



Knowsley Safeguarding Children Partnership Multi-Agency Neglect Strategy 2019-2021



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Introduction

Neglect can have an adverse impact on a child's daily lived experiences including their physical, emotional, health, education and social development. Apart from being potentially fatal, neglect causes great distress to children and leads to poor health, education and social outcomes in the short and long term.

Neglect can impact on an individual's mental health, their ability to form attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parental responsibilities later on in life.

In Knowsley neglect has become a common feature for too many of our children. A significant number of children are likely to be subject to a child protection plan or living in care due to neglect.

Learning lessons from national research and local information including Serious Case Reviews and case audits re-emphasises a key message: children are living in unacceptable neglectful families for too long, which can often go unrecognised by professionals working with families;

This strategy has been developed to provide a consistent approach to reducing incidents of neglect across Knowsley.

What is Neglect?

The neglect of children and young people is one of the most difficult areas within the child care and protection field to identify, assess and intervene in. Increased research over the past decade (Farmer and Lutman, 2012; Stevenson, 2007) has shown that neglect has emerged as the most prevalent type of harm children experience and results in more profound cognitive, social and psychological deficits than many other forms of abuse.

Neglect is the most common reason for a child to be the subject of a Child Protection Plan in the UK. Data from the NSPCC reveals that 46% of child protection plans are undertaken due to neglect (March 2016).

Research from the NSPCC (*How Safe are Our Children? 2017*) tells us there were 26,761 children in the UK on child protection registers or the subject of child protection plans under a category that included neglect on 31 March 2016 (or 31 July 2016 in Scotland). This equates to 46% of all the children on child protection registers or the subject of child protection plans.

This is based on figures from each UK nation and includes all categories that include neglect. These figures represent children identified and assessed as being at ongoing risk of significant harm from neglect.

1 in 7 secondary school age children and 1 in 20 children under 11 have been neglected at some point.

Work undertaken by action for children (Long et al 2012) highlights a clear emerging theme where the best results are achieved when intervention with families happens at the earliest possible opportunity, particularly in cases where the family is steadily declining into neglectful parenting.

Definition of Neglect

Merseyside has adopted the definition of neglect from statutory guidance, Working Together to Safeguard Children, Department of Education 10 (2015), 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 abuse. 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)*
- *Ensure access to appropriate medical care or treatment.'*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Determining what constitutes a 'persistent failure', or 'adequate clothing' or 'adequate supervision' remains a matter of professional judgement. Importantly professionals need to have an understanding of neglect and how it's rooted in child development.

Even when professionals have concerns about neglect, research indicates that they may be unlikely to consider how they can help or intervene, apart from referring to Children's Social Care.

These factors contribute to neglect not being well recognised and its impact not well understood.



The challenge for all children's services and partner agencies is to develop a coherent, integrated and effective response to neglected children and young people.

Neglect in Knowsley

38.7% of Children subject of Children in Need Plans

49.5% of Children subject of Child Protection Plans

49% of Children Looked After by the Local Authority

Measure	Knowsley	England	% Difference
CIN rate per 10,000	356	341	≈ 4 % ↑
CP rate per 10,000	56	45	≈ 24 % ↑

There is limited information currently collated and it is primarily focused on statutory service reporting. Although the figures above indicate an improving trend since this document was last published in 2017, it illustrates that Knowsley continues to have a higher incidence of neglect than national figures.

We need to have a better understanding of the extent of neglect in Knowsley much sooner in order to work with families proactively and prevent the need for statutory intervention.

Neglect & Serious Case Reviews

Key Messages from SCR's:

- Newborn babies, premature babies and babies with ongoing health needs – Neonatal professionals have a key role in identifying neglect
- Teenager's needs can be missed especially where there are younger siblings.
- Professionals should understand the impact of long term neglect on a teenager's emotional wellbeing and consider the risk of harm and suicide
- Tooth decay may indicate neglect. Dental services should consider initiating further enquiries or making a safeguarding referral

Risk Factors for Neglect from SCR's:

- Living with the toxic trio of domestic abuse, drug and alcohol misuse and parental mental illness
- Disguised Compliance
- Young parents
- Postnatal depression (also linked to social isolation)
- Patterns of improvement in parental care, followed by deterioration
- Financial problems including housing problems, homelessness, poverty and unemployment
- Lack of resources which prevent meaningful relationships with families being formed



Neglect and SEND

Knowsley has a high rate of children educated in the Borough who are identified as having Special Educational Needs and Disabilities, (SEND) with 19.2% of the school population with an Education, Health and Care Plan or receiving SEN Support. There are more than 1,200 children who live in Knowsley with an EHC Plan, and 1,530 children and young people are eligible for disability living allowance, at a higher rate than national eligibility.

