



Derbyshire Neglect Strategy March 2019

Version Control

Version	Author/s	Amendments	Signed off by	Date	Review Date
1.	Maureen Evans Principal Practitioner Early Help			28/02/2017	
2	Maureen Evans Principal Practitioner Early Help	Edit of strategy including Childs Voice, Family Resilience.	DSCB 27/03/2017	10/3/2017	27/3/2020
3	Maureen Evans Principal Practitioner Early Help	Public Health amendments	DSCB 16/11/2017	16/11/2017	20/02/2019
4	DSCB Q & P Task & Finish Group	Review	DSCB 15/03/19	15/3/2019	15/3/2021

This strategy is aimed at promoting family inclusive practice and assessment takes into account the lived experience of the child

1 Role of LSCBs in safeguarding children from neglect

1.1 LSCBs should:

- Monitor the quality of practice in relation to neglect across early help, child in need and child protection interventions
- Enable partner agencies working with families including services for adults to work effectively together to assess and agree plans for children who experience neglect
- Provide quality training on all aspects of the recognition and management of neglect including parental non-compliance and disguised compliance for front line practitioners and managers
- To ensure workforce development is informed by evidence based and good practice
- Ensure all staff are aware of their duty to escalate concerns when they consider that a child is not appropriately protected and/or is suffering from neglect, and that all agencies have appropriate escalation policies and procedures.

2 Definition of neglect

2.1 There are two statutory definitions of neglect: one for criminal and one for civil purposes.

- Neglect is a criminal offence under the Children and Young Persons Act 1933 where it is defined as *failure*. Section 1(2) provides that a person is deemed to have neglected a child or young person in a manner likely to cause injury to his health in either of the following situations:
 - a) *Where a parent or person legally liable to maintain a child fails to provide adequate food, clothing, medical aid or lodging for the child or having been unable to provide the above failed to take steps to procure it to be provided; or*
 - b) *Where the cause of death for an infant under 3 years is suffocation (not being caused by disease or the presence of a foreign body in the throat or air passages) while the infant was in bed with some other person who has*

attained the age of 16 years and where that other person was under the influence of drink or a prohibited drug either when he went to bed or at any later time before the suffocation. Part 5 of the Serious Crime Act 2015 (Section 66) defines a "prohibited drug" for the purposes of section 1(2)(b); furthermore, it expands the reference to suffocation occurring in a bed, to now include any kind of furniture or surface used for the purpose of sleeping

- The civil definition of neglect which is used in child and family law is set out in the Children Act 1989 as part of the test of 'significant harm' to a child. This is expanded upon in *Working Together 2018* statutory guidance which 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:

- 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 care-givers)*
- d. ensure access to appropriate medical care or treatment “*

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

3 Impact of neglect

3.1 It is well established that neglect can have a serious impact on a child, particularly if accumulative and/or long term and including pre-birth. In some situations neglect can be fatal, but generally will affect a child’s health and all areas of development. The cognitive and emotional long term impacts have far-reaching implications for the child throughout their life. Neglect in infancy and early childhood is particularly damaging.

4 Aims of this strategy are to

4.1

- ensure effective support and guidance are available to families to prevent neglect occurring
- ensure neglect of children is identified as early as possible in a child’s life
- ensure effective interventions are put in place to enable parents and/or wider family to provide adequate care for their children, where neglect has been identified
- ensure that in serious cases of neglect, where interventions have been unsuccessful, and children are removed from that environment before long-term damage is done and consideration given to criminal action.
- enable the DSCB and partner agencies to have a robust understanding of

the extent and impact of neglect in Derbyshire, to allow resources to be directed appropriately

5 Prevention

- 5.1 Families with children need adequate income through work and/or benefits, decent housing and access to health and education. Central Government, the Local Authority, Public Health and CCGs and others all have responsibilities for enabling access to these, including accessible information & guidance. Services should work towards increasing family and community resilience to prevent the impact of neglect on children.
- 5.2 Most parents will rely on their families, communities and friends for advice and guidance on caring for their children. Support will also be available to parents through universal and targeted services, to enable them to understand their children's needs and how to meet them. This includes:
- GP
 - Dentist
 - 0-19 years Public Health Nursing Services
 - Midwifery
 - Children's Centres and Early Years Provision
 - Schools
 - Voluntary & Community Sector
 - Adult services
- Opportunities for identifying indicators of neglect may arise during contact with families within these services
- 5.3 Some groups are more vulnerable than others, e.g. Disabled children, young parents, new migrants to the UK, home educated and those with learning disabilities. Targeted services are available.

