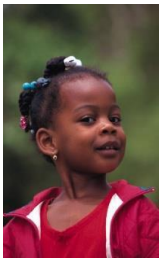
WARRINGTON SAFEGUARDING CHILDREN BOARD

MULTI AGENCY GUIDANCE FOR THE IDENTIFICATION AND MANAGEMENT OF NEGLECT



"Every child and young person in Warrington should be able to grow up safe from maltreatment, neglect, bullying, discrimination and crime -receiving help when they need it in a timely and effective manner

Our Vision: "To ensure that every child and young person in Warrington is safe and has the opportunity to reach their potential."

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1. INTRODUCTION

1.1 The aim of this protocol is to establish common agreement and understanding between agencies about expected standards of care to children living in Warrington.

1.2 The Children in Need Census statistical release for October 2012 showed that of the children who were subject to a Children Protection Plan in England on 31/03/2012, 42.9% of children had a category of Neglect. As of February 2014 there were 65 children in Warrington subject to a child protection plan under the category of neglect, that is 37.8% of the total number of children on child protection plans

1.3 Children who experience neglect are likely to remain subject to a Child Protection Plan longer than children who experience other categories of abuse and are more likely to re - enter formal child protection arrangements throughout their childhood.

1.4 Analysis of Serious Case Reviews clearly shows that there is a high degree of overlap between neglect and other forms of child abuse, and that a failure to respond confidently to the indicators of neglect will significantly compromise a child in fulfilling their potential.

2. DEFINITION

2.1 Working Together 2013 is clear about the "responsibility" of all professionals "to identify the symptoms and triggers of" neglect and to understand that neglectful parenting has serious long term consequences across all areas of a child or young person's health and development. The affects are cumulative and pervasive. The stages of life at which the child experiences neglectful parenting and the duration of the experience is also extremely important (most damaging before birth, under three and teenage years).

A useful definition for neglect notes neglectful parenting patterns may include:

- not providing food, shelter, clothing (including exclusion from home or abandonment),
- not protecting a child or young person from physical or emotional harm or danger
- not supervising adequately,
- not providing access to medical care or treatment if needed and
- being unresponsive to basic emotional needs

(For example: Baby P: workers were too accepting of "numerous falls, bruises and poor cleanliness")

2.2 Neglect covers a range of behaviours which are characterised by omissions of care and therefore it is not possible to draw generalisations about the characteristics of neglectful parents/carers. There are a number of factors which are frequently found in seriously neglectful families as follows:

- Domestic abuse and violence;
- Failure to attend medical appointments;
- Alcohol and substance misuse;
- Multiple care givers and changes in co-habitation;
- Poor parental level of education and cognitive ability;
- Socially isolated and excluded;
- Parental experience of abuse in their own childhood;
- Low family income;
- Limited employment options;
- Parental mental health
- Specific parental personality characteristics which inhibit good parenting.

2.3 Neglect presents a serious challenge to safeguarding agencies and practitioners; the identification of neglect relies on professional judgement. Neglect can differ from other forms of child abuse because of the following reasons:

- It is frequently passive, and the intent to harm is not always present;
- It is more likely to be a chronic condition rather than crisis led which impacts on how agencies respond;
- Very often there is insufficient clarification between practitioners on the agreed threshold for intervention;
- The effects of neglect on a child are often not wholly present at the point of identification but are predictive based on likelihood.

Safeguarding practitioners frequently grapple with the dilemma of how and when to intervene with neglectful families.

2.4 The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies intervention into family life in the best interests of children and the Children Act 2004 clearly establishes the duty on partner agencies as well as the responsibilities placed on Local Authorities to ensure action is taken when a child's welfare is compromised and they are suffering or are likely to suffer significant harm.

If somebody believes or suspects that a child may be suffering or is likely to suffer significant harm then s/he should always refer his or her concerns to Targeted Services Social Work Service (please refer to WSCB Safeguarding Procedures).

