



Leicester, Leicestershire & Rutland LSCBs



Neglect Strategy 2016

Vision

Identifying neglect earlier within families, supporting parents to enable change through partnership working,

in order to reduce the impact of neglect on the emotional and physical wellbeing of children.

Voice of child² - What some young people have said about neglect

“ Our house is filthy and I have to take care of my little brother all the time. I have started to harm myself to try and cope. I just feel like running away or ending my life. ”

(Girl aged 14)

“ Children need parents to take care of them, give them cuddles and enough food; I was always hungry – I never knew what a chocolate biscuit was until I went into foster care. ”

“ Sometimes no-one believes you or no-one comes to your house to see what's going on so no-one might know or can tell from the outside. ”

Contents

Introduction and background	3
Purpose and scope	5
Definitions	6
Early Help	10
Guiding principles	11
Outcomes	12
Assurance	13
Governance	14
References	14
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Appendices	
Appendix 1 – Research	15
Appendix 2 – Exploring neglect	18

² Thanks to NSPCC and Action for Children

Introduction and background

This strategy has been developed in response to local knowledge on the causes and effects of neglect, learning from local serious case reviews (SCRs) and management case reviews within the LSCB areas and from the [Ofsted Thematic Inspection report; 'In the Child's Time; Professional Responses to Neglect March 2014'](#).

Neglect may be a factor or a direct cause of death or severe injury in children and young people and it has been identified as a prevailing or risk factor when there is hidden harm relating to physical and sexual abuse. Current evidence strongly suggests that all forms of neglect are particularly associated with damage to child's lived experience and their physical and emotional wellbeing.

The Department for Education, National Statistics - Characteristics of children in need in England, 2013-14, show that nationally (in England) "abuse or neglect" was again the most common primary need at first assessment with 47.2% of cases recorded "abuse or neglect" as the child's primary need. The proportion of cases with "abuse or neglect" as their primary need is broadly similar to last year (however, as earlier years contain missing or unknown values, it makes it difficult to draw conclusions from the longer time series).

Locally, the numbers of children in need recorded as 'abuse or neglect', show that in Rutland and Leicestershire there has been a decrease in the numbers recorded from 2014 to 2015, whilst there has been an increase in Leicester City. In Leicester City the number recorded in 2013 was 1398, decreasing to 1011 in 2014 and increasing to 1,256 in 2015. In Rutland County the number

recorded in 2013 was 92, increasing to 99 in 2014 and decreasing to 76 in 2015. In Leicestershire County the number in 2013 was 1503, increasing to 2088 and decreasing significantly to 876 in 2015.

In December 2015, a survey to ascertain practitioners' knowledge and confidence in identifying and assessing neglect was conducted to inform the development of the neglect strategy and toolkit, found that out of the 96 surveys that were completed across Leicester, Leicestershire and Rutland, 75% were completed by frontline workers. Confidence in identifying neglect was at 81%, but assessing levels of neglect was at 51%. A wide range of tools and guidance were used to inform assessments, but practitioners wanted a universal cross-agency toolkit and guidance. Over half of those who responded to the survey were unaware of the LLR LSCB multi-agency Threshold document and over three quarters did not use it.

The national and local picture on neglect (where neglect has been identified as a feature present in SCRs, learning reviews and multi-agency audits) has resulted in neglect being identified as a priority by the Leicester LSCB and the Leicestershire & Rutland LSCB.

Purpose and scope

The purpose of this strategy is to set out both LSCBs approach to tackling and reducing the impact of neglect on children across Leicester, Leicestershire and Rutland. This strategy also outlines the key principles that should underpin the work (and practice) around neglect in order to improve the collective partnership across LLR in response to tackling and reducing the impact of neglect.

- To secure collective commitment to addressing neglect across all partner agencies.
- To demonstrate effective leadership in driving changes in relation to system, culture and process changes within all agencies, both adults and children, working together to ensure that the needs of the child/ren are addressed.
- To improve awareness and a common understanding of neglect and the thresholds for intervention across the whole partnership, in order to ensure effective service provision.
- To improve the recognition, assessment (using appropriate tools) and response to children and young people living in neglectful situations before statutory intervention is required.



Definitions

The national (Working Together 2015) definition of Neglect is:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse². Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and 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 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.

On 3rd May 2015, the Serious Crime Act 2015 amended s.1 Children and Young Persons Act of 1933 (Child Cruelty) regarding neglect to read:

“ If any person who has attained the age of sixteen years and has responsibility for any Child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight, or hearing, or limb, or organ of the body, and any mental derangement) (whether the suffering or injury is of a physical or psychological nature), that person shall be guilty of a misdemeanour offence ”

² In addition to the above, the LLR definition includes the following: 'or failing to receive appropriate antenatal care'.

