



# Tackling Neglect Multi-Agency Strategy

2017

## Introduction

Too many children and young people suffer the consequences of growing up in neglectful circumstances; this blights their lives, leaving emotional and sometimes physical scars and can condemn young people to a future of low aspirations, low attainment and a life in which their ambitions are unfulfilled.

Both national and local evidence shows neglect as the major issue facing children who need a Child Protection Plan. Neglect often arises where other parental needs exist; in particular alcohol and substance misuse, domestic abuse, parental mental illness and parents with learning difficulties. These are often known as 'Hidden Harms' or the 'Toxic Quad'. By the time the home situation has deteriorated to a child protection level, children have often lived several years of their lives in these circumstances.

Durham Local Safeguarding Children Board partner agencies, such as Children and Young People's Services, Health Services and the Police work together to identify and address neglect and hidden harm in all its forms; and tackle a whole range of needs families may face, using a 'Think Family' approach.

The aim of this strategy is to ensure that early signs of neglect and hidden harm are identified so that supported intervention can be provided at the earliest opportunity, preventing needs escalating.

*No matter what the cause of the need, the sooner support and intervention is provided, the better the outcomes for children and families*

Early help and intervention can range from appropriate advice and support from a single agency, through to a coordinated, multi-agency response and intensive support, sometimes from specialist services.

By working with parents and children and by helping them find solutions to their problems, the majority of families can provide a stable, loving home for their children in which they can reach their full potential.

This strategy is supported by the [Neglect Practice Guidance](#) for professionals. It is known that practitioners can find it difficult to identify and respond to indicators of neglect or appreciate their severity. The Neglect Practice Guidance assists practitioners across services to develop more responsive and timely interventions to address concerns about neglect.

When improvement does not result from the help and support provided, partners will act decisively to ensure there is robust, timely decision making to avoid the harm to children that neglect causes and to evaluate parents' capacity to change.

There is a range of [toolkits and practitioner guidance](#) available on the [LSCB website](#) that provides practical help to staff in all agencies. These include:

- The 0-19 Level of Need Threshold Document – providing a quick-reference guide to support professionals in their decision-making
- The Single Assessment Procedures – revised to reflect the added focus on neglect and Hidden Harm
- The Home Environment Assessment Tool – developed to give practitioners a better understanding of external influences on the family

## Purpose of this Strategy

The purpose of this document is to set out our strategic aim and objectives for tackling neglect and promoting early help and intervention across County Durham. This strategy acknowledges and reinforces the linkage with other local partnerships such as the Children's and Families Partnership, the Health and Wellbeing Board, the Safe Durham Partnership and the County Durham Partnership.

This strategy will be reviewed on a yearly basis in the context of major national developments, for example the Children and Social Work Bill.

The governance of this strategy will remain with the Durham Local Safeguarding Children Board. The strategy will be driven and monitored by the Tackling Neglect Sub Group.

Although this document does not highlight the activities we have undertaken to tackle neglect, our strategic objectives are informed and shaped by our knowledge and experience of the work in this subject area. This strategy will contribute to the delivery of Durham Local Safeguarding Children Board's vision that '**Every child and young person in County Durham feels safe and grows up safe from harm**'.

## Strategic Aim

The aim of this strategy is to reduce neglect; to reduce the impact of neglect and to ensure help and support is provided at the earliest opportunity.

## Strategic Objectives

Partners across the community, voluntary sector and statutory agencies are committed to working together to deliver services that improve the lives of children and young people in County Durham.

To deliver the strategic aim, work will be aligned to four strategic objectives. These are:

- **Understand Neglect** – To understand the local picture of neglect; to raise awareness of neglect and the thresholds for intervention
- **Early Identification** – To improve the recognition and assessment of neglect for children to ensure the most appropriate response is given
- **Effective Provision** – To offer effective, evidence based interventions that reduce neglect and before statutory intervention is required and to act decisively where these do not result in change for the child
- **Family Focus** – To use the experience of our families and the voice of the child in the future development and delivery of services

## Neglect

The greatest single cause of children needing protection and care in County Durham is neglect. Children who are severely and persistently neglected are at risk of significant harm and may suffer serious impairment to their health, development and wellbeing.

