



Neglect Strategy

Multi-Agency Neglect Strategy

Authors: Carla Thomas and Paul Bailey Lead: Paul Bailey	Date Updated: March 2017	Approved By MSCB: 22 September 2015	Review Date: March 2019
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1. Introduction

The Merton Safeguarding Children Board (MSCB) has overall responsibility for coordinating, supporting and improving the ways we work together to protect children and promote their welfare. The MSCB 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 comes into contact with children and young people is able to 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.¹ The purpose of this document is to outline a strategic response to the issue of neglect in Merton.

2. Strategic Aim

Merton Safeguarding Children Board, (MSCB), is committed to reducing the incidence of childhood neglect within the borough. This is a key priority for the Board. 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. Identify children at risk of neglect at the earliest opportunity; in order to reduce the numbers of children experiencing neglect
2. Respond promptly and effectively to address the underlying factors;
3. Maintain our focus on the experiences of children;
4. Minimise the long term effects of childhood neglect and provide therapeutic support to overcome these;
5. To ensure that the importance of neglect and its incidence is recognised by all partners in the strategic planning and service design

3. Purpose and Scope of this document

This strategy has been produced to ensure that professionals have a consistent understanding of childhood neglect and know what is expected of them should concerns arise. It is only by working together that professionals can be effective.

This strategy is designed for managers and front-line practitioners working with children and their families, whether their principal focus is upon a child or an adult within the home.

If the MSCB's strategic aim is to be met then senior managers must understand what is expected of them and the staff working within their organisation. If front-line practitioners are to work together then they must work to a single procedural document informed by research. Each must know what is expected of them. This document is designed to provide the information to ensure that this is the case. This strategy also seeks to identify key principles under which work around neglect should be

¹ Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

undertaken and identifies key priority areas of work in order to improve our collective response to neglect.

The strategy is developed in consultation with the following strategic partnerships

- MSCB partners including CSF, CSC, Schools and Colleges, Cafcass, Merton CCG, Sutton and Merton Community Services Royal Marsden NHS Foundation Trust, Epsom and St Helier NHS Trust, the Mental Health Trust, London Probation and London Community Rehabilitation Company
- The Children's Trust including One Merton, Merton Youth Partnership, the Early Childhood Partnership
- Safer and Stronger including Anti-Social Behaviour Panel, MAPPA,² MARAC,³ the Community Safety Partnership and the Integrated Offender Management Board
- The Youth Justice Board
- Merton Health and Well-Being Board
- The Adults Safeguarding Board and Adult Social Care
- The Child Death Overview Panel
- The Collective Voluntary and Community Sector

4. Definitions

Neglect is very difficult to define as there are no clear, cross-cultural standards for best or 'good enough' child-rearing practices.

Society generally believes there are necessary behaviours a caregiver must provide a child in order for the child to develop physically, socially, and emotionally. Although there can be an individual incident of neglect it is very important to notice patterns of neglectful behaviour rather than one off incidents.

Working Together to Safeguard Children 2015, 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 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); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.⁴

The Government definition revolves around three key concepts:

² Multi-Agency Public Protection Arrangements Panel, the name given to arrangements in England and Wales for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public

³ Multi-Agency Risk Assessment Conference, local, multi agency victim-focussed meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies.

⁴ *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2015*, p. 93 HM Government March 2015

1. **Persistent failure.** How persistent is persistent? Sometimes how long is too long depends on how old the child is. This has been widely demonstrated by the neurobiology studies of the last few years, indicating that children's organic brain growth as well as the development of synaptic pathways, forming memories and experiences are profoundly affected by neglectful experiences and exposure to neglectful environments. The first most critical period is the first 3 years of life. The second more active synaptic activity of the brain occurs during adolescence. Persistent, therefore needs to be considered not only in relation to the length of time children and young people are exposed to such experiences, but also taking into account the extent in which these experiences are:

- Intrusive: the depth by which they impact on the child/ young person's health and wellbeing);
- Pervasive: the breath/ number of aspects of child development, situations, people, etc. which are being affected

As well as in relation to:

- The cumulative impact of individual experiences. Hindley and colleagues' systematic review of risk factors for the recurrence of maltreatment highlights the cumulative nature of neglect since it is the most likely form of maltreatment for a child to re-experience (Hindley et al, 2006).⁵
- The frequency, type and intensity of parental neglectful actions (acts of omission)
- The meaning of the child/ young person for the parent/ carer/family; holding the child responsible for the problem (acts of commission)
- The absence of change

2. **Likely to.** Predicting likelihood requires a good knowledge of child development, observation skills, an understanding of parenting and parenting capacity and the application in practice of relevant research.

