



# Dudley Neglect strategy 2016-18



Children and  
young people's  
alliance



Dudley  
**Safeguarding**

protecting children and young people at risk

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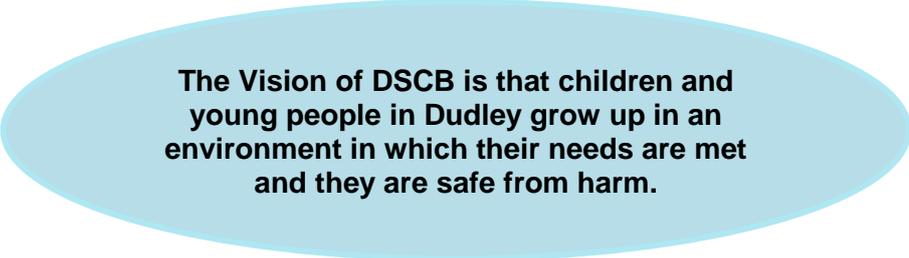
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# Foreword

## Chair DSCB

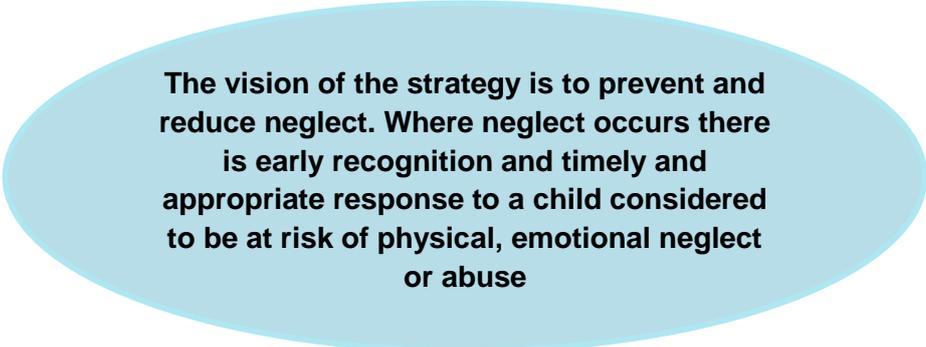
Dudley is committed to improving the physical, mental and emotional health and well being of children and to protect them from neglect and other forms of abuse.

The Dudley Safeguarding Children Board (DSCB) has overall responsibility for coordinating, supporting and improving the ways in which the various agencies involved with children and young people work together in partnership to protect them and promote their welfare.



**The Vision of DSCB is that children and young people in Dudley grow up in an environment in which their needs are met and they are safe from harm.**