Neglect is defined in Working Together to Safeguard Children 2015 as:

*'The persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers 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); or*
- *Ensure access to appropriate medical care or treatment.*

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

It can be difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and care in order to thrive. They also need their carers to be attentive, consistent, dependable and kind. Children are neglected if these essential needs are persistently not met.

Signs of neglect can include poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting anti-social or sexualised behaviours, and the child is not meeting physical or emotional development milestones. Other indicators can include:

- A chaotic family environment which can include an absence of boundaries or routines
- A parent / carer who has mental health or learning disabilities such that impacts on their ability to meet the needs of any children
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using incompetent or inappropriate caregivers
- Parents who continually fail to attend appointments, as seen in many Serious Case Reviews
- Neglect as a result of parental substance abuse (drugs or alcohol)
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

The Durham LSCB [Neglect Practice Guidance](#) has a comprehensive list of indicators of neglect, coupled with the [0-19 Level of Need Threshold Document](#) practitioners can identify the level of need and intervention required to support the family and bring about change.

The circumstances causing neglect often take years to develop. The impact on children is both psychological and physical; neglected children are smaller, fail to thrive and are less emotionally resilient. If the early signs of neglect and hidden harm had been recognised, and help offered, many families may have avoided reaching the point where statutory intervention is required.

Serious Case Reviews are dominated by harm to babies and children under two. Although young children are particularly vulnerable to neglect, as they are unable to care for themselves, all partners need to remain vigilant to signs of neglect in children and young people of all ages.

It is important to remember that neglect can be fatal to the child

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support is essential.

Parental issues of domestic abuse, mental health and alcohol misuse continue to be key issues which cause neglect in County Durham and are known collectively as Hidden Harm factors. Unless parents' issues are identified and supported through the provision of early help, the outcomes for their children will remain poorer than their peers. Those children who are more vulnerable to neglect can include:

- Those whose parents have a history of abuse and neglect
- Children exposed to domestic abuse, drug and alcohol misuse or parental mental illness
- Families with four or more children
- Babies under the age of one
- Child with a disability or complex needs
- Those whose mothers experience maternal illness following birth including post-natal depression
- Those whose parents have learning difficulties
- Those with young, isolated parents
- Those living in poverty

Where these issues are found in combination, the likelihood of the parent being able to provide adequate care are diminished and the likelihood of neglect is significantly increased. Any risk assessment should consider these factor specifically.

It is clear that as a partnership we need to continue to develop our understanding of neglect and the true prevalence of neglect in County Durham. In addition we need to improve our understanding of the local picture, key drivers and what are the most successful interventions and support services.

## Durham's Continuum of Need – system-wide prevention

Children, young people and their families have different levels of need depending on their individual circumstances and quite often these change over time with some families moving between universal, targeted and specialist services. Children can be helped in three broad ways:

- **Prevention** → So that problems don't arise in the first place
- **Early Intervention** → So that problems are cut off at an early stage
- **Protection/ Targeted intervention / treatment** → So that actions are taken for needs or problems that are serious or will endure.

At any of the three stages, there will be a need for some level of help which requires services to be equipped and able to respond to these changing needs and demands. Central to this approach is a focus on increasing independence for families and communities, supporting and building resilience. It is a way of thinking and working that views children, young people and their families as equal partners with an emphasis on doing 'with' rather than doing 'to' and which is solution focused.

For the purpose of this strategy we refer to early help both in the context of the early years of a child's life (including ante-natal interventions) and early in the emergence of a problem at any stage in their lives. Whole family needs including social, educational, physical and mental health and wider impacts such as social and health inequalities and material disadvantage are taken into account alongside individual needs.

