Kingston and Richmond Safeguarding Children Partnership

Neglect Strategy 2018-2021

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1. Foreword by Independent Chair of the KRSCP

I am pleased to present the **Kingston and Richmond KRSCP Neglect Strategy 2018-2021**; the joint board have agreed to develop and co-ordinate a multi-agency approach to improve partnership effectiveness in tackling neglect. The effects of neglect and its consequences on the future wellbeing and development of children has risen steeply over the last decade. Child neglect is the most common and pervasive type of abuse in the UK today and requires effective and rigorous professional response at all levels.

It is agreed amongst practitioners and academics that the cumulative nature of neglect can have a disastrous impact on all aspects of children's health and development. Neglect causes great stress to children leading to poor health, educational and social outcomes and is potentially fatal. The KRSCP believes that all children and young people in our boroughs should have trusted, committed and able professionals who are able to swiftly identify and respond effectively to child neglect.

Together with our multi-agency partners KRSCP has developed this **Neglect Strategy** for both boroughs, setting out Kingston and Richmond's approach to tackling neglect. The overarching aim of the strategy is to ensure the early recognition of neglect and improved responses to it by all agencies, so that the life chances of children are promptly improved and the risk of harm reduced. This strategy is our shared commitment to focus our efforts to improve identification of children experiencing neglect and to join up support offered to our families more effectively.

It is important to stress that this strategy has been developed in response to local knowledge as to the causes and effects of neglect, learning from local and national reviews; we believe we are under reporting as there has been little or no increase in the number of reported cases in Kingston and Richmond which is totally against what is being found around the country. We strongly believe in listening to the voice of the child and their families and to offer support at the right time and at the earliest opportunity. Neglect has been identified as a priority by the Board because of the effect on long-term life chances for children.

The strategy is supported by the recently updated **Neglect Toolkit** (see Resources) which provides professionals with an overarching resource covering the issues surrounding neglect and acts as a risk assessment tool. Training will be an important element of the strategy as will our **Neglect Conference** planned for the Autumn 2018.

We will analysis and evaluate our progress in the Kingston & Richmond Joint Board Annual Report and the effectiveness of the Neglect Toolkit amongst our partners.

Chris Robson
Independent Chair Person, KRSCP

2. Background

2.1 Definition of Neglect

The statutory guidance Working Together 2015 (HM Government)[1] 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.'

There is considerable national research and local evidence which demonstrates the damage to infants, children and adolescents living in situations where their needs are neglected. Whilst the harm from neglect can be particularly damaging in the first 18 months of life, it can have a demonstrated cumulative impact across childhood, the impact of which can be keenly felt as children progress through their adolescence. The consequences of neglect can last a lifetime, span generations and for some children proves fatal.

2.2 Prenatal Neglect

Prenatal neglect can only be identified from observations of the expectant mother and the family context; and can include a range of concerns:

- Taking alcohol during pregnancy
- Drug use during pregnancy
- Smoking during pregnancy
- Experiencing domestic violence during pregnancy
- Failure to attend prenatal appointments and/or following medical advice

2.3 Additional Factors to Consider

Children, young people and their parents/carers have different characteristics and needs which may increase the risk of neglect and make it harder to identify neglect:

- The child who is educated through Elective Home Education
- There are parental risk factors: drug and alcohol abuse, mental health and/or mental capacity needs, substance abuse, domestic violence and a learning disability
- English is not the first language of the family
- The child or young person has complex needs
- The child or young person is often absent from school or not achieving in education

[1] HM Government (2015) Working Together to Safeguard Children: A Guide to Inter Agency Working to Safeguard and promote the Welfare of Children, London, Department for Education

3. Key facts from Children's Services data (2016-17)

Department for Education statistics show that neglect was the most common reason attributed to children becoming the subject of a child protection plan, accounting for 46% of cases in the year ending 31 March 2016[2]. A major prevalence study of child abuse and neglect, published by the NSPCC in 2011, also found neglect to be the most prevalent type of maltreatment in the family for all age groups[3]. Around half of all children looked after by Local Authorities are known to have experienced harm as a result of neglect.

Between 2015-2018 **Richmond** referrals to Children's Social Care have been between 10-14% for neglect. For all the child protection plans this has led to approximately 20% of these being for neglect. In **Kingston** the situation is similar. From 2015 between 10-13% of referrals to Children's Social Care have been for neglect. For the past two years approximately a third of child protection plans have been for neglect. Compared to national statistics we have lower referrals to Children's Social Care in regard to neglect cases.

During 2016/17 the number of open cases which include child protection and Children Looked After totalled 745 in **Kingston** and 836 in **Richmond** of which 363 and 482 respectively came under the primary category of 'neglect'. The primary neglect category includes emotional, physical and sexual abuse incidences. The number of children subject to a Child Protection Plan (CPP) for **Kingston** in 2016/17 was 142 and **Richmond** 111 and respectively 51 and 21 of these were categorised as 'neglect'. The trend for 2017/18 is showing a significant increase in children with CPPs due to neglect although both boroughs are below the national average.