The strong links between deprivation, poverty and SEND are evident in Knowsley, and the relationship between SEND and poverty in terms of both identification of SEND (the risk of misidentifying SEND and conflating this with poverty) and the impact of SEND (lower levels of attainment, fewer job prospects and progression, and overall worse outcomes throughout childhood and into adulthood).

Research has found that disabled children are three to four times more likely to be neglected than non-disabled children (Jones et al 2012); (Sullivan & Knutson 20004); are more likely to experience multiple types and occurrences of abuse (Sullivan and Knutson 2000) and have a prevalence rate of 9.5% for neglect (Jones et al 2012). Preschool age disabled children experience significantly more neglect,

Disabled children have additional needs and face both additional and specific risks and barriers to their protection (Safeguarding Disabled Children in England 2016)

Although cause and effect relationships between disability and neglect are not identifiable, patterns of apparent risk and outcome emerged in studies. Research varies but despite this, there is little doubt that neglected children suffer serious negative outcomes and that neglect appears to have serious negative effects on the cognitive emotional and social development of children (Gilbert et al., 2009).

The effect that exposure to neglect has on children varies and some children are more resilient than others. In general, more severe, prolonged neglect results in more severe effects (Gunnar & Fisher, 2006). The effect that neglect has on children also varies according to the developmental stage in which it occurs (Gunnar & Fisher, 2006). Neglect that occurs in the first 2 years of life has been demonstrated to be associated with childhood aggression (AIHW, 2013). In babies, neglect can affect all areas of cognitive, social, and emotional functioning (Perry, 2000) and can result in an impaired attachment style (Dubowitz, 2013). There is strong evidence to support links between neglect and delays in cognitive and emotional development (Mayhew, 2011)

Neglected children are at increased risk for childhood internalising and externalising behaviour (Fallon et al., 2013). They often have low self-esteem, poor impulse control, and express more negative and less positive self affect (Gaudin, 1993).

Those who were exposed to neglect are more likely to engage in substance abuse (Schumaker, 2012), risky sexual behaviour (Westad & McConnell, 2012), and demonstrate aggression and violent behaviours (VanDorn, Volavka, & Johnson, 2012).

This emphasises the importance of a system capable of an appropriate response to neglect.

**Knowsley has the
3rd Highest rate of
SEND**

Our Vision

To reduce the prevalence and impact of child neglect across Knowsley through the provision of a joined up multi-agency response that improves outcomes for children.

The overall aim of this strategy is to improve the recognition of neglect in families; to improve Agencies' responses to these families; and to ultimately improve positive outcomes for children, young people and families

Strategic aims and objectives

- To identify the extent of neglect across Knowsley
- To ensure that all agencies are able to recognise neglect at the earliest opportunity and provide an appropriate and timely response.
- To evaluate our practice in order to sustain and improve performance and outcomes

The bespoke strategy seeks to identify six core outcome objectives specifically in relation to neglect.

These are:

1. Reduction in levels of neglect
2. Improved attendance at school
3. Reduction in re-referrals to Children's Social Care concerning neglect
4. Reduction in looked after children concerning neglect
5. Increase in range of support available from early help
6. Increased awareness of professionals in respect of the impact of neglect

1 in 10 children
has experienced
neglect

Neglect is a
significant feature in
60% of all Serious
Case Reviews

How will we achieve success?

We will focus on the following key priorities as a vehicle for achieving success

Priority 1 - Strong and effective leadership response to Neglect


- Developing an understanding of the prevalence of neglect in Knowsley through the collection of accurate and relevant information
- Understand the key reasons why children are subject to CPP under neglect to be able to address the causative factors
- Ensure there are clear and robust safeguarding policies and practice guidelines in place

Priority 2 - Improve awareness, understanding and identification

- Provide practitioners with the requisite skills and knowledge to improve their understanding and ability to identify neglect in children.
- Developing systems and processes that enable consistent early recognition, identification and assessment of the signs and symptoms of neglect. (The Graded Care Profile 2)
- Ensuring a 'Whole-Family' approach is embraced by all stakeholders;
- Providing appropriate support to children with additional needs such as special education needs and disabilities, who may be more acutely vulnerable to incidents of neglect.

