1.0 Introduction

This multi-agency strategy has been developed in response to local knowledge, regional serious case reviews and the Ofsted Thematic inspection on neglect, 'In the Child's time: Professional responses to Neglect (March 2014). The Ofsted Thematic Inspection on neglect explored the effectiveness of the arrangements to safeguard children who have experienced neglect, with a particular focus on children 10 years and older. Whilst the Ofsted report focuses on younger children this document also recognises the significant impact of neglect on older children, who are in receipt of statutory services such as the Youth Offending Service, Child and Adolescent Mental Health Services, Social Work and the Police. The report presented a mixed picture in terms of the quality of the professional response to neglect. It placed the challenge to local authorities and partner agencies to 'learn lessons' from those case whereby professional responses to neglect have been timely and effective, thereby providing families with the early help they need.

Prevalence of neglect:

- Since 2002 neglect has consistently been the most common reason for being subject to a child protection plan (CPP) in England and Wales as reported by the NSPCC (How safe are our children, 2016). For 2015, 45% of CPPs in England were under the category of neglect, this has shown a general upward trend from approximately 35% since 2002.
- In 2015-16, 59% of child protection plans in B & NES were due to neglect, as at end of Oct 2016 55% of CPPs were due to neglect, **Add how many are involved with HVs & CCs**.
- Neglect is also commonly seen as a feature of serious case reviews there was evidence of neglect in 62% of recent SCRs (Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014, 2016). In a small number of these, extreme neglect can be directly linked to the death of children.

2.0 Why we need a Neglect Strategy

The purpose of this document is to set out the strategic aims and objectives of the B & NES approach to tackling and reducing the impact of neglect. This strategy also seeks to identify key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to improve our collective response to neglect.

Universal and early intervention services have a critical role in identifying and addressing the safety needs of the child, alongside child protection services. This strategy has been developed in conjunction with multi-agency partners working with children young people and their families within B & NES.

The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is

potentially fatal. Lives are destroyed, children's abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and wellbeing is often compromised and this impacts on their success in adulthood and their ability to parent in the future.

3.0 Definition of Neglect

The statutory definition of neglect is:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance 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.

(Working Together to Safeguard Children, 2015)

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 (Child Neglect: Identification and Assessment, 2007) identified additional categories to consider. These include, but are not exhaustive of:

- Medical neglect
- Nutritional neglect
- Emotional neglect
- Educational neglect
- Physical neglect
- Lack of supervision and guidance

** Need to add here what the opposites of neglect (ie solutions focused) are OR ensure included in guiding principles section?**

4.0 Risk Factors

There are three different categories of risk factors that increase the likelihood of neglect in some families: child risk factors; parental risk factors; and wider determinants of health.

NSPCC research identified that some children are especially vulnerable to neglect, amongst them are:

- Children born prematurely, or with very low birth weight,
- Runaways and missing children
- Children in care
- Asylum seeking and refugee children.

Adolescents, children with disabilities, and children under one are highlighted as particular at risk groups.

5.0 Impact

** was this supposed to be a separate section?**

The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Children's abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and well-being is often compromised and this impacts on their success in adulthood and their ability to parent in the future. In some cases neglect has also been a contributing factor in the death of some children.

In addition to the increasing number of children who are subject to child protection plans, nationally and in B&NES, there are also children who are not yet in receipt of statutory child protection services but who are being offered early help due to concerns relating to neglect.

6.0 Measures of success

*** Will need probably need LSCB / Richard's agreement to these ***

QUANTITATIVE

- Reduction in number of children on CPPs (for 12 months or more?)
- Reduction in repeat CPPs for neglect
- Reduction in number of CIN for neglect currently don't have a baseline figure for this
- Increase in early help assessments & plans to referencing earlier identification of neglect

QUALITATIVE

- LSCB & multi-agency audits of neglect (child protection?) cases show effective practice and positive impact for children.
- Early help and social care audits show effective practice and positive impact for children.
- Positive feedback from parents and children (?)