More than any other form of abuse, neglect is often dependent on establishing the importance and collation of seemingly small, undramatic pieces of factual information. When collated these may present a picture that may identify a child suffering from Significant Harm.

Neglect which constitutes 'significant harm' is that which is³;

- Persistent; (continuing to exist or occur over a prolonged period)
- Cumulative; (increasing or increased in quantity, degree, or force by successive additions)
- Chronic or acute; (persisting for a long time or constantly recurring/of a very poor quality/severe or intense degree)
- Resistant to intervention; (offering resistance to something or someone).
- **Disguised Compliance** (involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention.)

Other characteristics include⁴:

Poor appearance and hygiene; they may:

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing e.g. not having a winter coat
- seem hungry or turn up to school without having breakfast or any lunch money
- have frequent and untreated nappy rash in infants

Health and development problems; they may have:

- untreated injuries, medical and dental issues
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints
- skin sores, rashes, flea bites, scabies or ringworm,
- thin or swollen tummy
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills
- failing to ensure a child receives an education

Housing and family issues; they may be:

- living in an unsuitable home environment, for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members

³ NSPCC

⁴ NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/signs-symptoms-effects-neglect/>

Early Help

Neglect that reaches the threshold for significant harm and neglect that reaches the threshold for Children in Need:

http://lrrscb.proceduresonline.com/pdfs/thresholds_access_services.pdf

Earlier intervention (below the statutory threshold) may have value in preventing matters escalating to statutory level. An Early Help Assessment calls on all professionals working with the family to work together to identify, reduce and prevent specific problems from getting worse or becoming entrenched.

Further information is available as follows:

- Early Help Assessment Procedure: http://lrrscb.proceduresonline.com/chapters/p_com_ass_fram.html
- LLR LSCB Threshold document: http://lrrscb.proceduresonline.com/pdfs/thresholds_access_services.pdf
- LLR LSCB neglect procedure: http://lrrscb.proceduresonline.com/chapters/g_neglect.html
- LLR LSCB multi-agency safeguarding procedures: <http://lrrscb.proceduresonline.com/chapters/contents.html>
- Early Help Strategy 2014 – 2016 and Leicester City Council Early Help Offer: www.leicester.gov.uk/earlyhelp
- Multi agency workforce development and training opportunities: www.childrensworkforcematters.org.uk/early-help/training/
- Early Help Interactive Newsletter: www.childrensworkforcematters.org.uk/early-help/early-help-newsletter/
- Leicester Local Offer: www.localofferleicester.org.uk/



Guiding principles

This strategy is underpinned by the following principles which provide a strategic framework:

- The lived experience and voice of children and young people is recognised by practitioners at all times.
- A 'Whole-Family' (Think Family) approach is understood and implemented by all practitioners across the Partnership.
- Practitioners are mindful of diversity, additional vulnerabilities and additional/special needs and disabilities; to ensure that children and young people have equal rights to protection from neglect.
- Identification of neglect at the earlier stage is a priority for all partners and early assistance is coordinated through the early help process.
- Practitioners from all agencies working with adults and children to work together and share information effectively to inform assessments and evaluations of risk and challenge where necessary.
- Collaboration amongst practitioners from all agencies is vital to ensure the early recognition and identification of the signs and symptoms of neglect.
- There is consideration of historical information to inform the present position and identify families at risk of inter-generational neglect including a genogram and a chronology
- Neglect often co-exists with other forms of abuse or risk factors, so this strategy and the work around neglect must link with work undertaken in other areas such as domestic abuse, substance misuse, adult mental ill health, child poverty, etc.

Outcomes

The following outcomes indicators should be able to provide an insight into the effectiveness of the strategy:

- The LLR LSCB Neglect tool kit is made available for use to practitioners across LLR and embedded into practice.
- The LLR LSCB Neglect tool kit is used by practitioners across LLR to assess neglect.
- The use of the LLR LSCB Neglect tool kit will lead to a reduction of the number of children subjected to a Child Protection Plan in the longer term.
- The use of the LLR LSCB Neglect tool kit will lead to an increase in referrals to Early Help Services.
- Adult and Children's Services work together (in multi-agency processes) to improve outcomes for children, where neglect is present,
- Increased involvement and information sharing between Adult and Children's Services where children are identified as experiencing neglect.
- The use of the LLR neglect toolkit will be embedded into the LLR LSCB safeguarding training programme.
- Children, young people and families referred for services report that their voices were heard.