Neglect issues which have been highlighted in recent **Serious Case Reviews and Learning Lessons**, nationally and in the Boroughs of Kingston and Richmond, include poor supervision, children not being brought to medical appointments, numerous moves, lack of attention to children's needs including hygiene and basic needs in children under the age of 5. The follow contributory factors should also be explored: parental mental health problems, parental substance misuse, domestic violence, poor parental functioning, missed medical appointments including not accessing antenatal care, inadequate housing and poverty, and sexual abuse.

Locally in the past four years we have had a number of learning and improvement case reviews which have highlighted concerns for neglect ranging from children who are very young to those in their middle childhood and adolescence.

[2] Characteristics of children in need in England: year ending March 2016, Department for Education, 2016 https://www.gov.uk/government/collections/statistics-children-in-need

[3] Child abuse and neglect in the UK today, NSPCC, 2011, quoted from 'In the child's time: professional responses to neglect', Ofsted, 2014.

4. Strategic Priorities

Partners agreed the following priorities to achieve the aims and objectives of this strategy:

PRIORITY 1: GOVERNANCE

To provide a robust strategic framework for the delivery of an effective range of interventions to tackle neglect in Kingston and Richmond.

Outcome: The delivery of the strategy is effectively governed through the Joint Kingston & Richmond KRSCP and their partners including emergency, community and adult services.

PRIORITY 2: PREVENTION

To improve awareness, understanding and recognition of neglect as maltreatment across Kingston and Richmond

Outcome: There is a strong focus on addressing causes not symptoms.
Outcome: Practitioners are confident to identify early where sustained change in families cannot be achieved.
Outcome: Members of the community are better equipped to recognise neglect in all its forms and how to report it.
Outcome: Partners have access to high quality training, across both boroughs, and promote the use of the Neglect Toolkit.
Outcome: Neglect must be understood within a context which may include other forms of abuse and hence link with other strategies.

PRIORITY 3: INTERVENTIONS

To improve the effectiveness of interventions to tackle neglect

Outcome: Proactive, Early Help Assessments are in place which are routinely used and adopt a whole family approach.
Outcome: Interventions match the identified/assessed needs with clear achievable targets in realistic timescales.
Outcome: Practitioners understand the importance of using family histories in identifying patterns of neglect.
Outcome: Practitioners are confident in making judgments and decisions that they can share with other agencies.

PRIORITY 4: EVALUATION

To monitor progress in reducing the risk of neglect in the population

Outcome: The effective implementation of the strategy is monitored by the Neglect Steering Group. Against the above priorities and reports to the Quality Assurance Subgroup and the Joint Kingston & Richmond Board.
Outcome: A detailed work plan will be developed by the Neglect Steering Group to ensure the strategy continues to be embedded into practice; with key performance indicators to monitor outcomes and impact.
Outcome: To show an increase in the reporting of neglect locally and to monitor progress in all agencies intervening appropriately in those cases.

We would like to acknowledge a large part of the Priorities is from Hampshire and Isle of Wight Neglect Strategy 2016-18

5. Key Principles

5.1 The child's best interest must be the priority

It is vital we hear the voice of the child and their right to protection must drive decision making as outlined in the Children Act 1989. The approach is inclusive of children with additional needs such as disability or special educational needs as they are potentially more vulnerable.

5.2 Adopting a whole-family approach

There must be a 'whole-family' approach by agencies to involve children, young people, their parents and carers when decisions are being made.

5.3 Identifying neglect earlier

Be able to identify neglect much earlier and for children, young people and families to receive the right support and help at the right time. Ensure effective tracking of families where details change: name, address, school, GP

5.4 Understanding neglect and link to other forms of abuse

Practitioners should have significant regard to the overlap between neglect and other forms of child ill-treatment such as parental domestic abuse, substance misuse and mental health issues.

5.5 Effective information sharing

Agreed information sharing protocols between agencies and this information should inform assessments and decisions about risk. It is important that historical information is used to inform the present position and identify families where inter-generational is a risk that includes absent and new partners.

5.6 Driving forward the neglect strategy action plan

Key agencies must feel confident to challenge each other and to identify where there is insufficient progress.

5.7 Support and training of staff and rising awareness in the community

Deliver a well trained workforce who is confident in tackling neglect and a public that recognises and reports neglect. Practitioners who offer direct support to children, young people and their families where issues of neglect have been recognised may require further specialist training.

5.8 Analysing patterns of neglect

Agencies should regularly audit their local area analyse and understand patterns of neglect. This information should be shared with partners and inform preventative strategies and the review of current working practices.