3. **Serious impairment.** This needs to be measured not only in relation to the impact of individual neglectful experiences but also the cumulative impact of those experiences on children and young people. 'The main theories that have helped us to understand the way in which cumulative harm impacts on children are child development (including early brain development), trauma and attachment theories. Researchers investigating brain development have used the term 'toxic stress' to describe prolonged activation of stress management systems in the absence of support. Cumulative harm may be caused by an accumulation of a single adverse circumstance or event, or by multiple different circumstances and events. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing. (Bromfield and Miller 2007)

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 'failure to meet basic needs'. Professor Jan Horwath (2007) identified additional categories to consider. These include:

⁵ Hindley, N., Ramchandani P.G., Jones, D.P.H., (2006), Archives of Disease in Childhood, *Risk Factors for Recurrence of Maltreatment: A Systematic Review*, Volume 91, Issue 9, 744-752, 2006

- **Medical neglect** – this involves carers minimising or denying children’s illness or health needs, and failing to seek appropriate medical attention or administer medication and treatments.
- **Nutritional neglect** – this typically involves a child being provided with inadequate calories for normal growth. This form of neglect is sometimes associated with ‘failure to thrive’, in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently, childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long-term consequences.
- **Emotional neglect** – this involves a carer being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent.
- **Educational neglect** – this involves a carer failing to provide a stimulating environment, show an interest in the child’s education at school, support their learning, or respond to any special needs, as well as failing to complying with state requirements regarding school attendance.
- **Physical neglect** – this involves not providing appropriate clothing, food, cleanliness and living conditions. It can be difficult to assess due to the need to distinguish neglect from deprivation, and because of individual judgements about what constitutes standards of appropriate physical care.
- **Lack of supervision and guidance** – this involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as under-age sex or alcohol use. It can affect children of all ages.⁶ Parental supervision includes consideration for the child’s safety according to the child’s age and ability including the ability to anticipate potential dangers/risks and take appropriate action as well as the ability of parents to hold a child and their needs in mind, anticipating these needs and responding appropriately (being re-active and pro-active as required).

These observable factors relate to children’s developmental needs including health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.

5. 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.

⁶ Horwath, J. (P) (2007) *The Neglected Child: Identification and Assessment*. London: Palgrave.

There needs to be a **clear understanding of the risk factors and the actual indicators of neglect**. In order 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.⁷

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/care-giving to improve the level of care, outlining realistic timescales for improvement, and stating clearly 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:

⁷ Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

Merton Neglect Strategy

- 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.⁸ 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.

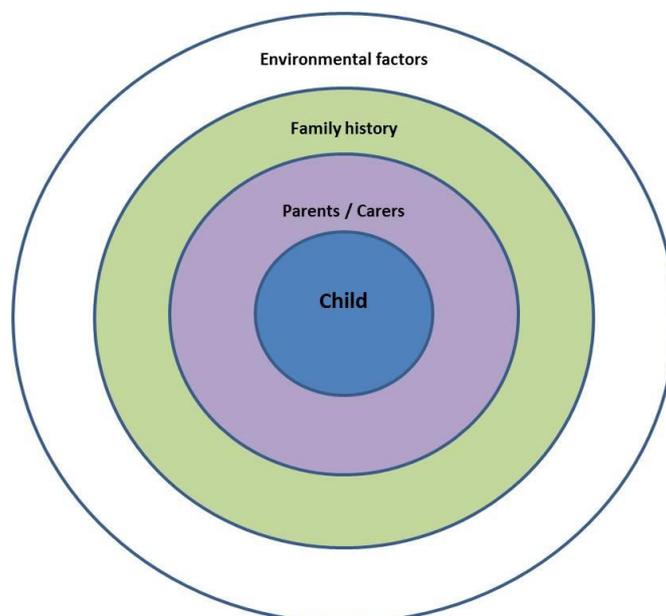


Figure 1:

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.⁹ 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."¹⁰ Neglect can be as harmful as physical and emotional abuse especially in the early years, (Norman et al 2012).¹¹ Brandon et al (2014), note that

⁸ Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

⁹ ibid

¹⁰ ibid

...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.¹²

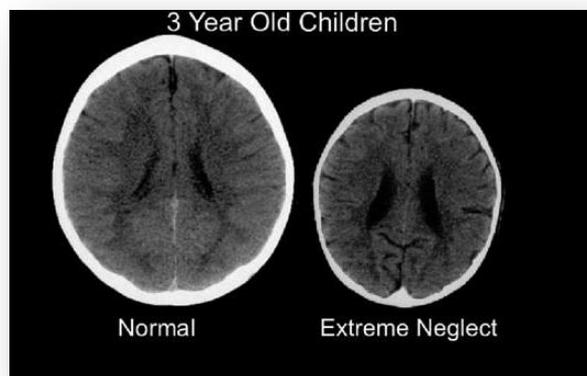


Figure 2: It must be noted that this image reflects the impact of extreme neglect in which children experience global (physical, medical, emotional) persistent neglect.