6 Early Identification of neglect

- 6.1 Children's health and development will be assessed ante-natally by midwifery service and at 10-14 days, 6 weeks, 12 months and 2.5yrs by Health Visitors. Standardised recording tools are used for these assessments to track a child's growth and development, and identify any problems.
- 6.2 However, all practitioners in contact with children and parents are expected to be alert to indications that a child might be being neglected. This might be apparent in:

- the child's health, dental hygiene, growth, development, behaviour, presentation
- the parents' issues with mental health, substance misuse, crime, domestic abuse, etc.
- disclosures by child, parents, neighbours, family
- conditions of home & garden and treatment of pets
- poor school attendance
- children going missing
- non-engagement/was not brought to appointments

6.3 Health and Education staff need to be aware that children may present with problems such as dental decay, obesity, poor concentration, etc. which whilst having a medical explanation may equally be indicative of neglect.

6.4 Sometimes a single encounter with a child or their family may raise an immediate and urgent concern, but often neglect only becomes apparent over a period of time. There is a very real risk that practitioners can become desensitised to neglectful situations, or experience them as normalised in disadvantaged communities, or fail to notice a very gradual decline or falling behind in a child's growth or development.

6.5 In order to prevent this, practitioners will have, and will be expected to use as appropriate to their role:

- training around neglect, parental non/disguised compliance and child development
- "Think Family" training
- regular reflective supervision

6.6 All practitioners should undertake training in neglect that is appropriate to their role. DSCB provides multi-agency training to support practitioners in recognising and responding to neglect. Individual organisations may provide their own training.

6.7 DSCB also promotes the use of assessment processes and tools; these should be used in all situations where there are emerging concerns around neglect. These could include:

- Graded Care Profile
- Pre-Birth Assessment
- Early Help Assessment
- Social Care Single Assessment
- Helpful to inform chronologies

- DV Risk Identification Matrix and DASH risk assessment in domestic abuse situations
- 6.8 Professional judgement and supervision should highlight cases where neglect may be an issue, and in all such cases further assessment and use of the above tools will be carried out. The DSCB Threshold Document will then indicate the level of response required to assist the child and their family. Critical to this is the sharing of information between involved practitioners, in order to build a complete picture of the child's world.

7 Effective interventions

- 7.1. Parents or carers need to be supported, educated and/or challenged to provide good enough care for their children. This should be offered by a range of services at different levels. All services need to ensure when supporting parents they also have a child focused approach and understand the child's lived experience; hearing and acting on the child's voice within early interventions is key to effective support for the family.
- 7.2. Interventions should be offered at the lowest level, consistent with the level of need and risk. This would typically mean that where universal or targeted services have been insufficient to help a family, a referral is made to Starting Point.
- 7.3. A good assessment is key to identifying the contributory factors and therefore the services and interventions needed; this may be an Early Help assessment or Social Care single assessment. A chronology will be a critical part of this, to include the historical context of a current concern – how many times has this happened before? How effective and sustainable have interventions been? – to establish the impact on the child and future plans. Assessment tools as above, and especially the Graded Care Profile should be used and always include the child's lived experience.
- 7.4 Specialist assessments may also be needed and should be commissioned promptly, to inform future work. This may include adult learning disability, adult mental health, paediatric, including where a child has a disability, etc.
- 7.5 Working in partnership with parents is important, so that they will fully engage in the services offered and accept responsibility for making things better for their children. This is likely to be more successful and sustainable. Interventions will often need to focus on parents' needs – e.g. substance misuse, mental ill health – at the same time as addressing their parenting. Approaches adopted around parenting will need to reflect any specific needs of

the parents, e.g. learning disability, their age, cultural differences, language and comprehension, etc. Plans should be focused on improving outcomes for the child.

