



Merton
Safeguarding
Children Partnership

Merton Safeguarding Children's Partnership

Multi-Agency Neglect Strategy 2021

Introduction

The Merton Safeguarding Children Partnership (MSCP) has overall responsibility for coordinating, supporting, and improving the ways we work together to protect children and promote their welfare. The MSCP works with a range of partners including large and small statutory and voluntary organisations as well as key individuals including elected representatives, community and business leaders and professionals who are involved with children and young people.

A key part of this partnership is ensuring that anyone who encounters children and young people can

identify, understand and respond appropriately to circumstances where children or young people are at risk.

Neglect remains the most common form of child maltreatment in England. The purpose of this document is to outline a strategic response to the issue of neglect in Merton, and to ensure that professionals have a consistent understanding of childhood neglect and know what is expected of them should concerns arise.

Our Principles

Merton Safeguarding Children Partnership, (MSCP), is committed to reducing the incidence of childhood neglect within the borough. This is a key priority for the Partnership. We want to ensure that all people, including managers and practitioners, who come into contact with children and young people who may be at risk are able to

1. Promote the safety and wellbeing of all families and the communities in which they live, recognising the important role of public health promotion and universal services in the prevention of neglect.

2. Identify children at risk of neglect at the earliest opportunity; in order to reduce the numbers of children experiencing neglect
3. Respond promptly and effectively to address the underlying factors.
4. Maintain our focus on the experiences of children
5. Minimise the long-term effects of childhood neglect and provide therapeutic support to overcome these.
6. To ensure that the importance of neglect and its incidence is recognised by all partners in the strategic planning and service design.

Definitions of Neglect

Working Together 2018 defines neglect as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of a 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 emotional and physical harm or danger.
- Ensure adequate supervision (including the use of inadequate care givers).
- Ensure access to appropriate medical care or treatment.
- It may include neglect of, or unresponsiveness to, a child's basic emotional needs.

Types of Neglect as outlined by the NSPCC:

Physical

This may relate to the quality and quantity of food and nutrition; housing and the standard of cleanliness and maintenance; clothing and appropriateness, fit and condition for the child; hygiene and the level of care provided appropriate to age and needs; supporting health and medical needs of the child as appropriate to the development and specific health needs, including a child with disabilities and chronic health needs.

Safety

This may relate to the alertness and awareness of the parent/carers of the child's safety in their presence and absence – dependent on age and development of the child; online safety; traffic safety and safety at home are known and understood by the parent/carers.

Emotional Care

This may relate to the responsiveness, sensitivity, timing and quality of interaction between the parent/carers and child, and the quality of the relationship.

Developmental Care

This may relate to the quality and frequency of interactive stimulation, toys and experiences between the parent/carers and child; the level of support of the child's educational and social needs appropriate to age; the

quality and approach to approval and disapproval provided as appropriate to the age/development of the child; the level of acceptance of the child by the parent/carer.

Key Issues and Guiding Principles

The needs and well-being of children is

paramount. The focus of our intervention must be on improving the care, well-being and lived experiences of children. It is important that practitioners and Team around the Child/Family (TAC/F) and multi-agency services are not distracted by the needs of parents/care givers which can militate against the needs of children.

There needs to be a ***clear understanding of the risk factors and the actual indicators of neglect.*** To assess neglect, a distinction needs to be made between **Risk factors** and **Indicators** of neglect:

- **Risk Factors:** Need to be interpreted with care. They are factors which are present, and which may increase the likelihood of adverse outcomes and the possible exposure to neglect or maltreatment but are not necessarily a causal factor.
- **Indicators:** observable /measurable developmental or behavioural concerns that suggest that the child is experiencing actual neglect (they need to be measured in relation to frequency, persistency over time, pervasiveness, and intrusiveness in the child's life)
- **Protective factors:** these include resilience and recovery. Research suggests that being female, growing up in a stable living situation, living with parents (if the neglect has ceased) or having a long term first placement (research suggests 10 years or more) increase the likelihood of better outcomes young adulthood. Research seems to indicate that

neglected children are able to recover if there is effective intervention when children are very young.

Professionals working with the families of neglected children must be skilled in the use of their

professional authority. This means practitioners and their managers must be able to clearly state what is the cause for concern, why the current level of care is not good enough, what is the harm that we are trying to avoid and exactly what needs to change in the parenting/caregiving to improve the level of care, outlining realistic timescales for improvement, and clearly stating the consequences if improvements are not made.