2.5 To understand and establish whether harm or potential harm of neglect is significant, it is necessary to consider the following issues:

- The nature of the harm, the maltreatment or failure to provide adequate care;
- The presence of risk, and the potential consequences;
- The child's development within their family and environment and the impact of this;

- Whether a child has any special needs such a medical impairment, or disability that may require additional parenting ability;
- The capacity of the parents to adequately meet the child's needs.

2.6 Practitioners are required and expected to take a child centred approach to the consideration of neglect. The child's reactions, perceptions and feelings should be gathered and taken account of. The fundamental questions that practitioner should ask is 'what it is like to be that child and what it will be like in the future if nothing changes?.' The child should always be seen.

3. PROFESSIONAL VALUES AND ORGANISATIONAL CULTURE

3.1 This guidance is set out to provide a common understanding of expected standards of care which will form the basis of professional judgement in Warrington. Appendix 2 sets out the minimum expected standards for children in Warrington, including the child's right to live in a safe home environment.

3.2 Analysis of Serious Case Reviews shows that professional values can inhibit the ability of practitioners to identify and respond to indicators of neglect. The following views have been noted as beliefs that can lead to professional inertia:

- A belief that neglect is not as 'serious' as other forms of child abuse;
- A fear of imposing ones own values on families living in poor conditions with limited choices;
- A belief that poverty causes neglect and therefore resources and support are the answer;

by allowing such a view to pervade, neglectful families where children may be seriously harmed can be viewed as 'needy' and 'doing their best' and there is a resulting failure to ask 'what it is like to be that child and what it will be like in the future if nothing changes?'.

3.3. Warrington Safeguarding Children Board upholds the work of Eileen Munro which is confirmed in Working Together 2013 requiring that professionals recognise the pervasive and cumulative impact on children and young people of neglect. Warrington Safeguarding Children Board therefore in accordance with Working Together 2013 expects that "social workers, managers and other professionals" will always consider the situation from the "child's perspective" in order to correctly diagnose the severity and impact of neglect. In addition "a desire to think the best of adults and to hope they can overcome their difficulties must not trump the need to rescue children from chaotic, neglectful" homes. Professionals must also reflect on the latest research relating to neglect to inform decisions and this "should be reflected in case recording".

3.4. Working Together 2013 (in response to Professor Eileen Munro's research) requires that professionals undertaking assessments

recognise that evidence is built and revised throughout the assessment with workers revisiting "their assumptions" and focusing on the impact of outcomes in planning. Working Together 2013 states "this will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient or sustained".

3.5. Working Together 2013 recognises that "the assessment of neglect can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from service but deteriorate once support is removed" nevertheless, Working Together 2013 is clear the "professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure children and young people are not left in neglectful homes".

4. RECOGNITION OF NEGLECT

4.1 The minimum standards for care of children will be applicable and should be applied by all services that come into contact with children – see Appendix 2.

4.2 In Warrington all professionals working with children understand the requirement to share information at the earliest points of intervention in order to:

- Respond effectively to low level issues of concern which may escalate if they remain unmanaged;
- Reduce the likelihood of risk to children from neglect;
- Identify those children who need additional services to promote their well being and safety.

4.3 Neglect can helpfully be categorised in four ways [1]

4.3.1 Disorganised Neglect

Characterised by:

- Families who have multiple problems and are crisis ridden;
- Unpredictable and inconsistent care, no planning and needs have to be met in the immediacy;
- Can be demanding and dependent upon professionals;
- Parents appear to want professionals and they are welcomed, but efforts by professionals are often sabotaged.

4.3.2 Emotional Neglect

Characterised by:

- Families that function predictably;
- Children who have many rules to respond to;

[1] For further reading see David Howe: Child Abuse and Neglect 2005

- Parents have a lack of empathy and are not psychologically available to their children;
- Parental attention/approval is acquired through performance.