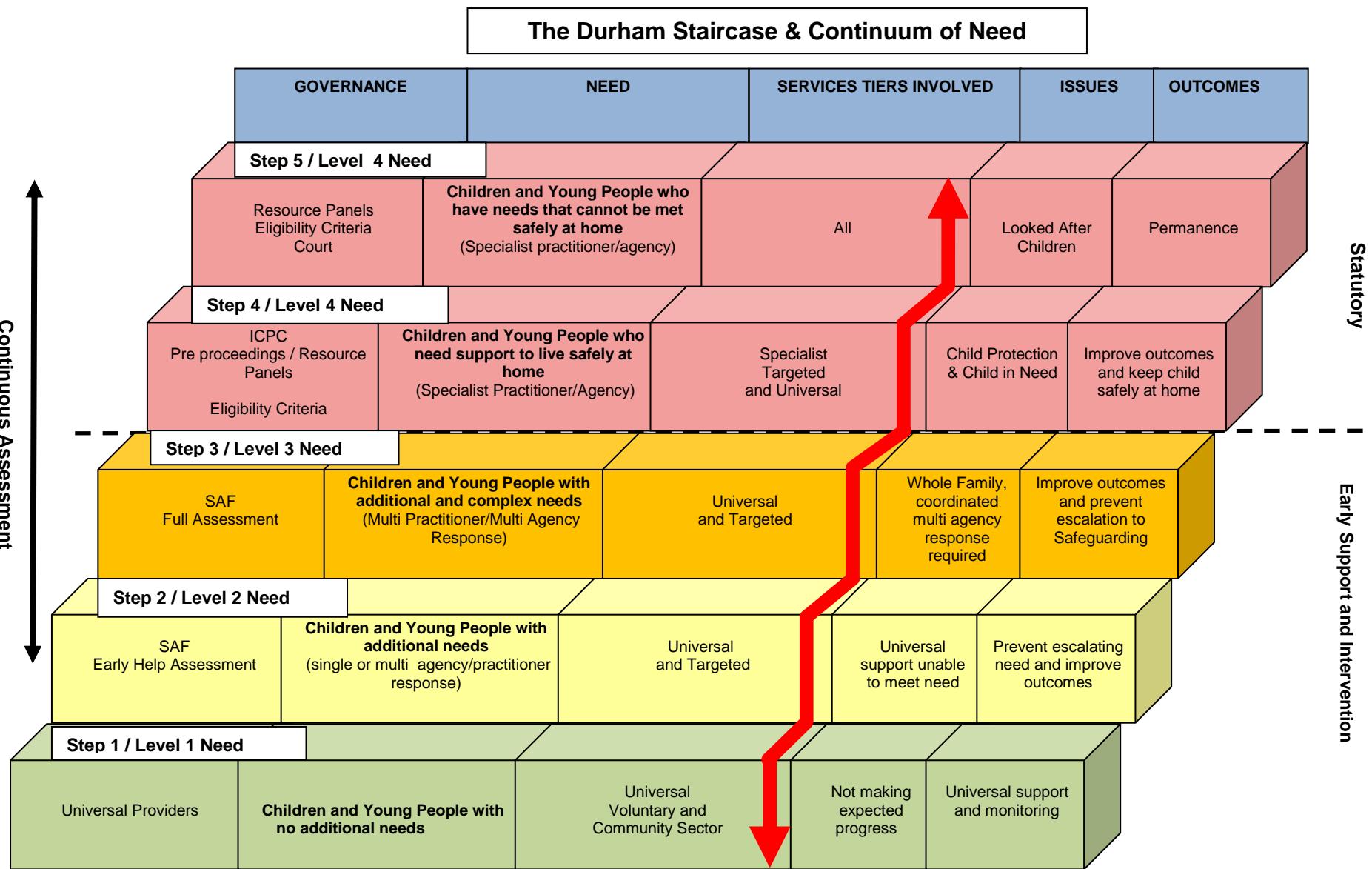
### Levels of Need

In County Durham, a staircase model has been used to illustrate levels of need since 2012. The lowest need is shown as the bottom step and the highest level of need as the top step.