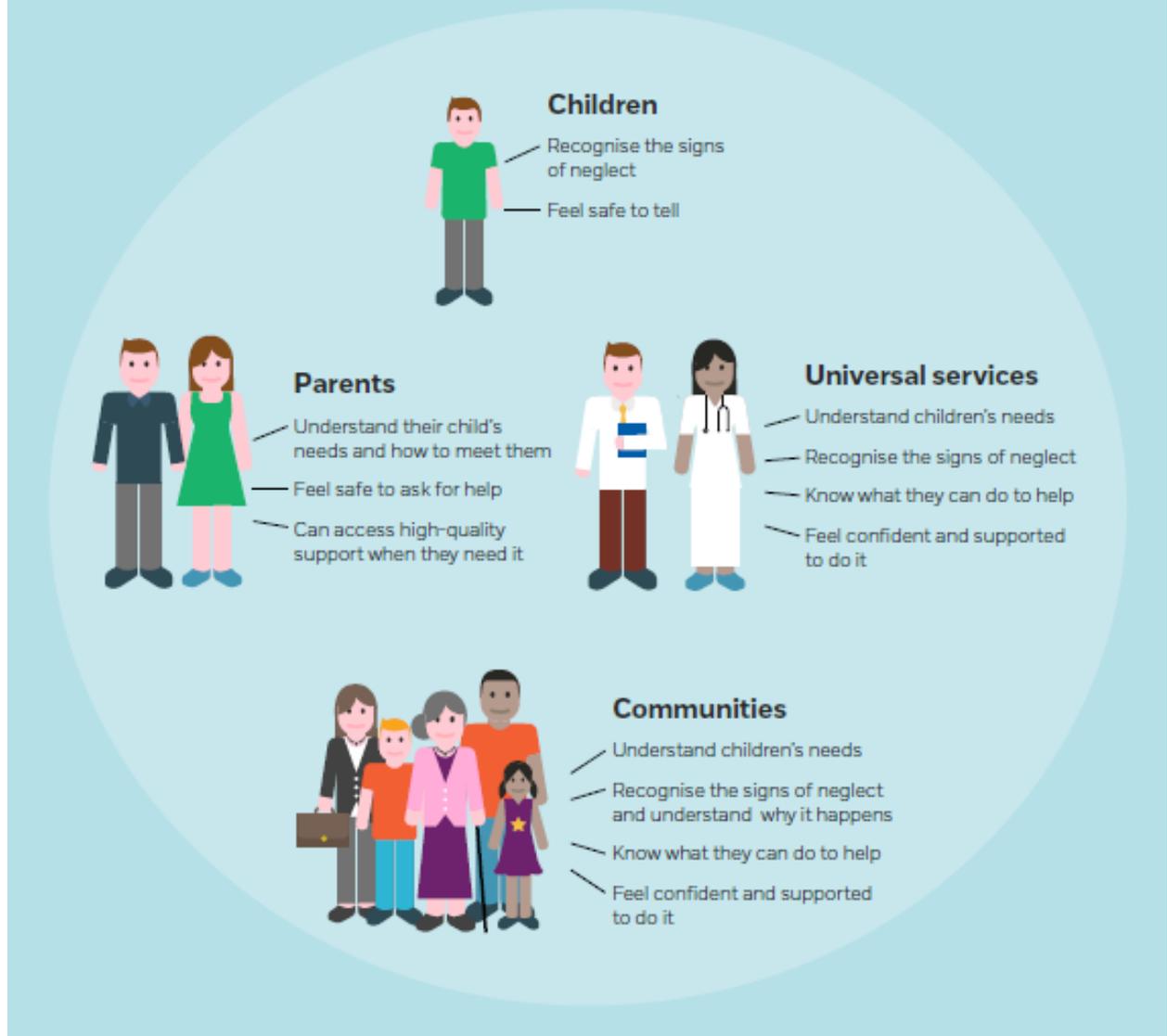
Neglect remains the most common form of child maltreatment in England<sup>1</sup>. Local data also identifies Neglect as an issue in Dudley. The DSCB Strategic Plan and Business Plan for 2016 – 2017 prioritises Neglect as an important area of focus with regards to safeguarding outcomes for vulnerable children and therefore is the focus of DSCB activity during 2016-17.



**The vision of the strategy is to prevent and reduce neglect. Where neglect occurs there is early recognition and timely and appropriate response to a child considered to be at risk of physical, emotional neglect or abuse**

The DSCB has developed the Neglect Strategy with support from Public Health and in partnership with the Children and Young Peoples Alliance Board and DSCB multi-agency partners. The strategy will provide useful sources of information and guidance, support good practice with an ultimate aim of preventing neglect, improving the lives of children and young people who are victims or likely to be victims of neglect with or without coexisting abuse.

## Thriving communities: our vision



NSPCC 2016

We recognise that a concerted shift to prevention where everyone – children, parents, communities, universal services and partner agencies – works together to help children thrive, preventing neglect before it happens and nipping early problems in the bud is ultimately the vision for our communities in Dudley.

## Introduction

Neglect is the most common form of child maltreatment in England<sup>2&3</sup> and the USA<sup>4</sup>. In England, almost half (43%) of child protection plans are made in response to neglect, and it features in 60% of serious case reviews<sup>5</sup>.

Neglect is a serious issue and can compromise a child's development across several domains. There is evidence that demonstrates the adverse effect of neglect on all the seven dimensions of development including health, education, identity, emotional and behavioural development, family and social relationships, social presentation and self care skills<sup>1</sup>. Therefore, early identification and timely intervention are extremely important to ensure the safety, wellbeing and development of children and young people. Dudley is committed to tackling the issue of neglect effectively and this strategy will inform the planning and actions needed to do so.

## Purpose and Scope

The purpose of this document is to outline the aims and objectives, key principles and the strategic action plan for Dudley's approach to dealing with neglect. It takes into consideration the statutory definition, current picture of neglect in Dudley and the practical aspects of addressing the issue which includes engagement and training of frontline staff and enhancing their understanding and skills to enable identification of those at risk of neglect, early recognition of neglect and timely intervention.