7.0 Guiding Principles

** We need to agree the B&NES guiding principles, taking into consideration the EH principles**

Tri-borough Guiding Principles:

This Strategy rests on key principles which provide a strategic framework:

- a) enabling a shared understanding of neglect and the safety, well-being and development of children is the overriding priority;
- ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies. This will be co-ordinated through an agreed Early Help Assessment Tool;
- c) early help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future;
- d) children with additional needs such as special education needs and disabilities are potentially more acutely vulnerable;
- e) beneficiary engagement is critical therefore the views of children and young people and their families with regards to 'what works' will inform the development and implementation of effective interventions;
- f) ensuring a 'Whole-Family' approach is owned by all stakeholders;
- g) all agencies need to consider historical information to inform the present position and identify families at risk of inter-generational neglect;
- ensuring effective information sharing to inform assessments and evaluations of risk;
- i) i)agencies need to challenge each other about improvement made by families and its sustainability;
- j) work with children and young people needs to be measured by its impact on outcomes;
- k) suitable statutory action needs to be taken if insufficient progress is achieved and methods have been unsuccessful in addressing levels of risk present;
- I) significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.

Cheshire East Principles:

One of the key underpinning principles of this strategy to have a well trained workforce able to identify and intervene in cases of neglect.

The following are principles that will be adopted in tackling neglect in Cheshire East:

- Child focussed the safety, well-being and development of children is the overriding priority.
- Outcome focussed work with children and young people needs to be measured by its impact on outcomes.
- Whole family approach ensuring a 'Whole-Family' approach is owned by all Stakeholders.
- Shared understanding significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.

- Collaboration working together with other professionals to ensure effective identification, assessment and support.
- Good quality assessments and plans these are key to getting it right for children and young people.
- Building resilience help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future.
- Early help ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies co-ordinated through the CAF early help assessment tool.
- Consistency of practice agencies need to challenge each other about improvement made by families and its sustainability.
- Inclusive children with additional needs such as special education needs and disabilities are potentially more acutely vulnerable.

BANES Early Help Principles:

The principles underpinning this strategy have been developed with a range of stakeholders. These are:

• Adopting a whole family approach and providing joined up support to families with the service supporting both children to build their resilience and their parents in terms of their ability to support and care for their children, and as vulnerable adults where appropriate.

• Adopting a strength-based approach which builds capacity within families and their communities and uses this as a basis for change. Support from friends, neighbours, wider family members, volunteers, and local groups often make the difference in enabling families to improve outcomes

• Support is timely to prevent problems getting worse and tackle inequalities. By placing the child and their family at the heart of the services, they will receive the right support at the right time to meet their needs.

• The approach is enabling and builds capacity and resilience within the child or young person, so they develop the skills to find their own solutions.

• The approach is enabling and builds capacity and resilience within the parent so they develop the skills in parenting to find their own solutions. • Working in partnership with families and family members to establish positive relationships to bring about positive change.

• A restorative approach which both supports and challenges, fosters a sense of social responsibility and shared accountability between the services users and the service.

• Attachment-based-promoting the role of attachment in healthy family life and parenting.

• Evidence-based and informed approaches - continually learning and sharing best practice about what works for families, children and young people. This should be a combination of both national and local learning.

• Purposeful – intervention and support is clearly focused on achieving Early Help outcomes which prevent further need arising or escalating.

• Integrated and collaborative - joining up where it makes sense to do so, simplifying and reducing the number of assessments and processes.