5.9 Improve how we work with specific groups

Improve our responsiveness to specific target groups e.g. children whose parents have a physical/ learning disability and fathers.

5.10 Improve the quality and timeliness of assessments

Improve the quality and timeliness of Early Help Assessments for children who require extra support.

The organisations expected to understand, recognise and appropriately respond to child neglect include:

Kingston Council Adult Services Achieving for Children
Richmond Council Adult Services Kingston & Richmond Metropolitan Police
West Middlesex University Hospital NHS Foundation Trust Early Year's Settings & Nurseries
Children's Centres GPs/Practice Nurses London Ambulance Service Housing Providers
Kingston Hospital NHS Foundation Trust Chelsea & Westminster Hospital CAFCass
St. George's Hospital NHS Trust Wandsworth Council Faith Groups
London Fire & Rescue Service Kingston & Richmond Clinical Commissioning Group
South West London St George's Mental Health Mental Health organisations
Your Healthcare Community & Voluntary organisations Springfield University Hospital
Orleans Park School Central London Community Healthcare NHS Libraries
Schools & Colleges Community Rehabilitation Company & National Probation Service

6. Types of Neglect

As well as the statutory definition it is important to have regard to the specific needs of children that are often subsumed under the term of 'failure to meet basic needs',[4]

These include:

Medical neglect: Failing to provide appropriate health care, including dental care and refusal of care, missing health appointments or ignoring medical recommendations.

Nutritional neglect: Failing to provide adequate diet and nutrition.

Emotional neglect: Failing to meet a child's need for nurture and stimulation, through, e.g. ignoring, humiliating, intimidating or isolating children.

Physical neglect: Failing to provide for a child's basic needs such as food, clothing, or shelter.

Lack of supervision and guidance: Failing to adequately supervise a child, or provide for their safety.

Educational neglect: Failing to ensure that a child receives an education

These provide practitioners scope for support and early help before thresholds for statutory interventions are met. For further information, please see Types of Neglect and Associated Features, NSPCC, Research in Practice, & Action for Children, 2016.

Howe (2005)[5] highlighted four defining forms of neglect, with each form associated with different effects on both children and their parents, which has implications for the type of intervention offered. These are:

Emotional Neglect: Ranges from ignoring the child to complete rejection. Children suffer persistent emotional ill treatment, they feel worthless and inadequate. Their parent keeps them silent, scapegoats them and shows them no affection or emotion.

Disorganised Neglect: Ranges from inconsistent parenting to chaotic parenting. Parents' feelings dominate, children are demanding/action seeking and there is constant change and on-going disruption.

Depressed or Passive Neglect: Ranges from a parent being withdrawn or detached with the greater focus being on themselves, than their children and is characterised by a parent or carer, typically being, uninterested and unresponsive to professionals. The parent/carer does not understand the child's needs and believes nothing will or needs to change. They will fail to meet their child's emotional or physical needs and will appear passive in the face of apparent need.

Severe Deprivation Neglect: Ranges from a child being left to cry for prolonged periods, to a child being left to die. The child and the home will be smelly and dirty. Children are deprived of love, stimulation and emotional warmth. The children may be completely ignored and left unsupervised within their own home or out on the streets.

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[4] *J. Horwath, Child Neglect: Identification and Assessment, London (Palgrave MacMillan, 2007).*

[5] *D.Howe, Child Abuse & Neglect (MacMillan, 2005)*

7. Contributing factors to neglect

A number of social factors can increase the likelihood of neglect in some families, particularly when they present in combination with each other:

- Parental mental health problems
- Substance misuse
- Domestic violence and abuse
- Unemployment
- Poverty
- Poor parental functioning (including learning disabilities)
- Inadequate housing
- Lack of a caring relationship

It is important therefore that preventative approaches and links to other services working with children and families are considered to reduce the risk factors that can lead to neglect.

It is also important to note that these risk factors may, but do not always, prevent parents from providing adequate food and clothing, protecting children from physical and emotional harm or danger, ensuring adequate supervision and /or access to appropriate medical care or treatment – all elements of the *Working Together* definition of neglect.

8. Neglect and Assessment Considerations

Living in poverty damages physical and psychological health in children and their families and harms relationships; poverty often brings social isolation, feelings of stigma, and high levels of stress[6]. In spite of the extraordinary levels of organisation and determination to parent effectively in situations of poor housing, meagre income, lack of local resources and limited educational and employment prospects[7], the majority of poor families do not neglect their children; in many studies examining the effects of neglect, the comparison population of children are experiencing equal poverty[8].