Assurance

To ensure that the LLR LSCB neglect strategy and toolkit is embedded into practice the following will be used:

- Auditing/Sampling of cases where neglect is present can identify the tool has been used.
- Auditing/Sampling will evidence the involvement of adult services.

- Auditing/Sampling will evidence that practice includes understanding of the whole family, history and measures of progress.
- Auditing/Sampling of supervision also shows use of the tool.

This strategy will be reviewed in 2 years by the LSCBs.

Governance

Governance and challenge will be provided by both Leicester City LSCB and the Leicestershire & Rutland LSCB and their respective subgroup/s and programme groups.

All Board members are responsible for ensuring proactive support and delivery of the Strategy, and holding Board members to account.

References

[Community Care](#)

[Department of Health 'Working Together to Safeguard Children' \(2015, Glossary\)](#)

[Human Rights Act \(2000\)](#)

[Local Safeguarding Children Board for Hammersmith and Fulham, Kensington and Chelsea and Westminster, Neglect Strategy 2014-2016](#)

[NSPCC](#)

[Marian Brandon et al 2014](#)

[Social Work Helper](#)

[Surrey Safeguarding Children Board, Neglect Strategy 2014-2016](#)

[The United Nations Convention on the Rights of the Child, or UNCRC](#)

Research⁵

Missed opportunities – why is neglect noticed but not acted upon?

Many indicators of actual neglect are not difficult to recognise. Professionals will be concerned when children come to school dirty or hungry, or they visit homes that are indisputably filthy or unsafe. Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators that children are being neglected. Yet, as numerous Serious Case Reviews show, professionals may individually have concerns about a neglected child, but too frequently these concerns do not trigger effective action.

Obstacles to effective action

Numerous factors have been identified as potential obstacles to effective action. Firstly, professionals may have concerns about neglect, but they may lack the knowledge to be aware of the potential extent of its impact. Secondly, resource constraints influence professional behaviour and what practitioners perceive can be achieved when they have concerns about neglect. Thirdly, a number of additional ‘mindsets’ hamper professional confidence and action.

In terms of access to relevant knowledge, continuing professional development for all practitioners with safeguarding responsibilities may be a significant issue. The knowledge base is constantly changing in this area, and not all professionals may be sufficiently up to date with new research on, for instance, the longstanding impact of neglect on early childhood development, or research which shows that neglect can be at least as damaging as other forms of abuse, or the circumstances under which it can have fatal consequences. Some pre-qualifying social work training has been found to give too little weight to the acquisition of up-to-date knowledge about child development and the ways in which it is compromised by abuse and neglect (see Brandon et al., 2011; Daniel et al., 2011; 2013; Ward, Brown and Westlake, 2012).

Training does not necessarily help practitioners reconcile some of the inherent conflicts in a professional role which requires them both to value diversity and seek to empower the most vulnerable parents, yet take decisive and ultimately disempowering action when child protection concerns become extensive (see Healy and Darlington, 2009). Moreover, a recent Ofsted examination of professional responses to neglect has found that the benefits of training are not consistently evident in practice, although training was considered to have had most impact when practitioners were able to make direct links between newly acquired theoretical knowledge and their practice (Ofsted 2014, p.31).

Training for social workers, and arguably other frontline practitioners, to ensure that these key professionals are up to date with the major features that may be observed or assessed in a child experiencing neglect, is an important step towards ensuring an appropriate and timely intervention. In addition, supervision has a crucial role to play in ensuring that practitioners are supported not only to use their knowledge, but also to withstand the emotional demands of the role. The stressful and challenging nature of work with families where there is neglect can leave social workers and others feeling confused and bewildered by what they see (Ferguson, 2005). The Munro Review of child protection offered robust arguments for the need of challenging and supportive supervision (Munro, 2011).

⁵ https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/18367/1/RR404_-_Indicators_of_neglect_missed_opportunities.pdf

Resources

Alongside concerns that practitioners are slow to recognise and respond to neglect is the argument that workers are better at spotting warning signs and picking up both the direct and indirect signs of neglect than they are often given credit for (Daniel et al 2011; Burgess et al, 2014). The bigger obstacles to acting on these concerns may be professional anxieties about what could and should be done by professionals when they are constrained by resources and by their perceptions of insurmountable thresholds for access to other services (Daniel et al., 2011).

The current economic climate of austerity is undoubtedly challenging for both families and professionals. Safeguarding services are under significant pressure and this is being felt by practitioners on the front line across the UK (Burgess et al, 2014; Harker et al., 2013). Expenditure across the UK has not been able to keep pace with the increased demand for services to protect children; public expenditure peaked in 2009/10 and has been falling since this date (Jutte et al., 2014, p5). Data from the Institute for Fiscal Studies on the central funding allocation to local government in England show a 26.6% reduction in local authority budgets in the five years since 2010 (Ofsted 2014, p9).