4.3.3 Depressed Neglect

Characterised by:

- Parents who love their children but do not predict their needs;
- Passive and helpless parents;
- Disinterest in professional support and unmotivated to make changes;
- Parental presentation may be withdrawn;
- Lack of emotional responses to children.

4.3.4 Severe Deprivation

Characterised by:

- Parents with serious issues of depression, learning disabilities, drug addiction;
- Children left in cot, lack pre-attachment behaviours of smiling, crying, eye contact;
- Inhibited children: withdrawn, passive, rarely smile, autistic-type behaviour and self-soothing;
- Disinhibited children: attention-seeking, clingy, over-friendly; relationships shallow, lack reciprocity

NB: Neglect has a detrimental effect on children regardless of the way it is being categorised

4.4 Establishing the nature of the neglect will assist the assessment process and the professionals in determining the most appropriate way of working with the family.

4.5 Neglect is not always a deliberate act. Pressures such as the stress of poverty, poor housing, domestic violence and mental health or addiction problems are typical and key factors in parents/carers being distracted from their children.

4.6 When working with a family where neglect is a concern, professionals should undertake assessments and planning in accordance with the Multi Agency Procedures for the Promotion of Welfare of Children in Need. Specifically the Assessment should take into account paragraphs 1 - 4 of this guidance, and can be informed by section 5.

4.7 Any Family Support Plan (CAF), Child in Need OR Child Protection Plan should clearly establish:

- The child's needs, as well as the risk and protective factors in relation to all the children, and the overall situation of the family;

- The overall objectives of the plan, and what services will be available to assist and support the family to meet the objectives;
- The expectations of the parents of engagement in the plan and the contingency plan should this not take place;
- A timescale within which there is an expectation that the objective will be met:
- The risk of drift in neglect cases is significant therefore supervision of workers and management oversight is required.

4.8 Child in Need planning: Warrington Targeted Services Operational Procedures Manual contains information about the policies and procedures that cover planning for children in need, please follow the link below.

http://wired/Images/CHILD%20IN%20NEED%20PLANNING%20PROCEDURES%20update%202014%20260214%20changes%20acc_tcm33-56153.pdf

5. CHILDREN SUBJECT TO A CHILD PROTECTION PLAN

5.1 The following intervention process is intended for use when children are made subject to a Child Protection Plan because of neglect.

5.2 When a child is made subject of a Child Protection Plan under the category of neglect, this joint agency protocol should be used to underpin the work to determine the needs and long term potential outcomes for the child.

5.3 In cases of neglect the Core Group should also consider:

- Whether a fire safety assessment should be requested by the fire service;
- Whether a pet safety assessment should be commissioned through a suitable assessor.
- Whether a health and safety assessment should be made of the family home. Specific risks should be addressed as part of any assessment and detail the actions to be taken e.g. request for housing repairs, safe storage of all harmful substances

5.4 The Core Group should make it clear to parents that neglect of children can be a criminal offence. The Core Group should establish whether it is appropriate the police refer the case for consideration.

5.5 The parent's perception of the problems should be measured against the perception of the professional by using Appendix 1 and Appendix 2 of this document.

6. CONSIDERATION OF A CRIMINAL OFFENCE

6.1 Neglect of a child or young person under the age of 16 years can be a criminal offence when the neglect is considered to be '**willful**' (Section 1 The Children and Young Persons Act 1933).

6.2 In this type of case a criminal offence will have been committed where the child was neglected in a manner likely to cause unnecessary suffering or injury to the child's health. The term 'willful' has not been defined by statute, but is thought to include deliberate acts, including acts of omission, for example; knowing a child is in need of medical help and failing to obtain such medical help.

6.3 Where a referral concerning a child or young person who may have been neglected is made to Targeted Services Social Work Service and it is suspected that the criminal offence of 'wilful' neglect may have been committed the police should be notified in line with Warrington Safeguarding Children Board procedures.

6.4 The police as a child protection agency should also consider at each Case Conference whether a threshold for criminal offence has been met.