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.¹³

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.¹⁴

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.

¹¹ Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T (2012) *The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis*. PLoS Med 9(11): e1001349. doi:10.1371/journal.pmed.1001349

¹² Brandon, M. Glaser D, Maguire, S., McCrory E, Lushey C., and Ward H., (2014) *Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?* Department for Education and Childhood Wellbeing Research Centre 2014

¹³ Allen G (2011) *Early Intervention: The Next Steps An Independent Report to Her Majesty's Government* January 2011, © Crown copyright 2011

¹⁴ Stein, M, Rhys, G., Hicks, L. and Gorin, S. (2009) *Neglected adolescents: Literature review, Research Brief*, DCSF-RBX-09-04, Department for Children, Schools and Families, London.

Merton Neglect Strategy

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.¹⁵

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 abuse¹⁶
- 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 as a result of the cumulative emotional impact of neglect

The work of Marion Brandon on SCRs has found that whilst neglect features across all age ranges, however, the most common age range is 11-15.¹⁷

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.¹⁸

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

¹⁵ Rees, G., Gorin, S., Jobe, A., Stein, M., Medforth, R., Goswami, H., (2010) *Safeguarding Young People: Report Responding to young people aged 11 to 17 who are maltreated*, The Children's Society

¹⁶ Online abuse includes grooming, being sexually abused by means of indecent images, bullying, etc.; this impacts on neglect because parents who are neglectful are unable to anticipate a child's need to be protected from all forms of online abuse.

¹⁷ Brandon, M., *Learning from Serious Case Reviews about how to work with Child Neglect*, from a presentation given by Dr Brandon on 31st March 2014

¹⁸ *Emotional Abuse in Neglect or emotional abuse in children aged 5-14*, CORE INFO and NSPCC

Merton Neglect Strategy

- denying the child opportunities for interacting and communicating with peers or adults.¹⁹

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

¹⁹ *Emotional Neglect and Emotional Abuse in Pre-School Children*, CORE INFO and NSPCC

6. The National, London and Local Context

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)²⁰.
- 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).²¹

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%

²⁰ Characteristics of children in need: 2015 to 2016, Department for Education 2016, <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2015-to-2016>

²¹ Radford, Lorraine, Corral, Susana, Bradley, Christine, Fisher, Helen, Bassett, Claire, Howat, Nick and Collishaw, Stephan (2011) *Child Abuse and Neglect in the UK Today*. NSPCC, London.

	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.

7. Strategic Objectives:

The MSCB is committed to ensure that “neglect” is widely understood and responded to in joint working arrangements to protect children and young people and to promote their welfare.

Merton Neglect Strategy

We want to ensure that there is a common understanding of neglect and a clear understanding of thresholds for intervention and support; including early help, through to statutory interventions by Children's Social Care in accordance with the Merton Child and Young Person Well-Being Model.

We will do this by

- Providing specific multi-agency training on neglect and raising issues about neglect throughout all relevant multi-agency training.
- Issuing practice guidance for practitioners across the children's workforce.

We want to ensure that there is seamless provision of help and support for children, young people and their families across thresholds and pathways for help. We will do this by:

- Ensuring early help and identification regarding neglect are specifically covered within Partners' 'early help' protocols and procedures.
- Ensuring that there is a joint working protocol with adult services that is effective
- Tasking the Policy Sub-Group with developing an working with the Children's Trust to review the Early Help Strategy to ensure that it is explicit about identifying and responding to childhood neglect
- Working closely with the Health and Well Being Board, the Safeguarding Adult Board and Commissioners in order to highlight the impact neglect can have on the wellbeing and safety of children

All children can suffer neglect regardless of social class, ethnic origin, culture, special needs or disabilities. Practitioners must be curious about the lived experience of children and young people and not have fixed views about families so that interventions are based on good assessments that take into consideration a wide range of factors including family history and functioning, children's developmental needs, attachment and parental responses to the individual needs of each child. (Brandon et al 2009).²²

We want to ensure that services are delivered in a meaningful and timely way for children who are experiencing neglect so as to avoid the need for statutory intervention. We will do this by,

- Developing performance and quality assurance processes, through the work of the Quality Assurance Sub-Group, which enables the MSCB to monitor and evaluate the effectiveness of early help and other services that are designed to intervene in cases of neglect.
- Providing relevant policies, procedures, protocols and guidance to ensure the effectiveness of our joint working arrangements to ensure consistency and high standards of practice remain in place.
- Seeking to demonstrate how each agency's understanding and response to neglect has improved through the Section 11 audit and as part of the Board's Annual Quality Assurance and Challenge process.