Assessments must take into consideration the history and functioning of the family and case work chronologies.

There are three aspects to assessment:

a) Description of current care and identification of any current indicators of neglect:

- Exploration of persistence of indicator – is this something that happens frequently /all the time/ never been noticed before?
- Assessment of the current functioning of the child and of the family; including the child's resilience.

b) Review of underlying risk factors incorporating a previous history of:

- The child and of each parent/caregiver.
- Professional involvement and the family's response to this.

c) Assessment of the parents' capacity to change:

- This can be tested as part of the parental response to sound, supportive intervention which focuses on social and environmental risk factors and neglectful parent-child interactions. The previous history of parental response to intervention will be important as will the parent/s' ability to sustain change overtime and under new or revised stress.

Good assessments will keep the child at the centre while taking account of the capacity, motivation and needs of parents, family history and environmental factors.

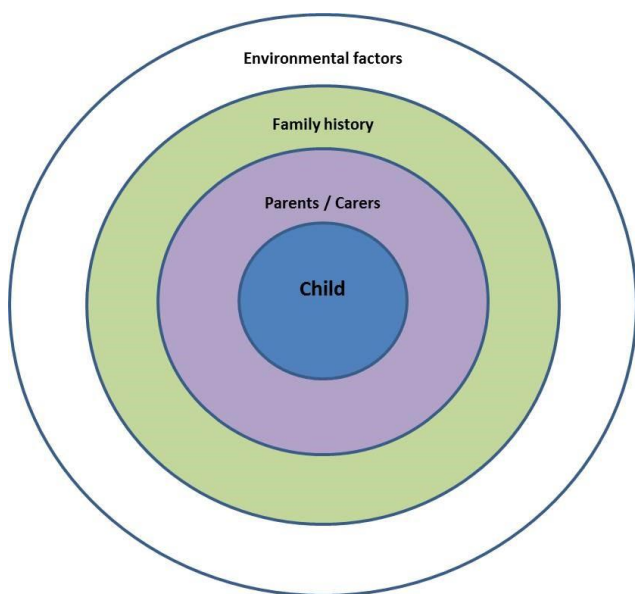


Figure 1:

The interplay between the needs of the child, parenting capacity, family history and environmental factors

There needs to be an effective and proactive working relationship between children's and adult social care. The evidence from both research and local audits is that underlying issues parental mental health problems, learning disabilities, drug, and alcohol misuse, living with domestic violence increase the risk of children experiencing neglect, especially when these factors occur in combination.⁴ Some of the factors impacting on parents' ability to provide good

enough care include poverty, housing, family functioning and other environmental factors. These adult issues must be addressed as part of a robust response to neglect. Interventions must therefore include a whole family approach which requires effective joint working across children's and adults' social services.

Neglect in the Early Years

"Neglect in the early years may be the most damaging from the point of view of long-term mental health or social functioning."⁵ Neglect can be as harmful as physical and emotional abuse especially in the early years, (Norman et al 2012).⁶ Brandon et al (2014), note that:

*"...There is now a relatively robust consensus based on a range of empirical evidence that demonstrates its adverse impact on all the seven dimensions of development identified in the Assessment Framework: health, education, identity, emotional and behavioural development, family and social relationships, social presentation and self-care skills."*⁷

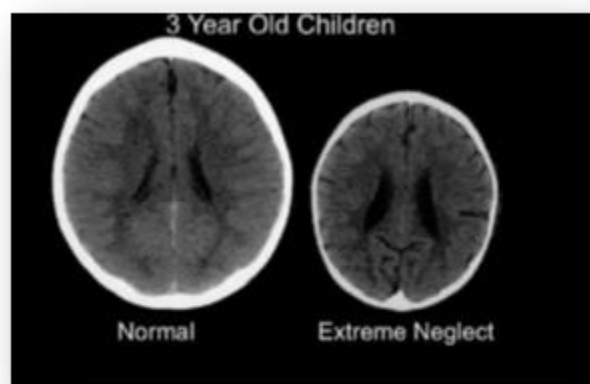


Figure 2:

It must be noted that this image reflects the impact of extreme neglect in which children experience global (physical, medical, emotional) persistent neglect.