7. PRE PROCEEDINGS AND PUBLIC LAW CHILDREN ACT PROCEEDINGS

7.1 The structured work within this protocol should be used to assist any legal proceedings initiated to safeguard a child.

7.2 Where safeguarding concerns are such that the threshold under section 31 Children Act 1989 appears to be met the social worker brings the case to the Families and Wellbeing Legal Gateway meeting where all assessments, including multi agency assessments, are considered.

7.3 Consideration should be given to bringing the matter to Legal Gateway once the child has been subject to a child protection plan for more than 6 months.

7.4 Once a decision has been made that the Threshold are met but that the level of urgency does not require an immediate application to court, the Pre Proceedings Protocol may be implemented whereby the family are given formal notice that proceedings are being contemplated and are given an opportunity to obtain legal advice and work with agencies to achieve change and to safeguard the child.

7.5 If after a maximum period (in most cases) of 6 months working under the Pre Proceedings Protocol the intervention is assessed to be unsuccessful a decision is made to issue proceedings for a care or supervision order under section 31 Children Act 1989. All assessments, including multi agency assessments and information from Health, Education, Police and other agencies relied upon to evidence harm will be filed within the proceedings.

Appendix 1 is a Framework for Assessment of Children in Need
Appendix 2 sets out the minimum standards for Children in Warrington.

APPENDIX 1

FRAMEWORK FOR ASSESSMENT OF CHILDREN IN NEED, DOMAINS – PARENTING CAPACITY, ENVIRONMENTAL, CHILD'S DEVELOPMENTAL NEEDS/HEALTH

Referring to Children and Young People's Targeted Services (CYPTS): Working Together 2013 states that anyone who has concerns about the welfare of a child should make a referral to CTPYS. It goes on to state: "When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including the early help assessment, which may have been carried out prior to a referral into local authority children's social work services. Where an early help assessment has already been undertaken it should be used to support a referral to local authority children's social work services, however this is not a prerequisite for making a referral".

1. Parenting Capacity

PHYSICAL CARE	Level 1 (Universal)	Level 2 (CAF)	Level 3	Level 4
	Physical needs are provided for – e.g. food, drink, appropriate clothing, medical and dental care	Basic care is not provided consistently	Inconsistent availability of food in the house and no regular mealtimes/routines	Empty cupboards, decaying food, children go unfed
		Food, warmth and other basics are not always available	Debts lead to temp loss of power/utilities	No access to cooking facilities/cold storage of food.
		Parent/s struggling without the provision of support/ resources	Sporadic loss of heating and lighting	Regular absence of heating/lighting, house is cold and unlit.
		Young, inexperienced parents with inadequate support from family/ friends.	Inconsistent weaning, prop fed with bottle	Unweened child regularly given solids and dangerous food items
			Child sometimes presents in school as hungry	Child often in school reporting no breakfast or stealing food
			Inconsistent application of essential medication	Critical medication not given

PHYSICAL CARE	Level 1 (Universal)	Level 2 (CAF)	Level 3	Level 4
			Child regularly presents as cold and pale	Child ‘s physical presentation gives cause for concern
			Child dressed in poorly fitting clothes, wrong size shoes	Child inadequately clothed for the weather conditions
			Poor hygiene, sometimes smells and has untreated sores/injuries take time to mend	Child often has untreated head lice, infected injuries and a very strong smell of urine, damp or body odour
			Child presents in school with significant illness but no explanation from parents	Child sent to school with acute illness
			Often arrives late for school and is last to be collected.	Poor school attendance
			Poorly maintained dental health	Child has untreated severe tooth decay.
				Child not taken for essential medical appointment or investigations that may have a long term effect on health