Listening to and Learning from the Voice and Experiences of Children

²² Brandon, M., Sidebotham, P., Powell, C., Solebo, C. Koistinen, J., Ellis, C., (2010), *Learning from serious case reviews: Report of a research study on the methods of learning lessons nationally from serious case reviews*, Department for Education (DFE).

The voice and experiences of children and young people is paramount we will talk to children and young people in order to learn from them what works and what actually improves their lives. We will do this by,

- Routinely capturing the voice of the child in our work with children and young people as part of frontline practice as part of our work with children and families.
- Seeking feedback from young people in multi-agency audits
- By ensuring that the voice and experiences of children and young people is represented during training and at learning events
- We will raise awareness of neglect through our web page, multi-agency training and MSCB briefings

8. Agencies and Professional Responsibilities

Early Help

The impact of neglect on children is often cumulative, due to the 'drip-drip' nature of neglect, there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, Health, Schools/Education, Children's Centres, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.²³

Working Together 2015 places a duty on local authorities to have in place "a range of effective, evidence-based services"²⁴ so that the needs of children who may benefit from early help services can be assessed and the appropriate support can be provided both early in the life of the child and in the life of the problem. Early help is not just about support in the early years but is about effective early intervention to prevent the escalation of concerns to the point where statutory intervention is required. Early help is an essential element within Merton's comprehensive framework of children's services, whereby additional needs of children are identified and met at the earliest point possible, promoting children's welfare and reducing the need for more intrusive and expensive interventions at a later stage.

Within the context of Merton's Children and Young People Well-Being Model (MWBM see Appendix 1) early help can be provided at all levels (Universal, Enhanced, Specialist) to help prevent escalation of need to a higher level and to reduce the need for care or custody.

There is an increasing body of evidence (Graham Allen²⁵, Frank Field²⁶, and Dame Clare Tickell²⁷), that demonstrates:

²³ "In these circumstances knowledge of the past is put aside with a focus on the present and on short term thinking. ...This way of thinking and behaving tends to happen when workers are overwhelmed. 'Starting again' is a way of dealing not only with overwhelming amounts of information but also the feelings of helplessness generated by families, especially in long term neglect cases." See Brandon M., Bailey S., and Belderson, P., (2010) *Building on the learning from serious case reviews: a two-year analysis of child protection database notifications 2007-2009*, Department for Education Research Briefing DFE-RB040 ISBN: 978-1-84775-802-6 September 2010

²⁴ Working Together 2015, p. 14, HM Government, Crown Copyright March 2015

²⁵ Allen, G (2011) *Early intervention :the next steps*

Merton Neglect Strategy

- That if a child is well supported in their early years, the outcomes for education and life chances will be significantly improved.
- Providing early help (as soon as a problem emerges) is more effective in promoting the welfare of children than reacting later. Early Help is about providing the appropriate level of support, not just in the early years but at any time in the child's life, so that needs are addressed at the earliest opportunity and do not escalate.

The Common and Shared Assessment (CASA), (formerly Common Assessment Framework (CAF) pre 2013) is the tool that is used in Merton for Early Help assessment. The CASA provides a standardised approach to a) assessing a child or young person's needs for support and b) how this should be met. CASA provides a common framework for initial needs assessment – based on the Assessment Framework 2000 - that can be used by the whole children's workforce for any child or young person in need of additional support. The CASA process, which includes regular Team Around the Child/Family (TAC/TAF) review meetings, aims to enable a picture of a child or young person's needs and strengths to be built up over time and, with appropriate consent (unless there are exceptional circumstances), shared among professionals. Guidance on CASA and TAC/TAF is available on the Merton website in relation to The Merton Child and Young Person Well Being Model (MWBM see appendix 1) at www.merton.gov.uk/mwbm-casa ; www.merton.gov.uk/mwbm-multi-agency-meetings; with resources available from www.merton.gov.uk/casa

Education

Schools and educational institutions have a significant role in safeguarding school-age children. 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. Detailed guidance for school and college staff will be provided in *Keeping children safe in education: Information for all school and college staff*.²⁶ All schools and colleges will have a designated safeguarding lead and will have their own safeguarding policies and procedures.