- 7.6 Most parents will respond positively to help offered in this way. However practitioners need to be alert to parents who refuse to engage or where there is “disguised compliance” – i.e. a parent may say the right things but not making the necessary change. There is a risk for practitioners in over-identifying with parents and not noticing or challenging repeated non-attendance, cancelled visits, distraction with repeated crises and justification for not carrying out an agreed action. Practitioners may become de-sensitised to the conditions, environment and community in which a child is living.
- 7.7 Alternatively, practitioners need to be alert to the risks of developing over-dependency, where services have effectively taken over part of the parenting role and families have lost their self-sufficiency. This situation is not sustainable and is disempowering for parents. Practitioners should always work towards increasing family resilience to cope with future challenges within their family and community networks.
- 7.8 Once neglect is identified and appropriate child plans are in place, it is important to continuously monitor the impact on the child, to ensure any intervention is having the necessary effect. Any timescale for improvement will be appropriate to the age and circumstance of the child – the younger the child and the more serious the concern, the quicker any improvement needs to be. These timeframes need to be clearly identified at the outset with clear contingency plans so that parents and practitioners are aware.
- 7.9 Individual agencies should adhere to DSCB policy; to monitor work with children identified as neglected or at risk of neglect. DSCB procedures should be followed for all work at levels of early help, child in need and child protection to ensure:
- assessments and investigations are carried out in a timely way
 - there is good partnership working across children’s and adults services with information shared appropriately
 - clear plans are in place with clear expected outcomes and actions for family and practitioners
 - interventions are appropriate and effective
 - there are regular reviews
- 7.10 There is a risk of drift and delay in work with neglect; where insufficient progress is made within the child’s timeframe. Any practitioner concerned about

drift and delay should escalate appropriately to a higher level.

- 7.11 DSCB has an Escalation Policy which is used by staff where they have concerns about the response or (in) action by another agency. All agencies should highlight cases where insufficient progress is being made.

8 Legal action

- 8.1 In serious cases of neglect, where there is, or risk of, significant harm, a strategy meeting will be held in line with DSCB procedures. This will include consideration of any legal action by the Police or Local Authority.
- 8.2 The Police will need to consider the need for a criminal investigation and possible prosecution for criminal neglect.
- 8.3 Rarely, the Local Authority will need to consider the need for an Emergency Protection Order where there are immediate risks to “life and limb”. More commonly there will have been a period whilst services have been offered to a family and insufficient progress made within the child’s timeframe. In these circumstances consideration will be needed with regard to discussing alternative family care arrangements, voluntary accommodation or issuing care proceedings, to secure the care of the child outside the current neglectful care.

9 Strategic oversight of neglect

- 9.1 Neglect is more common in families and communities living with disadvantage and deprivation, and it is important that current limited resources are targeted at the most deprived communities. Neglect may also occur in more affluent areas.
- 9.2 The health and wellbeing of children in Derbyshire is mixed compared with the England average. Average figures can mask differences between individuals and communities. Derbyshire experiences rural poverty and deprivation and families can experience the impact of seasonal employment patterns.

There is also contrast in housing conditions across the county with good quality homes and others whose homes are damp, cold or unsafe.

Derbyshire has welcomed families as recent arrivals to the UK via the Syrian refugee scheme and other families have recently arrived from countries experiencing conflict.

In Derbyshire 4.2% of children are from minority ethnic groups and these

families have a greater likelihood of disadvantage, as well as adjusting to cultural differences.

- 9.3 Derbyshire Health and Well-being Board, informed by other Boards including the Derbyshire Childrens Partnership, and Children's Sustainability and Transformation Plan Board , has an over-arching responsibility to co-ordinate and plan for the well-being of residents in Derbyshire. This includes children suffering or at risk of neglect.
- 9.5 Information to support this and other activity across the partnership is available from the Joint Strategic Needs Assessment, which collates a range of data. A combination of Public Health data and the child health profile data, should allow a focusing of activity to prevent and intervene in the neglect of children, and to attempt some measurement of success.
- 9.6 However, due to the complexity and multi-faceted nature of neglect, and absence of a standardised reporting system, numbers of children living in neglectful circumstances are not fully known. Numbers of children subject to child protection plans will be indicative of overall numbers and can be used to monitor upward or downward trends.
- 9.7 The child health profile, collated and analysed by Public Health, offers a range of measures which are associated with neglect, e.g. dental caries, hospital admissions for accidents and low birth weights. Tracking changes in these measures will provide some indication of any change in the prevalence of neglect.
- 9.8 The DSCB will review this data regularly and will both undertake quality assurance activity, such as multi-agency audits, and receive QA reports from partners. This will enable the Board to monitor the quality of practice in relation to neglect and to challenge partners as necessary.