SAFE CARE	Level 1 (Universal)	Level 2 (CAF)	Level 3	Level 4
	Parent/s protect from danger and significant harm at home and elsewhere	Inconsistent supervision, parents unaware of child/ young person's whereabouts	Inconsistently allows child to play at great risk of physical injury e.g. in the road, on walls/ high level activities	Sustains injuries whilst playing, falls off play equipment, and is knocked down by cars.
		Safety equipment, e.g. fireguards and stair gates, not used consistently	Child under 10 sometimes left alone either at home or in the street without appropriate supervision.	No active supervision, left to own devices, seeks company of much older children. Found wandering in the street or around shops.
		Lack of awareness of dangers and risks to child/ young person.	Has access to dangerous equipment, fire, hot objects, drugs etc.	Sustains scalds, ingests harmful drugs/chemicals, in possession of knives and other dangerous objects
		Inappropriate child care arrangements – e.g. carers too young/inexperienced, too many different carers.	Number of recent admissions to Accident & Emergency due to lack of supervision from parents/carers.	Multiple admissions to Accident & Emergency and parents ignore advice
		Parent/s offer inconsistent boundaries.	Left in care of young children	Left with inappropriate carers, who are under the influence of drugs and alcohol. Child is injured whilst being cared for by carers due to lack of supervision.

EMOTIONAL CARE	Level 1 (Universal)	Level 2 (CAF)	Level 3	Level 4
	Parent/s show warmth, praise and encouragement	Parent's emotional response inconsistent.	Child often scapegoated	Child is family scapegoat
		Parent/s have unmet emotional needs	Child not afforded praise	Child singled out for chastisement and punishment
		Resistance factor present – e.g. Child able to develop emotional relationships with other parent/ family members.	Child given inconsistent physical contact and reassurance	Child rarely comforted/reassured physically or conveying to child they are worthless, unloved, inadequate
		Parent occupied with sibling/s with higher level needs, e.g. disabilities, and needs additional support.	Few age appropriate toys in the house	Absence of age appropriate toys or age or developmentally inappropriate expectations including over expectation or overprotection
		Child spends considerable amount of time alone, and has limited access to leisure facilities.	Child spends long periods in their bedroom	Child spends all time in bedroom or isolating child and preventing normal interactions with others.
		Child/ young person's key relationships with family members not always maintained.	Sometimes ignores child's attention seeking signals	Parent goes out of their way to ignore verbal/non - verbal signal or deliberately silences or makes fun of a child.
		Complex family dynamics result in on - going levels of instability.	Child is rarely comforted when distressed	Parent always ignores child's distress and becomes angry.
			Parent often indifferent to child's presence	Parent ignore child's presence
			Parent rarely referees disputes between siblings	Parent encourages sibling conflicts and fails to prevent injuries

2. Environmental

ENVIRONMENTAL	Level 1 (Universal)	Level 2 (CAF)	Level 3	Level 4
	Housing has basic amenities and appropriate facilities, and appropriate levels of cleanliness/hygiene are maintained.	Housing is poor or not adequate for family's needs.	Poorly maintained bed/bedding	No beds/bedding or adequate sleeping arrangements
		Parent/s struggling to maintain standards of hygiene/ repair in the house.	Threat of eviction and sporadic periods of homelessness	Unable to maintain accommodation, accommodated by friends/neighbours
		Parents accruing rent arrears which may jeopardise tenancy if action not taken.	Poorly maintained washing/toilet facilities, unhygienic conditions	Blocked toilets, broken bathing and washing facilities
			Pets which pose a threat to young children	Pets, dogs etc. bite children and soil the floors etc.
			House needs indicant repairs, broken windows, doors, bare electrical cables. Intermittent heating/lighting etc. House sparse	House unsecured, numerous serious health & safety hazards for children/adults, no heating/lighting, no curtains, furniture etc.