Regardless of which 'step' children, young people and families needs are on, they will be supported at the earliest opportunity and continue to be supported by the relevant services as they move up and down the staircase.

The Durham staircase illustrates our integrated services pathway model and is designed to reflect the fact that the needs of children, young people and families exist along a continuum.

The staircase sets out need across four levels - five steps and is shown on the following page.



### **Level 1 - Universal Provision Children with no additional needs.**

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

### **Level 2 - Early Help – Targeted Provision Children with Additional Needs which can be met by a single practitioner/single agency or where a coordinated multi-agency response is needed.**

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential. The single assessment process Early Help Assessment is the tool to use to identify need and plan help for the family.

### **Level 3 - Early Help – Targeted Provision for Children with multiple issues or complex needs where a co-ordinated multi-agency response is required.**

These are children and families whose needs are not being met due to the range, depth and significance of their needs which makes them very vulnerable and at risk of poor outcomes. A multi-agency response is required using either the single assessment framework whole family assessment tools as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and coordinated approach and more intensive intervention and help. Lead Professionals could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change and reduce the likelihood of moving into Level 4 services.

### **Level 4 - Services to keep the child safely at home – where a statutory response is required.**

These are children whose needs and care is significantly compromised and they may be at risk of harm or at risk of becoming accommodated by the Local Authority. These families require intensive support on a statutory basis. This will include support provided by Children's Services under a Child Protection Plan and may require the use of legal orders. The assessment and multi-agency response will be coordinated by a social worker, will be holistic and consider the needs of all family members.

### **Level 4 (step 5) - Need that cannot be managed safely at home.**

Children and young people who require intensive help and support from a range of specialist services. These children will often need to be accommodated outside of their immediate family or may require admission into hospital or other institutional settings. In most cases the multi-agency involvement would be led by a social work Lead Professional.

In general, children and young people with disabilities will have their needs met through early help and targeted services at levels 1, 2 and 3. However, some children with a high level of need related to severe disabilities may require specialist services at levels 4.

## Hidden Harm

The main parental risk factor leading to a child being made subject to a child protection plan is domestic abuse (28%) (County Durham figures 2015/16).

The LSCB has links to the County Durham Domestic Abuse and Sexual Violence Executive Group (DASVEG) and we will continue to promote the need for domestic abuse services to support children, young people and their families.

Parental substance misuse and alcohol misuse has a considerable negative effect on children, young people and the family. Children and young people experience poor outcomes due to parental substance and alcohol misuse including foetal alcohol syndrome, impoverished home conditions, school attainment, inferior health and wellbeing, greater likelihood of exposure to alcohol or drug-related crime. In 2015/16 28% of initial child protection conferences in County Durham were as a result of parental substance or alcohol misuse.

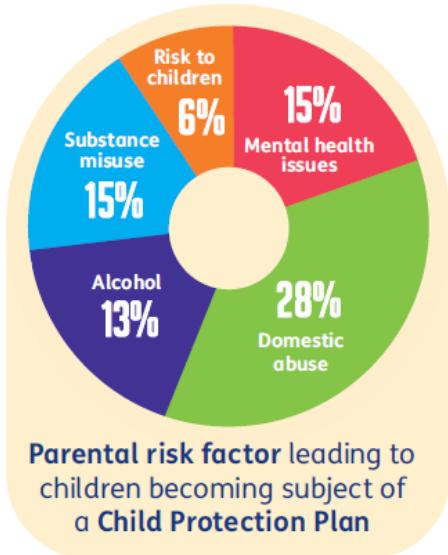
The LSCB has links to the Alcohol and Drug Harm Reduction Group and we will continue to promote the need for drug and alcohol services to support children, young people and their families. The Multi-Agency Safeguarding Hub (MASH) now has domestic abuse and Lifeline workers attached to the hub to facilitate closer collaboration, information sharing and identification of neglect.

