families affected by drug and alcohol problems have the competence and confidence in identifying the impact of these difficulties on the child or young person.
- Assurances that commissioners of drug and alcohol services ensure that the role of adult drug and alcohol services in safeguarding is set out explicitly in all relevant tender documents and in contracts.

How we will know that we have made a difference?

There is clear evidence that children and young people feel listened to, their concerns are responded to and their support needs are met.

The day to day experiences of children and young people living with parents and carers who misuse substances is widely understood by connected partners

A high standard of decision making and practice is demonstrated consistently by front line staff from connected partners in support of children living with parents and carers who misuse substances.

Information sharing arrangements between connected partners to inform risk assessments will be recognised as a strength.

Parental Mental ill health

Why it is important?

Data is not collected nationally about how many of the adults receiving specialised mental health services are parents or carers, but it is estimated that approximately 30% of adults with mental ill health have dependent children. Evidence from small studies of people with mental ill health difficulties shows that a high proportion of adults in acute psychiatric settings may be parents (at least 25%). The extent to which these difficulties impact on parenting capacity varies enormously.

Analyses by Ofsted of serious case reviews between 2007 and 2011 where children had either died or been seriously harmed, showed that mental health difficulties, drug and alcohol problems and domestic abuse were the most common characteristics of the family involved. The analyses highlighted repeated examples of ways in which the risks for children and young people resulting from the parents' own needs were underestimated.

What we will do?

The LSCB will seek information from connected partners in relation to:

- Confirming with commissioners and providers what data and information should be received from children and adults mental health services for inclusion in the LSCB performance data set.
- Assurances that recording systems are in place which set out clearly and, in sufficient detail, children's needs and risks.
- Assurances that young carers of adults with mental health issues are identified and supported to access early support.
- Assurances that senior managers and practitioners across adult mental health services are made aware of learning from Serious Case Reviews relevant to parent or carer mental ill health and the impact on their child's health, safety and well-being.
- Evidence of case file audits undertaken to establish if adult (mental health) practitioners are 'thinking family' and identifying children appropriately; considering their needs and risks to them; arriving at sound and defensible conclusions regarding what action is needed to support or protect them; and referring them for support or intervention where necessary.
- Assurances that managers in adult mental health services are aware of all cases in which adults with mental health difficulties have children, or where there are children in the household, and that all these cases have appropriate and recorded oversight.
- Assurances that adult mental health practitioners have the competence and confidence in identifying the impact of the adult mental ill health on the child.

How we will know that we have made a difference?

- Evidence from the case file audits demonstrate that adult mental health practitioners are identifying the child's needs routinely.
- There is evidence of safeguarding workforce development programmes from mental health organisations.
- There is a jointly agreed (commissioner and provider) performance data set with positive trajectory.

GOVERNANCE ARRANGEMENTS

The LSCBs have forged relationships and developed protocols with a range of partnership boards who share a common commitment to intervene early to protect children and young people from neglect.

The organisational structure showing lines of accountability for the Stoke-on-Trent Safeguarding Children Board and connected partnerships is shown at Appendix 1 on page 16.

The structure for the Staffordshire Safeguarding Children Board is shown at Appendix 2 on page 17.

MONITORING AND ASSURANCE

Each LSCB will monitor the effectiveness of local activity, with a focus on:

- the quality and impact of assessment, planning and decision making in response to notifications, and
- the impact of the operational response of connected agencies to individual children and young people and their families, as well as
- identifying any unmet need or gaps in local area service provision.