Priority 3 – Evaluate and Improve performance and positive outcomes

- Develop an effective performance framework that focuses on improving and sustaining outcomes for children.
- Developing effective multi-agency information sharing to inform assessments and evaluations of risk.
- Using the early help provisions to improve and sustain the safety of children into the future;
- Engaging with children and their families to influence the development and implementation of effective interventions



**Babies under 1 year
are statistically more
at risk of dying from
neglect than any other
age**

Graded Care Profile 2

The Graded Care Profile 2 (GCP2) is a tool designed to provide an objective measure of the care of children who are, or maybe suffering from neglect. It is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children's developmental needs

The quality of care is 'graded' on a scale of 1 (best) to 5 (worst). The GCP2 separates out different areas of parenting and the needs of the child: physical, such as quality of food, clothes and health, care of safety, safety in carers presence and when carer is absent, emotional care, such as the relationship between the carer and child and developmental care, such as if a child is encouraged to learn and if they are praised for doing something good. These areas are based on Maslow's principals.

The GCP2 has been rigorously evaluated and found to be reliable and valid. It can be used where neglect is suspected, giving a baseline measurement and can be used to target interventions and to monitor progress after interventions.

It can be used for all ages of children, including adolescents.

The majority of children subject to child protection plans in Knowsley are under the category of neglect. The aim of this tool is to assist staff in undertaking a comprehensive and evidence based assessment of families when neglect is known or suspected and particular emphasis should be given when neglect is first identified at early help.

The GCP2 doesn't explore reasons why a particular level of care is given to a child. However it encourages further exploration of the reasons at the analysis stage and this is supported by the practitioners report and records

The KSCP partner agencies have agreed that the GCP2 will be the standard tool used across the partnership with families when neglect is known or suspected. The tool can be used at any time and across the continuum of need.

Multi-Agency Training

Before using the tool professionals **must** complete the one day training from the KSCP. The training is delivered by trainers accredited by the NSPCC and attendance is a prerequisite for using the tool with a family.

The KSCP has a rolling programme of training to ensure as many professionals as possible can access the training.

The KSCP has also provided information regarding GCP2 principles and Frequently Asked Questions on its website here:

<https://www.knowsleyscb.org.uk/neglect-and-the-graded-care-profile-2/>

Using the GCP2 is a key part of the KSCP's neglect strategy and the Partnership will closely monitor and audit its use.

Key Indicators of Measurement

The following outcome indicators will be able to provide insight into the effectiveness of the strategy and the implementation of the action plan:

1. Number of child protection plans for neglect
2. Number of children reported missing from education
3. Number of children reported persistently absent from School
4. Number of looked after children as a result of neglect
5. Number of referrals to MASH for neglect
6. Number of referrals by MASH to Early help, CSC, other agencies (NFA)
7. Completion of graded care profile concerning neglect.
8. Multi-agency neglect training delivered across agencies
9. Hospital data regarding intentional and unintentional injuries to children
10. Immunisation to infants in the local area (Local/national average)
11. Level of poverty. (local/ national average)
12. Take up of free nursery places the local area (local/ national average)
13. Evidence of reduction of educational neglect based on local definition
14. Antenatal data on late booking
15. Poor engagement with antenatal services
16. History of maternal substance misuse whilst pregnant
17. Hospital data on children not being brought to significance appointments.
18. Number of children faltering growth at school or in obese category
19. Number of tooth extractions and fillings and referrals for emergency dental care

**46% of children on
child protection plans
in England are due to
neglect.**

**49% of children on
child protection plans
in Knowsley are due to
neglect.**

Governance

Governance and challenge will be provided by Knowsley Safeguarding Children Partnership who will be accountable for the delivery of the strategy.