The images above illustrate the negative impact of neglect on the developing brain. The CT scan on the left is from a healthy 3-year-old child with an average head size (50th percentile). The image on the right is

from a series of three 3-year-old children following severe sensory-deprivation neglect in early childhood. The child's brain is significantly smaller than average and has abnormal development of cortex (cortical atrophy) and other abnormalities suggesting abnormal development of the brain. They come from studies conducted by researchers from the Child Trauma Academy (www.childtrauma.org) led by Bruce D Perry, MD, PhD.⁸

Neglect in Adolescence

Research commissioned by the Government in 2009 found that:

*Neglect is not only damaging in early years. A significant study has provided important insights into both the effects in teenage years of early neglect and the factors associated with onset of neglect during teenage years.*⁹

Adolescence is a time when, developmentally young people are 'individuating' this process involves separating from parent as young people begin to form their own identities, values and perspective. It is also a time when young people spend increasing amounts of time away from the home. However, it is also a time when young people require a more development style of parenting and careful supervision.

Research has found that:

As young people get older, they are less likely to receive a child protection response from Children's Social Care Services. A variety of other responses were being used to meet young people's needs, such as Child in Need or the Common Assessment Framework. Little is known about which approach works best for young people.¹⁰

For the neglected child, adolescence presents a range of increased risks including

- Going missing from home or care
- Poor school attendance
- Risk of exclusion from school

- Getting into trouble with the police and anti-social behaviour
- Engaging in risk-taking behaviour such as substance misuse, including peer abuse, online abuse¹¹
- Increased risk of becoming the victim of child sexual exploitation
- Increased risk of exploitation by gangs and other criminal groups (e.g., violent extremists)
- Increased risk of low mood, depression, self-harm, suicidal ideation, eating disorders and poor mental health because of the cumulative emotional impact of neglect.

The work of Marion Brandon on SCRs (Serious Case Reviews) has found that:

*Whilst neglect features across all age ranges, however, the most common age range is 11-15.*¹²

The Emotional Abuse and Emotional neglect of Children

Emotional abuse is an extremely damaging form of abuse, which may occur in isolation, or may co-exist with neglect. Many research studies combine these two forms of abuse together under the term 'psychological maltreatment'. Both neglect and emotional abuse can have long-term consequences for children and lead to a wide range of problems in adulthood. Early intervention can prevent the long-term consequences of neglect or emotional abuse and improve the outcome for these children.¹³

Examples of emotional neglect include:

- Ignoring the child's need to interact
- Failing to express positive feelings to the child, showing no emotion
- In interactions with the child
- Denying the child opportunities for interacting and communicating with peers or adults.¹⁴

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The

manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

Recognition of emotional abuse is usually based on observations the following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g., anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- A child scapegoated within the family

- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence.
- Seek out or avoid affection.
- Withdrawn or seen as a 'loner' difficulty relating to others
- Food refusal
- Attention-seeking
- Risk-taking behaviour
- Low warmth from parents/carers
- Low level of parental control

Neglect in Merton, London, and Nationally

The National Picture

- Neglect is the most common reason for a child to be made subject of a child protection plan in England (43.4% of cases in year ending 31st March 2016)¹⁵.
- Neglect is a serious factor in the majority of serious case reviews (60%), and for children of all ages, not just younger children.
- The NSPCC study on child maltreatment in the UK found that one in ten young adults had experienced serious neglect during their childhood (2011).¹⁶

Neglect in Merton

The following tables show the local context for neglect by looking at the total number of children becoming subject to a Child Protection plan (CPP) in a given year, the numbers of children subject to a plan in the specific category of neglect and the given the overall percentage of neglect cases in the Child Protection population for each from 2011 to 2016.

Children's Social Care

	2011-12			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	192	48	25%	36%
London	7,270	2,950	41%	13%

National	52,120	21,820	42%	12%
	2012-13			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	160	45	28%	26%
London	7,330	2,940	40%	13%
National	52,680	21,600	41%	11%

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	2013-14			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	182	53	29%	25%
London	7,020	2,770	39%	9%
National	48,300	20,970	43%	9%
	2014-15			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %

Merton	177	59	33	17.5
London	7,790	3,240	41.6	5.6
National	49,690	22,230	44.7	8.3
	2015-16			
	Total number becoming CPP	Number becoming CP under neglect	Neglect %	Multiple categories including neglect %
Merton	204	65	42.6	0.0
London	8,940	3520	39.4	3.9
National	63,310	28,360	46	5.3

Source: CIN Census

The numbers of children on CPPs in the category of neglect need to be considered along with the numbers of children on CPPs in multiple categories including neglect.