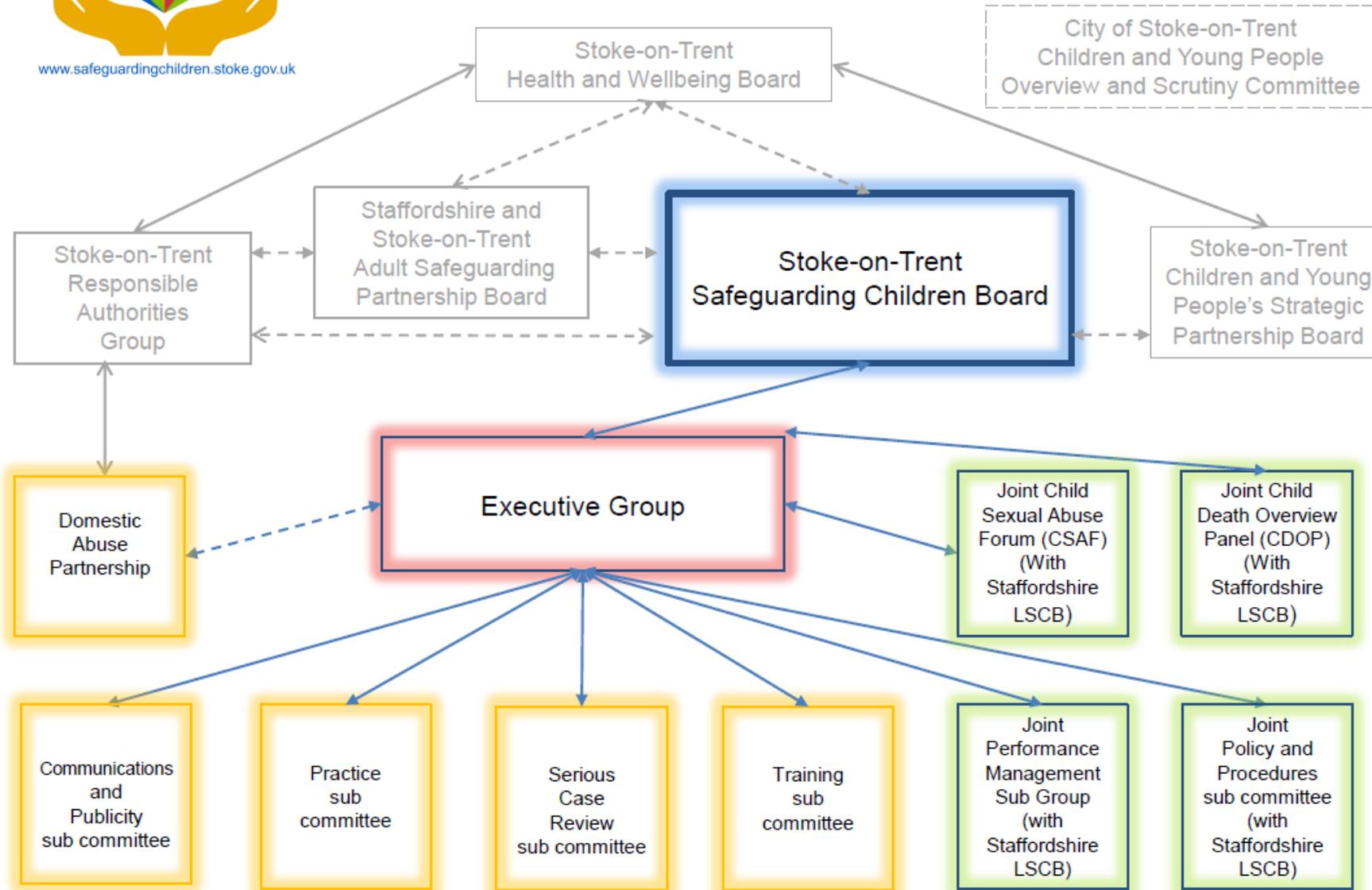
The LSCBs have jointly developed a performance and quality assurance framework. The data gathered in this framework will assist strategy action plan development and the commissioning of services to support continuous improvement in the effectiveness of the local response to child neglect. It will enable the safeguarding partnership to understand the local prevalence of neglect and the outcomes of early help, statutory services and prosecution interventions.

In addition to the outcomes framework, the LSCBs will undertake a co-ordinated programme of themed case audits and use the findings to enhance assurance and hold agencies to account for their contribution in achieving the outcomes set out in this strategy.