## Strategic Aim

The strategic aim is to prevent and reduce neglect and to ensure the safety and wellbeing of children and young people in Dudley. In order to fulfil the aim, it is imperative that neglect is prevented, recognised early and that all agencies involved in the care of children in Dudley should work in partnership and have a uniform, consistent, timely and appropriate response to a child considered to be at risk of physical, emotional neglect or abuse.

## Strategic Objectives

1. Improved strategic commitment to understanding service need and provision
2. Improve awareness and recognition underpinned by common language across children's and adult service
3. Prevent and minimise the incidents of neglect and improve the effectiveness of responses to neglect
4. Community participation, including voice of children and young people

## Key Principles

The strategy rests on the following guiding principles:

- a) Enabling a shared understanding of neglect and that the safety and wellbeing of children and young people is a priority issue.
- b) There must be a shared understanding of the consequences of neglect and effects on child's health, safety and development including the impact of emotional neglect.
- c) Early recognition of neglect followed by timely assessment and intervention.
- d) A uniform, consistent and integrated approach from all agencies and effective collaboration between them includes effective information sharing to inform.
- e) Early help approach to improve the safety of children and young people.
- f) Recognition of the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.
- g) Recognition that children with special educational needs and disabilities are potentially more vulnerable.
- h) Ensuring a 'Whole family approach' is adopted by all stakeholders.
- i) Periodic assessment of progress made by families and work with children and young people to be measured by its impact on outcomes.
- j) Appropriate statutory action to be taken if sufficient progress has not been made and existing support and intervention have not been successful in addressing the level of risk present.
- k) Professionals must be curious and inquisitive about circumstances and events. They need to feel confident to challenge families and each other about the sustainability of any improvements required. Historical information must be considered to inform the present position and identify families at risk of intergenerational neglect.
- l) The views of service users to be taken into consideration and lessons should be learned from experiences of families, children and young people living with neglect.

## Neglect in Dudley

Approximately 75,085 children and young people live in the Metropolitan Borough of Dudley. During 2015/2016, 4760 referrals were made to children's social care of which 18.6% were re-referrals. 1604 child protection investigations were carried out of which 356 were on a child protection plan. There were 3461 open children in need cases of which 680 cases were children in need with a disability.

## Child in Need (CiN)

The rate of CiN in Dudley in March 2015 was 447.8 per 10,000 children and 480.1\* per 10,000 children in March 2016 which was higher than the national average of 346.4 per 10,000 child population.

## Looked after children

A child or young person who is "looked after" is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum seeking children; or in other circumstances, DCS and partners will intervene because the child or young person is at risk of significant harm.

745 children were looked after in March 2015, a rate of 110.1 per 10,000 children and 731 children were looked after as of 7<sup>th</sup> June 16, a rate of 107.6 per 10,000 children\* which was significantly higher than the available national average of 60 children per 10,000 child population.

## Child protection

Children who have a Child Protection Plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how professionals, the family and the child or young person (where appropriate) will know when progress is being made. 356 children were subject to a CPP in Dudley during 2015/16.

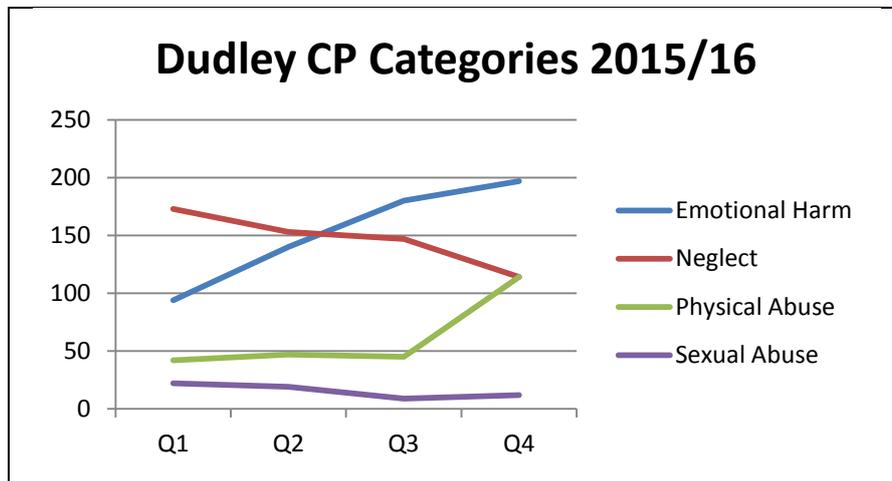
The data on the numbers of children on child protection plans in Dudley for the various categories during the period 2011-2015 is presented in Table 1 below:

**Table 1: Child Protection plans Dudley 2011-2015**

Category of abuse	2011	2012	2013	2014	2015
<b>Neglect</b>	92	98	129	134	151
<b>Physical abuse</b>	51	28	39	36	47
<b>Sexual abuse</b>	15	13	16	22	19
<b>Emotional abuse</b>	61	61	52	103	87
<b>Multiple</b>	14	15	6	9	5
<b>Total</b>	233	215	242	304	309

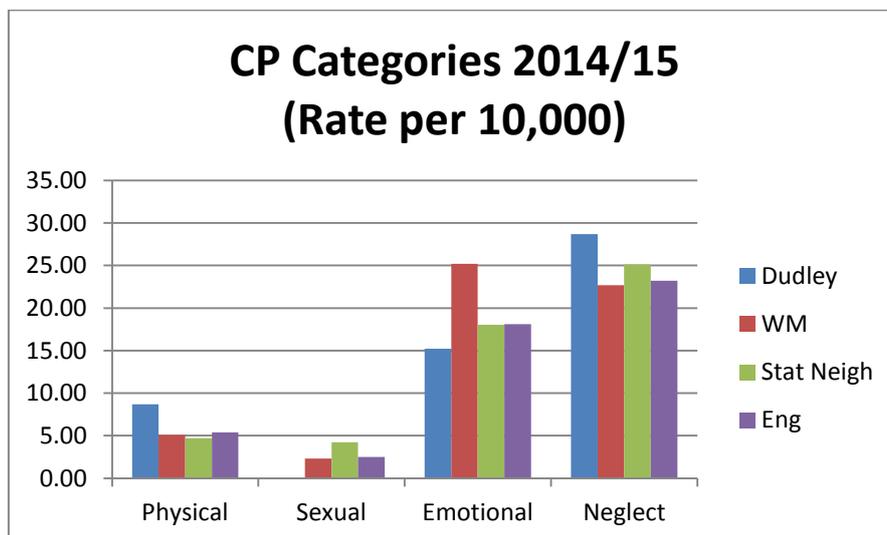
The numbers of children in the various child protection categories in each quarter of 2014/2015 are presented in figure 1 below. The data shows a marked increase in emotional harm, which requires further scrutiny and analysis.

**Fig 1: Number of children in Child protection categories (2015/2016)**



Compared to England, West Midlands and statistical neighbours, Dudley has a higher proportion of cases of neglect than physical, emotional or sexual abuse.

**Fig 2: Proportion of children with Physical, sexual, emotional harm and neglect**



## Ofsted Report Dudley

In Dudley's Ofsted report dated April 2016, 'Inspection of services for children in need of help and protection, children looked after and care leavers', Neglect was noted to be a significant feature in Dudley but there was no partner-wide strategy to address the problem. It stated that 'opportunities to identify neglect at an early stage and to take action are missed and the poor quality of chronologies contributes to this. When children and young people are identified to be at risk or have been subjected to abuse, multi-agency groups do not meet within appropriate timescales and do not progress plans or take actions to minimise risks in the appropriate timescales'.

## What is Neglect?

### 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<sup>6</sup>.*

The Government definition revolves around three key concepts:

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 breadth/ 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<sup>7</sup>.
  - 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<sup>8</sup>

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:

- **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 comply 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<sup>9</sup>. 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.

## Mental Health Outcomes

Child maltreatment (including abuse, neglect and exposure to violence in the home through witnessing or experiencing domestic violence) has lifelong consequences; it represents a significant environmental risk for normal psychological and biological development often affecting children's ability to control their emotions and behaviour. The longer experiences persist and the later risk is escaped, the worse the outcome for children's mental health<sup>28</sup>. Studies have shown strong associations between all forms of maltreatment in childhood and a range of poorer child outcomes including depression, anxiety, post-traumatic stress, suicide, self-injury, severe and persistent behavioural problems, school failure, increased risk taking i.e. use of drugs and alcohol, sexual exploitation and crime<sup>3 29</sup>.