Banes Parenting strategy principles:

The following core principles underpin B&NES' vision and values and guide the development and delivery of the activities that address our service priorities. These were first set out in the local Children and Young People's Plan 2006-2009 and still stand for all children's services (see also appendix 4)

1. Rights and responsibilities • Recognise and value children's and young people's rights • Recognise and value the responsibilities of parents, carers, the community and young people themselves towards children and young people • Improve public understanding about standards and access to services

2. Participation • Secure and monitor the active participation and involvement of children, young people and their parents and carers in all processes to make plans and improve services • Listen to, consult and involve children and young people and give their views equal weighting to those of adults • Feed back to those who were consulted in order to explain decisions and the reasons for them 7 • Provide support and training where needed to children, young people and their parents and carers to enable them to participate in planning, reviewing and evaluating

3. Partnership • Build effective partnerships with children, young people, parents and carers.
• Continue to build strong and efficient partnerships with public, private, voluntary sector organisations and community to groups in order to deliver high-quality, integrated, cost-effective services • Build on the current practice of inter-agency working to secure local cooperation, co-ordination and accountability • Partnerships between children's and adults' services are likely to lead to better outcomes for children • Clear lines of communication between services

4. Equity • Ensure that all children, young people, parents and carers have the same access to support and services • Implement strategies for equality of opportunity which promote social inclusion and which oppose all forms of discrimination • Consider all policy and service developments from an equalities perspective • Focus resources in areas and or with groups with greatest need

5. Focus on prevention • Ensure that a comprehensive range of universal services is available to support parents and carers in meeting the overall needs of their children and families • Services should be available at the right time and at the right level to address identified need, with clear pathways

6. Evidence Based • Always use available evidence or best practice models. • Use reflective practice and evaluation. In addition, the following specific principles underpin parenting work:

7. Whole family approach with children and young people at the centre • Where children have significant needs, we are increasingly supporting their whole families in order to ensure the best possible outcomes. In doing this, we will draw on the learning from other family-focused services • A whole family approach includes promoting a positive home environment for all children and adults within the family/household • Addressing wider ('adult') issues such as domestic abuse, mental health, substance misuse, housing, worklessness and access to education and training will impact positively on children

8. Parents' needs matter too • Parents and carers will best be able to meet the overall needs of their children and families when their own needs, including mental health, substance misuse, domestic abuse, worklessness, housing and economic well-being, are met • Services should be inclusive, non-judgmental and meet the diverse needs of parents and carers, whilst always keeping the child in mind • Parents should have access to a range of services, from universal provision of information and advice through to targeted services for those with greater needs • Some parents want information in a range of formats, not just on-line

9. Building on strengths • When things get difficult, parents can often feel they have failed in their parenting or cannot make the necessary changes; work with them should avoid reinforcing these feelings, but encourage reflection and learning • Recognise what is already working well and affirm and develop it • Recognise that parents are their children's first teachers and the people who matter to them the most. 4 Parents' voices are important in understanding a child's needs

10. Whole workforce responsibility • All staff working with children and young people need to have a good understanding of children's parenting needs • All staff working with adults need to consider the impact of the issues they are addressing on any children • Work to improve parenting capacity and skills is best undertaken in parallel to work with the children – or as part of joint, family interventions • Staff delivering parenting interventions must be supported by specific induction, training, consultation and reflective supervision

11. Shared values • Parents are responsible for meeting their children's needs and keeping them safe • The seeking and provision of help for parents and carers is viewed positively, as a fundamental necessity, not as an indication of failure • Children and parents need to belong to a family 'in the widest sense' and to a community • Children's and parents' basic needs for safety, health, housing, play and leisure facilities, education, training and employment and freedom from poverty must be met in order for effective work to be undertaken with them • Everyone is entitled to be listened to and treated with respect

12. Outcomes-focused • All parenting work will start with an assessment of need to include an analysis of parenting capacity and result in a 'SMART' plan, written in partnership with

parents, to support them to achieve positive outcomes in skills, confidence and effectiveness as parents. Assessment begins with Common Assessment and there is a growing interest in the use of the KIPs assessment tool for measuring parenting capacity. A specific approach is needed within statutory services to inform decisions about whether to remove children when parents are unable to keep them safe, or to support them to ensure their children attend school or do not offend. Specific parenting programmes will also have their own assessment tools. A range of tools will be made available for practitioners • Ultimately, positive outcomes for parenting are measured by positive outcomes for their children • Services should be subject to monitoring and evaluation to ensure that • parents and carers are satisfied with the intervention and that outcomes are positive for both them and their children