3. Child Development/Health

CHILD DEVELOPMENT / HEALTH	Level 1 (Universal)	Level 2 (CAF)	Level 3	Level 4
	Child/ young person in good health and developing appropriately for age.	Child/ young person not reaching developmental milestones.	Child not encouraged to toilet train and delays in child development	No attempts made to toilet child over 18 months and significant delays in development
		Persistent minor health problems resulting in poor school attendance.	Child left in pram/car seat for periods of time	Child left for long period of time in pram/car seat.
		Limited diet – e.g. no breakfast, no packed lunch or money for school lunch	Infrequent attendance at key health appointments	Failure to attend key health appointments
		Dental care not sufficient – poor attendance for checks/ treatment.	Fails to consistently follow critical medication regimes	Critical medication not administered
		Inconsistent attendance at key health appointments	Minor injuries left untreated	Failure to seek medication attention for serious injuries e.g. scalds, head injuries
		Early sexual activity	Hearing and visual aids not always used	Child rarely wears prescribed glasses or other eye sight correctional aids or hearing devices

Key Features of Neglect

Physical	Development	Behaviour
• Faltering growth • Recurrent and persistent minor infections. • Frequent attendances at casualty department or admissions to hospital. • Unexplained bruising. • Significantly underweight • Severe nappy rash. • Short stature. • Unkempt and dirty. • Obesity	• General delay • Language delayed. • Attention span limited. • Socio - emotional immaturity. • Learning difficulties. • Lack of self-esteem. • Poor coping skills.	• Attachment disorders, anxious, avoidant. • Lack of social responsiveness. • Overactive. • Aggressive and impulsive. • Seeks physical contact from strangers. • Disordered or few relationships. • Self-stimulating or self-injurious behaviour or both. • Unusual patterns of defecation or urination or both.

APPENDIX 2

Minimum Standards for Children in Warrington

Every child will be expected to have the following:

An immediately safe home environment, which will promote a child's sense of security. This will include a home with:

- access to heating and hot water;
- a defined place to sleep with suitable bedding; appropriate to the age of the child.
- a standard of cleanliness that does not compromise welfare, in particular a bathroom and kitchen that is cleaned and safe;
- food for the next 12 hours and the means to provide beyond;
- equipment in accordance with the needs of the child, e.g. sterilisation products for a baby, medical equipment or play products;
- a routine for the appropriate care of animals, including disposal of animal waste.

Their developmental needs (Development/Health domain) met through the parent/carer undertaking the following:

- attends routine developmental health checks;
- attends routine preventative health checks, including dental;
- seeks urgent and non urgent health support for the child where necessary, including a range of medical and psychological services;
- provides a diet which ensures the child thrives;
- potty/toilet training a child at an age appropriate to their age and ability;
- supports the child to attend nursery and school, with attendance that does not fall below 95% (Attendance that falls below 95% can be raised as a concern. However any child who falls below 85% is classed as persistently absent and this can be raised as a referral with the CYPS Universal Services Attendance Team.

  N.B. Parents must make sure their child gets a full-time education, whether at school or through educating them at home, and

that meets their specific needs (e.g. if they have special educational needs).

- supports the child to develop interests/ hobbies

A parent/carer who can: (parenting capacity domain)

- provide care that is not compromised by substance misuse so that the child is not at risk of significant harm;
- provide care that is not compromised by health issues so that the child is not at risk of significant harm;
- provide guidance and boundaries so that the child is not at risk of anti-social behaviour orders;
- can provide warmth and encouragement to continually develop self esteem;
- positively promote the child's identity, through culture and experience;
- provide a child with adequate and suitable clothing.

Their need for safety met by a parent /carer who: (environmental domain)

- provides a safe level of supervision within and outside of the home;
- has a safe manner of disposing equipment related to any drug use within the home;
- ensures the home is free of hazards which could threaten a child's safety;
- ensures the home is not at an increased risk of fire;
- ensures that no pet presents any risk to a child;
- ensures children are only provided care by safe adults;
- acts immediately to protect a child whose safety is threatened in any way;
- monitors the safe use of technology e.g. Internet, TV, DVDs
- is able to understand and identify potential threats to a child's safety and take protective action.