## Adverse childhood experiences and relationship to poor outcomes

Adverse child experiences (ACEs) are an increasing international concern. ACEs arise from abuse and neglect of children and growing up in households where they are exposed to issues such as domestic violence or individuals with alcohol and substance misuse. There is a growing body of evidence that experiences during childhood have an effect on health of the individual throughout the life course. Children who experience stressful and poor quality childhoods are more likely adopt health harming behaviours during adolescence which can then lead to mental health issues and diseases such as cancer, heart disease and diabetes later in life. ACEs not only have an adverse effect on health but affected individuals are more likely to perform poorly in school, more likely be involved in crime and ultimately less likely to be a productive member of society.

People who experience ACEs as children often end up trying to raise their own children in households where ACEs are more common. Such a cycle of childhood adversity can lock successive generations of families into poor health, abusive and anti-social behaviour for generations.

Preventing ACEs can improve outcomes across the whole life course, enhancing individuals' well-being and productivity while reducing pressures and costs on public sector services<sup>10</sup>.

## **Neglect in special groups: SEN and children with disability**

The NSPCC suggests that the neglect of disabled children has been invisible. The heightened vulnerability to neglect of disabled children was measured and found to be 3.8 times more likely to be neglected<sup>11</sup>, for many reasons including stretching the family's capacity to be able to care; not being able to communicate their needs<sup>12</sup> and in part due to traits the child brings to the relationship with the parent<sup>13</sup> Kennedy and Wonnacott (2005)<sup>14</sup> emphasis the importance of addressing 'disabling barriers' including discrimination; lack of service provision; pity for carers affecting judgment; and the perception that a disabled child is somehow worth less. Brandon et al (2008)<sup>15</sup>, in their review of Serious Cases warn of the 'start again syndrome', where practitioners, overwhelmed by the complexity of the family, put aside knowledge of the past and focus on the present, supporting parents to make a fresh start. Any new or re-assessment of a family must take into account the family's history in order to make sense of the present.

## **Neglect in adolescents**

Neglect in the teenage years are no less harmful, yet is often overlooked or misinterpreted by professionals. They can be divided into two significant age groups 10-14 and 15+ years of age. Some behaviours that have been reported to characterise neglected adolescents are:

- Difficulty solving problems.
- Lack of creativity and language skills.
- Relatively easy onset of frustration or anger.
- Poor and/or inconsistent school achievement.
- School absences leading to School dropouts.
- Arriving early to and leaving late from school, avoiding going home.
- Withdrawn or passive OR Hyper alert and watchful.
- Low self-esteem, anxiety, depression, prone to suicide.
- Inability to trust or overly-compliant.
- Lack of recognition with regard to Nutrition.
- Drug and Alcohol abuse and early sexual activity.
- Anti-social behaviour, young people getting into trouble; and violent conduct.
- Lack of attention to medical needs.

Adolescents may also find their home situation too difficult to bear and end up running away, further putting themselves at risk for even more dangerous situations, for example exploitation, sexual exploitation and domestic abuse. The interaction of agencies who work with the adolescents needs to be joined up and often creative, working to include the parents/carers and the young person. The work needs to focus upon facilitative parenting, supporting the development of life skills leading to safe independent living<sup>16</sup>.

## Preventing Neglect

There is growing consensus, backed by a wide body of research, that providing children and families with help before a problem emerges or at an early stage prevents children from suffering unnecessary harm, improves their long-term outcomes and is more cost effective than reactive services<sup>17 18 19 20</sup>.

Neglect can be prevented and stopped once it starts<sup>21 22</sup>. At one time or another, all parents face difficulties in their lives that can make parenting hard but providing timely and high quality advice, support and interventions for parents can in many cases prevent these difficulties leading to neglectful parenting and children experiencing harm as a result.

Children and young people can be protected from possible neglect by identifying circumstances which put parents or caregivers under stress, and getting them the right help at the right time. Preventing child neglect needs action from everyone including parents, communities, universal services and government to work together to keep children safe and help them thrive. Parents may be dealing with complex problems that directly impact on their ability to meet their children's needs which may include domestic abuse, drugs and alcohol misuse and mental health problems. External factors such as financial problems and poor housing or homelessness can make it more difficult for parents' to meet their children's needs.