The KSCP will monitor progress by receiving quarterly updates from the Knowsley Safeguarding Children Partnership Health Forum via the Core Business Group

The vehicle for delivering the strategy will be through a multi-agency work/action plan, which will be managed by a time-limited KSCP Neglect Task and Finish Group

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graph TD; A[KSCP Strategic Forum] --- B[KSCP Core Business Group]; B --- C[Neglect Workplan T&F Group];
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KSCP Strategic Forum

KSCP Core Business Group

**Neglect Workplan
T&F Group**

Appendices

Appendix I: Glossary

Children – this refers to those aged between 0 -18 years, including unborn babies. Whilst older children often prefer to be referred to as young people the KSCB have purposely adopted the term children as it highlights their vulnerabilities and the associated assumption that because children are older they are less at risk.

Child protection plan – is the plan put together at a child protection case conference meeting detailing ways in which the child is to be kept safe. A child protection plan means that the child is at risk or suffering harm and a multi-agency plan needs to be in place to protect that child. A social worker has lead responsibility for any child subject to a child protection plan.

Children looked after – this is a child 0-17 years of age who is in the care of the local authority. The child will have a social worker who is responsible for coordinating their care.

Early help assessment – is a holistic assessment of a child's needs for services. It is a process for recognising signs that a child may have unmet needs that universal services cannot meet. It is also a process for identifying and involving other agencies who may be able to support the child and/or undertake a specialist assessment. Central to the development of the assessment is the principle that it is child or person centred, holistic and can be shared with professionals as appropriate

Graded Care Profile – it was developed as a practical tool to give an objective measure of the care of children across all areas of need by Drs. Polnay and Srivastava. The profile was developed to provide an indication of care on a graded scale. It is important from the point of view of objectivity because the ill effect of bad care in one area may be offset by good care in another area. It has been adapted to meet the needs of Knowsley, but the quality of the original version is acknowledged

MASH - the Knowsley Multi Agency Safeguarding Hub brings together agencies from services that have contact with children and adults at risk to make the best possible use of their combined knowledge to keep them safe from harm. The MASH provides a 'first point of contact' for Early Help, Children's Social Care (CSC) and Adults Social Care enabling members of the public and professionals to raise concerns about the safety and welfare of children or adults. This may include children or adults identified as potentially being in need of support or as being at risk of suffering abuse.

Children & Family Assessment – this is a statutory assessment used by Children's Social Care and led by a child social worker to assess a child's needs. It is underpinned by a framework with the child's safeguarding needs and welfare at the centre and the ability of the parents to meet those needs, There are statutory timescales for completion of a Children & Family Assessment in that they shouldn't exceed 45 working days and should include direct contact with the child, parents and information shared held by agencies.

Threshold of Need guidance (Knowsley) – this is a multi-agency document approved by the Safeguard Board and partner agencies setting out how children's needs will be understood and responded to by agencies in the context of universal support, targeted early help, children in need and child protection.

Appendix 2: Knowsley's Thrive Model

NHS Knowsley CCG has now commissioned a Thrive model of care and this is in the process of full implementation. 'Future in Mind' recommended that there needs to be a system without tiers in order to move away from care models that require children and young people to try and fit into predetermined and restrictive services.

It identifies the Thrive as a flexible needs-based model which offers an effective alternative to the tiered model. Thrive has 4 clusters:

- a) Getting Advice;
- b) Getting Help;
- c) Getting More Help;
- d) Getting Risk Support.

The diagram below illustrates Thrive applied to the wider model of CYP Services as part of a whole system approach:



Local co-design has led to the development of a local thrive model. This has led to the co-produced application of thrive model with our child and young person's mental health provision, aligning our Health and Social Care services with our local housing, education and skills services. A new service specification and outcomes and reporting framework (KPIs) are in place from April 2019 and the model will be fully implemented during 2019/20.

As a result children and young people and their parents/carers will be able to self-refer and access prompt information, advice, signposting as well as access open drop in sessions with service providers. An integrated and holistic approach will also address a number of key issues locally providing easier and earlier access to support at lower levels of need which will include specialist services working more closely with schools, an increased access to evidenced based interventions and reduced waiting times. During 2019/20 the focus will be to provide easier access for vulnerable groups that do not always meet current criteria but have difficulties attributed to contextual factors such as poor attachment, unstable family circumstances or those with neurodevelopmental difficulties with associated mental health concerns.

Appendix 3: Useful Links

For more Information:

<https://www.knowsleighb.org.uk/>

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>

https://knowsleighb.proceduresonline.com/chapters/p_respond_ch_neglect.html

<https://www.knowsleyinfo.co.uk/categories/knowsley-local-offer-send>

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