With partners we will continue to work with families on prevention and improving the quality of mental health care across the county. This will include involvement in the children and young people's mental health, emotional wellbeing and resilience transformation plans.

All direct work with the adults must be clearly focused on bringing about better outcomes for the children and plans for children should involve the specific action being taken by adult service providers. This is 'thinking family'.

When supporting parents and children, the aim will always be to help them find solutions to their problems, ensuring the transfer of learning from one person to another is achieved and building resilience and protective factors into the family environment. It is not about doing something for them, providing the family with the correct solution, the right answer or appropriate advice, in order to remove the problem.

There is also work to be done to dispel the idea – both from staff and the public - that neglect in a particular area, town or street is the norm. This suggests that we have accepted the perceived social norms and challenges that particular area face and we are unable to effect change, instead of focusing on the impact of the situation on the child.



## Control and Grip (when enough is enough)

It is important to be sure that the decision to change is a genuine one and not just ‘talking the talk’. Professionals should be mindful of the need to distinguish between cooperation with the practitioner and readiness to change. National reviews have shown the skilful way in which an apparently engaged and motivated parent might disguise their non-compliance. Action is not necessarily success. There is a real risk that in being motivated to succeed, staff become ‘over optimistic’ and place undue weight on minor changes when the overall situation remains fundamentally unchanged.

When the required changes have begun there may be noticeable signs that life has improved for the child and the neglect has stopped being a pressing issue.

Professional optimism and the very reasonable desire to see the family succeed, coupled with pressure to prioritise other families who have children in apparent greater need, can lead to an easing of intervention and oversight.

Experience tells us that whilst change may have started, it has not been consolidated and is therefore very fragile. Keeping involvement with the family is very important. Without support to deal with the inevitable issues that will come along – whether that is an illness or a change of circumstances, there is a real danger that the new behaviours will be abandoned and ultimately the child will once again be neglected.

In cases of chronic neglect, lapses may be unwelcome but common. Where progress is slow or absent it can be an option to close the case and move on. Closing the case at this point may mean that the child suffers further significant harm which is predictable and therefore avoidable.

It is vital to avoid ‘start again syndrome’, whereby each lapse is treated as another opportunity to start again with a clean slate. The reality is that if a plan did not work the first time, without a change in circumstances or motivation, it will not work a second time. The complexity of such professional judgements involved in trying to determine which course of action is in the best interests of the child will be familiar to many practitioners.

Plans at any level of intervention need to be child outcome focused with action to evaluate parents’ capacity and motivation to change. Tools such as multi-agency chronologies can be used in determining patterns and evidencing sustained change. Professionals need to be clear how long a plan will be given to succeed to avoid drift and delay. This can be used to inform decision making and escalation to avoid the damaging harm to children that neglect causes and to evaluate parents’ capacity to change.

It is essential to take an objective view of progress when reviewing a case to avoid drift and ongoing harm to the child. In every case practitioners should look at life ‘through the eyes of the child’ and consider basic questions such as; ‘Who will feed me? Who will bathe and clothe me? Who will play with me? Who will put me to bed? Who will talk to me?’ This provides a

window to the child's lived experience and is an indicator of the level of harm being experienced.

## Early Help and Intervention

Effective early help recognises that all agencies operate as part of an inter-dependent system and that a cohesive approach to system-wide prevention is required if we are to shift patterns of need.

Health Services, Schools and Police provide a universal service to all children and families and are often best placed to identify early signs of need. To have the greatest impact, we need to ensure that all of our universal, voluntary and targeted support services work together effectively to improve the lives of children, young people and their families, and reduce the need for statutory protection and looked after services.

Most families will access our universal services at some point. These universal services are well placed to provide the support and interventions for most families and are vital in preventing many children, young people and families from escalating in to more targeted services.

Universal services support an effective early help approach; prevention services such as immunisation programmes, early years advice, health visiting and school nursing and universal and accessible public health information that supports better life style choices all serve to ensure that children, young people and families get what they need and preventing them from needing further support.