## Early Help

Once concerns are identified, early help can be provided by universal services or by targeted specialist services. Practitioners working in universal health, community, education and a variety of other services have a key role to play in providing early help for neglect.

Ways in which practitioners can provide early help include:

- Talking to a child and their parents or carers about the concern, in order to understand the unmet need.
- Collecting information about a child and their family.
- Identifying which services are best placed to help a family by initiating an early help assessment or other assessment framework.
- Monitoring a child's situation.
- Providing direct practical and emotional support to a child and/or their parents.
- Signposting families to other specialist services where necessary.

A range of specialist services can provide early help to prevent child neglect as well as support families after neglect has been identified. Specialist services include social services, housing services, drug and alcohol services and support from voluntary organisations.

Early help services can also be provided to families through a range of evidence based programmes that aim to improve parenting practice.

## Parenting - Assessment and intervention

Improved parenting is the cornerstone of child maltreatment treatment and prevention Stevenson (2007)<sup>23</sup> suggests “*there are six pre-requisites for a good enough assessment of parenting:*

- Knowledge of evidence on specific effects of parental issues on care-giving e.g. substance misuse, learning disability.
- Ongoing regular re-appraisal of the situation.
- A realistic picture about the parents’ will to change.
- Realistic expectations of what is ‘good enough’ parenting.
- Identification of individual needs.
- Impact of poverty as an integral part of the assessment, not just a ‘context’ but as a daily stressor.

The provision of evidence-based parenting programmes are important because they aim to ensure that support provided to families is based on sound theory, research and experience of what works best. Two parenting programmes rank particularly highly. These are 'Incredible Years(Webster Stratton 1991), and Triple P (Sanders et al. 1999) and are particularly potent when run in early childhood and in group format.

## Adverse Childhood Experiences (ACE)

Preventing ACEs and by identifying and providing interventions for those at risk of ACE's can help break the cycle of neglect and poor outcomes for individuals, their families and communities . By identifying individuals who have experienced multiple childhood traumas and putting support in much earlier, services will be better placed to support individuals to break the negative cycle of intergenerational issues.

Research shows that resilience helps reduce the effect of ACEs .Protective factors are internal and external resources that can help build resilience .

Parents ,individuals, communities, professionals can help children by ;

- Gaining an understanding of ACEs
- Creating environments where children feel safe emotionally and physically
- Helping children identify feelings and manage emotions
- Creating protective factors at home, schools and in communities.

Protective factors are ;

- Parental resilience
- Nurturing and attachment
- Social connections
- Concrete supports
- Knowledge of parenting and child development
- Social and emotional competence of children.

Programmes that encourage attachment, healthy relationships, promoting and protecting mental health are key to preventing ACE's. The evidence base for reduction of ACE's supports investment in the early years including; Health visiting, home visiting programmes, Family Nurse Partnership, parenting programmes, maternal mental health, child-parent psychotherapy etc.

Recent guidance Future in Mind (2015) developed by the Children and Young People's Mental Health Taskforce also supports the approaches set out above and establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care and focuses on creating a system that also 'properly supports the emotional wellbeing' of children and young people.

## **Enabling communities to support families**

Building community resilience and using strength based community approaches are an important foundation for supporting our children and young people.

Communities have an important role to play in preventing and intervening early in child neglect and adverse childhood experiences. To make a difference, we need to make sure everyone in our communities can recognise the signs of child neglect, understand why it happens and what they can do to help, feel confident and supported to help and know how to find help if they are experiencing difficulties in their own family.

Preventing neglect and safeguarding children is 'everyone's business'. This message needs to be communicated widely and communities must be empowered to recognise and address neglect.

The three key building blocks (fig 1) that underpin actions to prevent neglect are:

## Building relationships to prevent neglect

Neglect can be stopped and prevented from reoccurring by listening to children's experiences and helping families create positive change. It is vital to build safe and trusting relationships with children so they can speak out about their experience at home and seek appropriate and timely help. This involves teaching children what neglect is and how they can get help which can be done as part of the Personal, Social and Health Education (PSHE) curriculum in school.