For the purposes of this strategy it is important that all members of staff are aware of what to look for in a neglected child and that anyone can make a referral to children's social care.

Early Years

Early years providers such as 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. It is important that early year providers are able to identify the signs of neglect and are able to support families to access support as well as to refer concerns to Children's Social Care via MASH.

Health

GP Surgeries are well placed and have a key role in responding to incidents of neglect. A 2014 research report by the NSPCC notes that frequent and repeated contact with the whole family

²⁶ Field, F (2010) *The foundation years: preventing poor children becoming poor adults*

²⁷ Tickell, C (2011) *The early years: foundations for life, health and learning*

²⁸ *Keeping children: Information for all school and college staff* July 2015 Department for Education

potentially allows GPs to recognise and address parental health problems that impact on their capacity to care for their children. GP surgeries can be involved with families over a long period of time which can potentially provide a longitudinal view of the family which could allow early

intervention when there are concerns about the maltreatment and neglect of children. GPs can serve as a helpful source of information about a child/ren which can be used to form a cumulative view of the health and well-being of the child/ren and family.²⁹

The Role of Paediatricians

Paediatricians are well placed to respond to instances of childhood neglect in the health economy. Paediatricians will have an understanding of the assessment of risk and harm; they will also have a clear understanding the effects of parental behaviour on children and young people and will have a role in inter-agency responses to cases of neglect. Paediatricians are also able to identify associated medical conditions, mental health problems and other issues that may affect the health and well-being of children. Paediatricians are also able to contribute to the work of multi-agency teams where there are child protection concerns.

The Role of Health Visitor

Health visitors have a key role in empowering all families within the local community with children up to school entry age. Health visitors also are amongst the first professionals to see a child within the family home. As such health visitors are best placed to support families through maximising family resources and development of community resources via involvement of local agencies and community groups as appropriate. Health visitors are also able to work in partnership with parents and carers to lead and deliver support from ante-natal care through to school entry.

As a result of their work in the community, health visitors are best placed to identify vulnerable families, provide, deliver and co-ordinate evidence based packages of additional care, including maternal mental health and wellbeing, parenting issues, families at risk of poor outcomes and children with additional health needs. Health visitors have a statutory responsibility to work in partnership with parents and agencies in the provision of intensive multi-agency targeted packages where there are identified complex health needs or safeguarding needs.³⁰

The Role of the School Nurse

Through their work in schools, school nurses are well placed to identify children and young people who may be at risk and to act to safeguard their welfare.³¹ It is important school nurses are aware of the indicators of neglect and take appropriate action to ensure that support is offered at the earliest opportunity.

Appointments and 'Did Not Attends'

²⁹ Woodman J, Hodson D, Gardner R, Cuthbert C, Woolley A, Allister J, Rafi I, de Lusignan S, Gilbert R (2014). *The GP's role in responding to child maltreatment*, p.24, London: NSPCC

³⁰ NHS England (March 2014) 2014 – 15 National Health Visiting Service Specification,

³¹ Royal College of Nursing (2014), *Safeguarding children and young people – every nurse's responsibility* p.6, Royal College of Nursing

Indicators of neglect in health include high instances where parents do not attend appointments (DNA) with regard to their children's health needs; missed immunisations, failure to take appropriate action regarding the health of a child, as well as poor dental hygiene, etc.

MASH

The MASH is the single point of contact for access to enhanced or specialist services at levels two and three of the revised Merton Wellbeing Model. The MASH 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.

The MASH will have operational links with groups such as MARAC/ MAPPA/MASE³²/Children missing from care & home/LADO³³/ Mental Health Risk Assessment as part of its multi agency remit to identify risk and identify suitable services to address risk.

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 maybe 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.

Children's Social Care is accessed via referral to the Multi-Agency Safeguarding Hub (MASH) where decisions are made about whether to progress an assessment of a child under S.17 or s.47 Children Act 1989.

9. Implementation Plan

See Appendix 2

10. 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 MSCB 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 MSCB Training Programme within the following timescales:

³² Multi-Agency Sexual Exploitation Panel, the Panel meets monthly and any professionals can refer a case where there are concerns that a child/young person is at risk of sexual exploitation.

³³ Local Authority Designated Officer also known as the Designated Office who follows up allegations about those who work with children (see Working Together 2015, chapter 2, p.54, HM Government 2015)

(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

11. Governance, Accountability and Review

The Neglect Strategy is to be monitored and reviewed by the Policy Sub-Group, which has the overall responsibility for overseeing the MSCB’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 March 2019

Merton Child and Young Person Well-Being Model (MWBM) 2013