For neglect and hidden harm, universal services are in a key position to identify situations where a more targeted and assertive approach is required. Targeted services and intervention delivered early will reduce the need for specialist services. Pro-actively challenging and acting on non-engagement, such as missed health appointments, also facilitates early help.

Schools, like other universal services have a key role in identifying emerging concerns early on, and close working with the school community is critical to the successful delivery of early help to children, young people and their families. Often a child missing school or an unkempt presentation will be the first indication that the family is experiencing problems.

It is essential that we identify those services, toolkits and successful interventions that reduce neglect before statutory intervention is required, while ceasing those interventions that are not producing results.

## **Health challenges relating to Neglect**

In recent years specific health concerns in relation to neglect have been identified including; dental hygiene, childhood obesity and children with special educational needs.

Poor oral health may be indicative of dental neglect and wider safeguarding issues. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. A study on access to dental services carried out in 2010/11 (most recent data available) showed significant variations across County Durham.

Data from the last large scale dental survey (2012) of five year old children's oral health in County Durham shows wide variations in dental disease. Significant inequalities in oral health continue to exist with children in deprived communities having poorer oral health than those living in more affluent communities.

Oral health of five year olds is part of the children's public health outcomes framework and we will work with partners in health to reduce these oral health inequalities. The emerging evidence regarding the impact of sugar on child obesity is an opportunity to combine efforts on tackling obesity and oral health inequalities.

Dental health promotion is a routine aspect of the healthy child pathway, health colleagues will deliver dental health interventions at every contact. They will respond to community needs focussing on the most vulnerable families, acting as an advocate and ensuring evidence based information is provided to families as well as shared among professionals.

The Health and Wellbeing Board has approved a strategy to improve oral health across the county; its aims include reducing inequalities in levels of tooth decay in children and young people.

Children who are not brought to health appointments can be an indication of neglect and of a need for support. Most children and young people rely on parents/carers to take them to appointments and do not decide themselves not to attend. Health services will introduce a 'was not brought' policy across the professional network to begin to acknowledge the impact of non or partial attendance at health appointments. Midwives, Health Visitors and family workers are using the [Home Environment Assessment Tool](#) to assess the impact of home conditions, including maternal health and emotional warmth. This tool is used to identify early signs of neglect and to offer support to families.

## **Child Poverty**

Child poverty in County Durham is higher than the England average, with 22.5% of children under 16 years living in poverty. Growing up in poverty has a significant impact on the development of children and young people both during their childhood and beyond. Work is being undertaken to address child poverty through a Child Poverty Working Group chaired by Durham County Council.

There are significant inequalities amongst our children, young people and families with almost half of our population living in relatively deprived areas and almost a third living in the most deprived areas of England.

The link between deprivation and poor outcomes is well documented and the 2012 Marmot indicators show County Durham to have significantly worse than England in terms of:

- Male and female life expectancy
- Inequality in disability-free life expectancy for males and females
- Levels of children achieving a good level of development at age 5
- Levels of young people not in education, employment or training
- Households in receipt of means-tested benefits

However, poverty and neglect are not the same. Many poor families bring up their children without them suffering neglect. However, there is a relationship between poverty and neglect. Poor children are ten times more likely to be taken into care for example, and neglect is much more prevalent in deprived areas.

It is clear that the toxic quad / hidden harms often drive neglect; but poverty can drive toxic quad / hidden harms issues. Therefore strategies to reduce poverty and improve economic wellbeing will have an impact on rates of neglect.

It is clear that agencies need to work together to help families meet the challenges they face and to prevent these stresses causing their children to be neglected or to suffer other forms of harm.

## Commissioning

Commissioners need to work together to develop coherent plans and strategies to transform activity on a much wider scale. This includes Adult commissioning services covering the hidden harm issues of alcohol and substance misuse, domestic abuse and mental illness, which have a direct impact on parenting capacity.