It is equally important for professionals to develop long-term positive relationships with parents so that meaningful conversations can happen and sound information and advice, emotional support and practical strategies can be provided that will minimise neglect and harm. Parents need to be empowered to make positive changes and given hope and confidence to access their own skills and resources by taking time to understand a family's needs and providing a structured and a purposeful approach for addressing neglect.

## Knowledge and awareness

Understanding what child neglect looks like, why it happens and what to do about it is essential in tackling it. Increasing knowledge and awareness is important at all levels including children, young people, parents, practitioners, decision makers and the wider community. Parents may find it harder if they lack knowledge about the needs of their children. They may be struggling with their own problems. If people understand why neglect happens, that it is often the result of parents being under significant pressure, they are likely to want to offer support. People are more likely to seek help if they know how and where they can get help. If practitioners working with families have the knowledge and skills to help parents engage with sources of support, we have a better chance of that help being effective. And if local decision-makers understand the urgency of the problem of child neglect, and they are equipped with evidence-based approaches to tackling it, they can make sure that prevention and early help is supported and enabled at a strategic, areawide level.

## Evidence based responses

Developing and using an evidence-base for social care work with families, employed alongside professional judgement, means better outcomes for children and families. Evidence shifts practice from what we *think* works to what we *know* works.

*"Knowledge = evidence + practice wisdom +service user and carer experiences and wishes."*<sup>24</sup>

In order to prevent and tackle neglect, evidence based practice should run through the spectrum of provision for parents, children and families, from preventative programmes and early help provision through to statutory interventions<sup>25</sup>.

**Fig 1 : Thriving communities: What will make a difference?**



NSPCC 2015

## Identifying and Addressing Neglect

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.<sup>1</sup>

A Research in Practice briefing on Understanding and Working with Neglect (2005) highlights the following principles for best practice in assessing neglect:

- Pro-active assessment – don't wait for the accident / incident.
- Addressing the causes, not the symptoms.
- Using an ecological framework.
- Multi-disciplinary assessment – and access to research.
- Understanding families' histories and patterns of interaction.
- Matching interventions to identified needs.
- Appropriate timescales for intervention and change.
- Work with parents; and
- Work with children within a resilience framework.

## Ofsted's guidance and recommendations on addressing Neglect

In its March 2014 report "In the child's time: professional responses to neglect", Ofsted<sup>26</sup> suggests that local authorities should:

- Ensure that there is robust management oversight of neglect cases, so that drift and delay are identified and there is intervention to protect children where the risk of harm or actual harm, remains or intensifies.
- Prioritise the training and development of front-line practitioners, focusing on the skills needed to engage in direct work with families and the development of good assessments that describe what life at home is like for children.
- Support social workers and managers in the use of models and methods of assessment that enable them to effectively describe and analyse all risk factors in cases of neglect and then take decisive action where this is required.
- Prioritise the development and use of plans to support and protect children suffering from neglect, ensure that those plans set out clearly, with timescales, what needs to change and the consequences of no or limited change; plans should be subject to routine management oversight given the complexity of work with neglected children.
- Ensure that social workers have specialist training and supervision to enable them to exercise professional authority and challenge parents who fail to engage with services, particularly when their children are subject to child protection plans; this process should be subject to robust, regular management oversight and practice audit.
- Ensure that there is clarity about the threshold for care proceedings to be initiated in cases of neglect, and that the threshold is understood, consistently applied and monitored by local authority social care staff, senior managers and their legal advisers.
- Oversee the written evidence presented to courts so that it is clear, concise and explicitly describes the cumulative impact of neglect on the daily life of the child.

## Priorities for action

Child Neglect is a serious issue with various short and long term adverse effects on the physical, emotional, mental and social well being of children and affects their growth and development. Prevention, early recognition and management of neglect is a priority in Dudley and building on the strategic priorities, our priorities for action in the short term are:

- Commitment from all partners to sign up to the vision and aims and objectives of this strategy.
- Cross fertilisation of this strategy into relevant other strategies and policies.
- Raise profile of Neglect amongst communities, practitioners and professionals.
- Ensure prevention of neglect is given equal priority to addressing neglect through implementation of evidence based programmes for example parenting and early help.
- Agreement on an appropriate way to assess neglect, such as the Graded Care Profile that has been adapted for use in many areas and evaluated by the NSPCC. Need to recognise that tool is a means to assist, staff should be inquisitive.
- Training and development of front-line practitioners, focusing on them utilising professional judgment and tools to help identify neglect and the cumulative impact of neglect on the daily life of the child.
- Improve the quality of the multi-agency response to children and families living with neglect
- Review and update Strategy and Action Plan in line with NICE guidance due to be published in 2017 and following consultation and engagement with communities and key stakeholders.
- Development and implementation of multi agency delivery plan to help deliver and monitor progress against the strategic objectives.