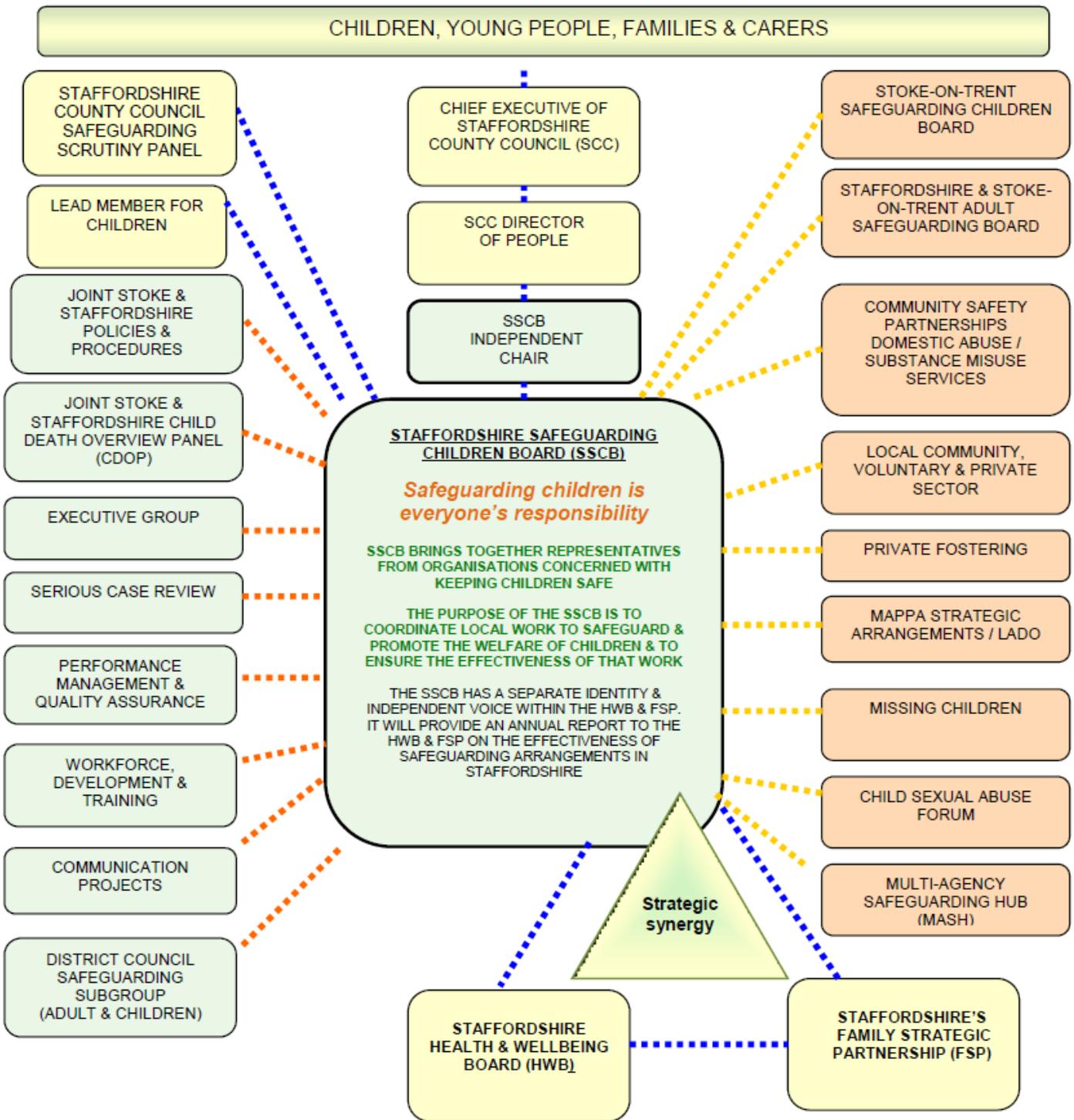


Stoke-on-Trent Safeguarding Children Board Structure

Appendix 1



SSCB Structure



KEY RELATIONSHIPS:

- Accountability & reporting ■■■■■
- Subgroups / panels ■■■■■
- Partnerships & working links ■■■■■