At a time when there are significant financial pressures on agencies to make continued savings and efficiencies, commissioning provides an opportunity to review service delivery, deliver better outcomes for families and to achieve financial efficiencies which do not compromise the quality of our services. The following principles / standards will be promoted when commissioning services for neglect, hidden harm and early intervention:

- Basing all decision on evidence of a favourable impact on outcomes for children and best value for money
- Ensuring that changing policy and legal and regulatory guidance is taken into account;
- Providing early help services at the earliest appropriate opportunity to support young people and their carers
- Using open and transparent processes that build confident partnerships between commissioners and providers

- To decommission services which are inefficient, ineffective, inequitable, unsustainable or no longer required
- Aiming for continuous improvement and best outcomes

## Priority actions

We have identified and categorised our priority action that sit under our strategic objectives and will form the basis of our delivery plan.

**Understand Neglect** – To understand the local picture of neglect; to raise awareness of neglect and the thresholds for intervention

- Improve our understanding of neglect; the local picture and key drivers (OC1/6)
- Improve our understanding disguised compliance and ‘over optimistic’ staff placing undue weight on minor changes when the overall situation remain fundamentally unchanged
- Improve the referral process for early help or statutory intervention
- Shift staff understanding neglect from a general understanding to include specific neglect issues relating to the professionals role (OC1/7)
- Promote the need for domestic abuse services, substance misuse services to consider child neglect and refer appropriately
- For mental health and LD services consider the impact on the child and work with children’s based services
- Improve our understanding of disguised compliance, the rule of optimism and not closing cases too early

**Early Identification** – To improve the recognition and assessment of neglect for children to ensure the most appropriate response is given

- Review the single assessment and family plan with an emphasis on neglect promote use of chronologies and plans with timescales and consequences (OC2/1)
- Promote the need for domestic abuse drug and alcohol services to support children, young people and their families
- Work with Children and Young People’s Mental Health, Emotional Wellbeing and Resilience transformation plans to include actions to identify neglect and refer appropriately
- Continue to widen the use of the Home Environment Assessment Tool

**Effective Provision** – To offer effective, evidence based interventions that reduce neglect and before statutory intervention is required and to act decisively where these do not result in change for the child

- Identify those services and toolkits that demonstrated effective and successful interventions (OC3/1) (OC3/2)
- Remove those interventions that are not producing results (OC3/1) (OC3/2)
- Use the (care index / HEAT / family outcomes framework) to measure the distance travelled and the parents' capacity and motivation to change (OC3/3)
- Implement a 'enough is enough threshold' (decisive action will be taken to ensure timely decision making and to avoid the damaging harm to children that neglect causes)
- Reduce the wide variations in oral health and dental disease across County Durham
- Reduce levels of childhood obesity across County Durham

**Family Focus** – To use the experience of our families and the voice of the child in the future development of services

- Upskill parents to resolve problems and improve parenting skills covering household / personal financial; household management; Emotional wellbeing; etc
- Develop courses to tackle wellbeing and mental ill health
- Dispel the idea that a particular area, town or street will always suffer from neglect (Social Norms)
- Engage with families who have worked through neglect to understand what was effective (OC4/2)
- Increase the evidence in all partner's records that the child's story is strong and that the impact of neglect on their lived life experience is understood (OC4/3)

## Governance and Performance Monitoring

This strategy is supported by the governance and performance arrangements of Durham LSCB. The strategic objectives and priority actions will be assigned lead officers and be monitored by a RAG system within a delivery plan that is reviewed quarterly by the Tackling Neglect Sub Group.

The agreed key indicators are part of the LSCB Neglect Scorecard, monitored by the sub group to demonstrate the effectiveness of the strategy and its implementation. The key indications are:

- a) Reduction in the number of children subject to a child protection plan for neglect
- b) Reduction in the number of repeat referrals following a single assessment
- c) Reduction in the number of children being subject to a child protection plan for 18 months or more

An outcomes framework has been developed to monitor progress in areas that are meaningful to families, such as health and mental health, educational attainment, employment and

training, housing and emotional resilience. This will be used alongside the process measures to track impact and work will be needed to maximise its use across partners.