## References

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
2. Department for Education. (2013). *Statistical First Release: Characteristics of Children in Need. Headlines*. London: Department for Education
3. Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: NSPCC.
4. Sedlak, AJ, Mettenburg, J, Basena, M, Petta, M, McPherson, K., Greene, A., and Li S. (2010). *National Incidence Study of Child Abuse and Neglect (NIS-4), 2004-2009: Report to Congress*. Washington DC: Department of Health and Human Services, Administration for Children and Families.
5. Brandon, M., Sidebotham, P. Bailey, S., Belderson, P. Hawley, C., Ellis, C and Megson M (2012) *New learning from serious case reviews*, Department for Education. Research Report DFE-RR226
6. *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
7. 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
8. Bromfield, L. and Miller, R. (2007) *Specialist Practice Guide: Cumulative Harm*. Melbourne, Vic: Department of Human Services, State Government Victoria.
9. Horwath, J. (P) (2007) *The Neglected Child: Identification and Assessment*. London: Palgrave.
10. Bellis MA, Ashton K, Hughes K et al (2015) Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population. Public Health Wales and Centre for Public Health, Liverpool John Moores University
11. Sullivan, P.M., & Knuton, J.F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257-1273.
12. Bovarnick, S. (2007) *Child neglect*. NSPCC research briefing. London: NSPCC.
13. Howe, D. (2005) *Child abuse and neglect: attachment, development and intervention*. Houndmills: Palgrave Macmillan.
14. Kennedy, M. and Wonnacott, J. (2005) "Neglect of disabled children". In J. Taylor and B. Daniel (eds). *Child Neglect. Practice Issues for Health and Social Care*.
15. Brandon, M; Belderson, P; Warren, C; Howe, D; Gardner, R; Dodsworth, J; Black, J (2008) 'Analysing child deaths and serious injury through abuse and neglect: what can we learn? DfES, London
16. Hicks L, Stein M (2010) 'Neglect Matters'. Department for Children, Schools and Families (DCSF).
17. Allen, G. (2011). *Early intervention: The next steps. An independent report to HM Government*. London: Cabinet Office.
18. Davies, C. & Ward, H. (2011). *Safeguarding children across services: Messages from research*. London: Jessica Kingsley Publishers.
19. Easton, C., Lamont, L., Smith, R. & Aston, H. (2013). 'We should have been helped from day one': *A unique perspective from children, families and practitioners. Findings from LARC5*. Slough: NFER.
20. Field, F. (2010). *The foundation years: preventing poor children becoming poor adults – the report of the independent review of poverty and life chances*. London, HM Government.
21. Johnson, R. & Cotmore, R. (2015). *National evaluation of the Graded Care Profile*. London: NSPCC.
22. Williams, M. (2015). *Evidence-based decisions in child neglect: An evaluation of an exploratory approach to assessment using the North Carolina Family Assessment Scale*. London: NSPCC.
23. Stevenson, O. (1998) 'Neglected Children and Their Families' (2nd Edition recommended 2007). Blackwell Publishing, Oxford
24. Lewis, J. (2001). 'What works in community care?', *Managing Community Care*, 9(1), 3–6.
25. Haynes A, Cuthbert C, Gardner R, Telford P, Hodson D (2015) *Thriving communities: A framework for preventing and intervening early in child neglect*, NSPCC
26. "In the child's time: professional responses to neglect, Ofsted 2014
27. Kumsta, R., Hummel, E., Chen, F.S. and Heinrichs, M., 2015. Epigenetic regulation of the oxytocin receptor gene: implications for behavioural neuroscience. *Social Hormones and Human Behaviour: What Do We Know and Where Do We Go from Here*,
28. Dudley CAMHS Needs Assessment , Dudley 2016 (draft)