Yet the increased stress associated with poverty can make coping with the psychological as well as the physical and material demands of parenting much harder[9]. In this respect poverty can add to the likelihood of poorer parenting and neglect and be one of many cumulative adversities a child experiences. In relation to parental stress, Schumacher and colleagues systematic review of neglect found that a high level of pervasive, smaller stressors is a risk factor for neglect, whereas acute major stressors may not be.[10]

[6] (Drake and Pandy, 1996, Jack and Gill, 2013).
[7] (Burgess *et al.,* 2014),
[8] (Naughton *et al.,* 2013).
[9] (Howe, 2005; Crittenden, 2008).
[10] (Schumacher *et al.,* 2001:248).

We're investigating neglect. It's mainly to do with the home situation. They're living in squalor. Upstairs there's no carpet, the children are sleeping four to a bed…

(Social worker field notes, Scourfield, 2000, p371)

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances. Professionals assessments of neglect is often characterised by an assessment of home conditions and a concentration on the physical aspects of neglect.

Linking neglect primarily with poor physical living conditions can however deflect attention from the equally harmful neglect that can also occur in well-ordered but physically and emotionally unresponsive parents. Gardner's exploration of neglect cases through interviews with 100 practitioners including social workers, teachers, nurses and health visitors found numerous examples of poor physical home conditions but also examples of neglect in good living conditions, for instance:

The home was beautiful and spotless. There was a row of candles along the hearth. So I asked where the child played and it turned out he was never allowed out of his push chair. The back of his head was flattened where he had sat in it all day every day and he could not walk at all

Social isolation: Parents who neglect their children have been found in systemic reviews and other studies, either, to have had fewer individuals in their social networks and to receive less support, or, to perceive that they received less support from them, than did other parents[11]. Social isolation and limited networks may mean that parents have little social interaction and by implication little help with the day to day responsibility of supervising small children. Alternatively, neglecting parents in low income neighbourhoods have been found to have had as many social contacts as their peers but not to have reciprocated social support instead making considerable demands on friends and family[12].

Pregnancy: A number of risk factors may be apparent during pregnancy. Parents' attitudes to the pregnancy and their expectations of the child and of parenthood are both important considerations. Failure to attend antenatal appointments and / or comply with medical advice may be risk factors or indicators of actual neglect.

[11] (Connell-Carricks 2003).
[12] (Naughton et al., 2013).

9. Neglect Toolkit and Signs of Safety

The impact of neglect on children is often gradual and there is therefore a risk that agencies do not intervene early enough to prevent harm. Working Together 2015 requires local agencies to have in place effective assessments of the needs of children who may benefit from early help activity. In Kingston and Richmond agencies should use the Early Help Assessment to gather information to assess unmet needs and to co-ordinate support.

The Neglect Toolkit has been recently reviewed however we are aware that use of this resource has not been utilised. To address this we will:

- Promote the use of the Neglect Toolkit across the partnership
- Carry out Early Help Assessment Audits across the spectrum of need, to check tools and guidance are being used.
- Review our parenting strategies to ensure that these meet the needs of neglectful parents.
- Develop good practice case studies, from across the spectrum of need.

In Kingston and Richmond as a multi-agency group we are now using Signs of Safety guidance and language to work with local families from a position of empowerment, encouragement and strengths. We wish to embed our important work around neglect within this culture.

10. Measuring improvement and impact

- *Increase in reports of incidents of neglect due to a raising awareness of neglect, understanding of thresholds built on increased confidence and knowledge.*
- KRSCP Multi-Agency Audits of Early Help Assessments, Child in Need and Child Protection Plans for neglect show good impact of the plan and use of the Neglect Toolkit.
- Feedback from parents and children who have had Early Help Assessments or other plans in place for neglect.
- Feedback from parents, children and practitioners where a Neglect Toolkit has been completed.
- Reduction in the number of repeat referrals to children's services post Strengthening Family Assessment, where neglect features.
- Improvement in school attendance for children where neglect is a concern.

- Increase the percentage of Early Help Assessments, where neglect has been identified as a factor who then go onto have a Children's Social Care support.
- Measure the percentage of referrals to Children's Social Care for neglect.
- Measure attendance rates for children attending medical and dental appointments, particularly for adolescents.
- Decrease the amount of time that a Child Protection Plan/Child In Need Plan is in place, where neglect is identified as a feature.
- Decrease the number of crimes recorded for neglect.

11. Review

Kingston and Richmond's Neglect Strategy will be reviewed on a two yearly basis by the KRSCP. Business and Action Plans will be reviewed annually via the Joint Kingston and Richmond Board.

Resources

Neglect resources in Kingston & Richmond (May 2018)
http://kingstonandrichmondKRSCP.org.uk/practitioners/what-is-child-abuse-and-neglect-113/neglect-128.php

Signs of Safety Kingston & Richmond (May 2018)
http://kingstonandrichmondKRSCP.org.uk/practitioners/child-protection-conferences-240.php

Neglect Toolkit link to: Neglect Toolkit

Signs of Safety link to: Signs of Safety Multi-Agency Report

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