Mind-sets

Although inadequate resources or insufficient training may act as obstacles to effective action, there is evidence to suggest (not least from analyses of Serious Case Reviews for example Brandon et al., 2009; 2013) that there are a number of professional assumptions, or mind-sets, which prevent indicators of neglect from being acknowledged or being acted upon. These include:

a) Fears about being considered judgemental as a practitioner especially when working with vulnerable, poor, socially excluded families, or in relation to family culture or lifestyle choices, even though these may be harmful to the child (Brandon et al., 2009).

b) A focus on the parent rather than the child can arise because of the high level of need or vulnerability of the adults in the family. It can also reflect a tension in priorities between adult and children's services with a lower priority for safeguarding children than responding to the needs of an adult primary service user (Farmer and Lutman, 2014).

c) Failure to consider the child's lived experience or understand the child's world is a common finding in child maltreatment research. This indicates that greater attention should be given to talking with children and those who know them and to observing the behaviour of children of all ages (Ofsted, 2014) in order to see the world from the child's point of view.

d) A fixed view of the family can cloud thinking and analysis and reduce openness to take on board new information. When this happens, first impressions can lead to a fixed view of the family that is difficult to change (Munro, 2002).

e) Parents' superficial or false compliance. Reder and Duncan (1999) helpfully drew attention to the potential impact of false or feigned compliance and some of the circumstances in which these relationships arise. Forrester (2012) and Platt (2012) build on this work to suggest ways that professionals can behave with parents to lessen the likelihood of feigned compliance.

f) Not my area of expertise. Practitioners can lack confidence in taking responsibility for the assessment of the impact of neglect on a child's development, believing that someone else is better placed to act or make a decision (Brandon et al., 2009).

g) Reluctance to refer concerns to children's social care may occur for numerous reasons, not least based on previous experiences of neglect referrals not being accepted (Gilbert et al, 2009). General practitioners may also be reluctant to refer families in the early stages of maltreatment fearing the response is likely to be non-consultative and overly coercive (Tompsett et al., 2010; Woodman et al., 2014).

Exploring Neglect

The NSPCC in Leicester sought the views of children and young people on neglect in 2015:

Young people identified neglect as:

- as lack of Food, Love, Shelter, Family, Freedom, Education, Clothes, Freedom of Speech, Water, Oxygen, Toys, Bedding, Clean Clothing
- Missed Dental / Health / Optical Appointments
- Irregular school attendance and a lack of school equipment and uniform
- No care at school / home
- Isolation from home / friends
- Not to have Facebook, Instagram, Snapchat, if under age

They said that it was not neglect when you have the following:

- Boundaries and manners
- Good physical development
- Feel safe and have good relations
- Stable home environment
- Taking care of yourself – brushing and washing
- Taking care of when you go on the internet
- Parents ensuring Internet safety / protection
- Making sure you go to the right place /do the right thing

Consequences of Neglect

They described the consequences of neglect on children and young people at various ages as outlined below.

0 – 5 Years Old

- Feeding – Malnutrition – weight ↓ height ↓ growth ↓
- Toys – no interaction – no social skills
- Lack of stimulation – low development
- Delay in language – stammer – will not be able to speak
- Not keeping up with regular health checks – in Accident & Emergency – Infection, Disease, Injuries

1 – 5 Years Old

- Poor concentration
- Delay in language
- Lack of exercise / food
- Take part in different activities with food
- Making friends
- Social and emotional difficulties
- Lack of attention at school
- Bullying / being a bully
- Healthy eating – good habit from young age

5 – 11 Years Old

- Bad company of friends
- Smoking, bad behaviour, drugs, prison
- Late to school – unorganised and unequipped
- Low development / progress and grades
- Not attending parents' evenings
- Bad circumstances / situations

11 – 18 Years Old

- Forced marriages / child marriages
- Drug dealing, prison, crime, smoking, pregnancy
- Poor motivation
- No confidence / self-esteem
- Poor academic performance
- Self-harm
- Becoming violent
- Anorexia
- Sleeping Disorders
- Eating disorders
- Mental health disorders
- Anti-social behaviour

They felt that they could be supported by the following agencies.

■ **ChildLine**

■ **NSPCC**

■ Sure Start

■ Play Groups

■ **Police**

■ GP's

■ Teachers

■ School Nurse

■ Social Services

■ Adult

■ Deputy Head Teacher

■ Your Favourite Teacher

■ Family Members

■ Elderly

■ Trustworthy Person

■ **Barnardos**

Notes