Locally, neglect cases form over one third (that is on average about 40%) of all Child Protection Plans). Merton is currently above the London average and continues to remain below the national average for neglect. In 2015-2016, there was a significant increase in the use of neglect as a category in child protection plans. For example, in 2014-2015 neglect made up 33% of cases; whereas in 2015-2016 neglect represented 42% of cases.

Agency Roles and Responsibilities

Education Professionals

Early Years providers, schools and educational institutions have a significant role in safeguarding children. Nurseries and children's centres are well-placed to support children and families where there are concerns regarding neglect. Early years providers are key because all the evidence from SCRs and research tells us that the most effective interventions are interventions that take place early in the life of the children and in the 'life' of the concern. Schools and colleges are important because they are in a position to identify concerns early, preventing concerns from escalating and ensuring that children get the help and support that they need. All institutions will have a designated safeguarding lead and will have their own safeguarding policies and procedures. It is important that all members of staff are aware of what to look for in a neglected child:

- Persistent lateness and low poor attendance
- Not meeting expected standards of attainment
- Lack of adequate uniform/equipment
- Lack of school/home contact
- Poor quality of interaction between the child and the parent
- Physical signs of neglect such as hunger and appearing dirty or unkempt.

Health Professionals

GPs, paediatricians, health visitors and school nurses all have key roles in identifying, responding to, and preventing incidents of neglect. They can offer

longitudinal views of the family, an understanding of the assessment of risk and harm as well as the effects of parental behaviour on children. It is important that all members of staff are aware of what to look for in a neglected child:

- Missed health appointments
- Late or missed immunisations and developmental checks
- Failure to meet milestones
- Failure to seek appropriate medical or dental advice or treatment
- Frequent presentation for accidental injuries due to lack of supervision
- Physical signs of neglect such as hunger and appearing dirty or unkempt.

MASH

The MASH (Multi-Agency Safeguarding Hub) is a multi-agency team comprising professionals from Health, Police, Probation, Family and Adolescent Services, Education and Children's Social Care and Substance Misuse Services. The MASH is designed to ensure all referrals, where there are safeguarding concerns for children and their families, receive multi-agency input in order for appropriate support/help to be identified for children and their families.

Children's Social Care

A clearly understood threshold for access to Children's Social Services is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of neglect - cumulative harm, not just single incident focused (although a single incident may

be an important indicator of a pattern of neglect) - improving and worsening, often in line with the engagement with and resistance to professional

help - can present challenges for practitioners assessing parental behaviours and the impact on children.

Learning and Development

Part of the implementation of the Strategy, detailed fully in the Implementation Plan, will be the enabling of staff and managers to develop the knowledge, skills and experience required to assess neglect and provide professional support to families.

Staff will be able to access a number of learning and development resources including training programmes on neglect, through the MSCP Training Programme.

As part of the implementation of the Strategy and Implementation Plan, learning and development activities will be delivered by individual agencies and via the MSCP Training Programme within the following timescales:

(a) Recognition and response training – to be undertaken with 100% of the children's

workforce within three months of employment. To be refreshed every three years.

(b) Assessment, analysis, and planning training – to be provided within six months of commencing employment; social workers within initial induction – to be refreshed every three years.

(c) Intervention and Review Training – provided within six months of commencing employment. Social workers will be provided with this during induction and refreshed every three years.

(d) Specialist Training on working with parents on neglect and working with adolescent neglect to be made available to social workers and managers.

Governance

The Neglect Strategy is to be monitored and reviewed by the... Sub-Group, which has the overall responsibility for overseeing the MSCP's response to intra-familial forms of abuse. Performance data regarding neglect is to be monitored by the Quality Assurance Sub-Group. This Strategy also will be quality assured and evaluated for effectiveness and

sufficiency through the work of the Quality Assurance (Audit) Sub-Group. The Quality Assurance Sub-Group will also agree the performance measures for the implementation of this strategy.

The Strategy is to be reviewed bi-annually and is scheduled to be next reviewed in...

