

**Report of the Executive Director Core Services
and the Executive Director People,
to the Overview and Scrutiny Committee (OSC)
on 8th January 2019**

Neglect Strategy – Cover Report

1.0 Introduction

- 1.1 In July 2017, during Safeguarding Awareness Week, Barnsley Safeguarding Children’s Board (BSCB) soft-launched the multi-agency Neglect Strategy to tackle the cause and effects of neglect on children and young people in the Barnsley borough. This was followed by the formal launch in November 2017, following which a multi-agency training offer was rolled out.
- 1.2 The Strategy is called ‘Neglect Matters’ (Item 4b – attached) and has been developed by safeguarding professionals in partnership with the National Society for the Prevention of Cruelty to Children (NSPCC). This report provides an update on the progress made since the implementation of the strategy as well as the future plans in relation to this area of work.

2.0 Background

- 2.1 Neglect is a key issue in Barnsley but prior to the implementation of ‘Neglect Matters’, there has not been a dedicated strategy. A proactive approach has been taken to develop a strategy and associated training packages.
- 2.2 The Neglect Strategy is about keeping Barnsley’s children safe. It sets out what neglect is; the law; how neglect is defined; training and development for staff and professionals; what effective practice is and early intervention. Children and young people have a right to live in an environment where they are loved, feel valued and are cared for so that they can reach their potential and have aspirations. If children are not safe, they cannot be healthy, happy, achieve or reach their full potential.
- 2.4 Neglect creates lasting damage and has long-term consequences for the young people and families involved. The strategy aims to encourage a whole family approach and to underline the importance of recognising the impact neglect can have on adolescents, from anti-social behaviour to poor educational achievements and longer-term mental health problems. The strategy puts in place a framework to continue to raise awareness and improve the safeguarding duty of all relevant agencies with regards to neglect and encourage a whole family approach to tackling root causes.
- 2.5 Everyone in the Barnsley workforce has a responsibility to identify children where there are concerns that a child may be suffering neglect. It is important that we support our workforce to know what to look for and to understand what thriving and healthy child development looks like.
- 2.6 In November 2017, in Barnsley, 111 (48.5%) of the children on a Child Protection Plan (CPP), were on a CPP for Neglect. A further 35 (15.3%) were on a CPP where the reason quoted was ‘Multiple’ but it is accepted that even for some of these children there will have been an element of neglect as part of the reason that saw them being placed on a CPP.

3.0 What are we doing currently?

- 3.1 The Barnsley Safeguarding Children Board have supported a motion for:
- A (minimum of) five year programme to tackle neglect
 - The establishment of a multi-agency, partnership response to neglect, working with the NSPCC, South Yorkshire Police, Health, Education, Early Support and Children's Social Care
 - The forming of a Neglect Sub-Group which is leading the Barnsley Neglect Strategy and Action Plan. This group oversees the neglect strategy and has developed a neglect action plan which monitors the effectiveness of the strategy and the roll out of the 'graded care profile' across all key partners.
- 3.2 In conjunction with the NSPCC, Barnsley has adopted the use of the Graded Care Profile version 2 (GCP2), which is a tool to support the assessment of the degree of neglect for a child or in a family. This tool empowers and enables families and professionals to identify areas of strength and areas of concern, highlighting what a family is doing well and areas where they may need support. It also identifies where neglect is impacting on a child or young person's development potential and their emotional health and well-being.
- 3.3 20 colleagues from across the partnership have undertaken a 'Train the Trainers' course on using the GCP2. To date, this has resulted in over 400 professionals having been trained to use the GCP2 and to identify and understand the impact of neglect. The NSPCC promote the GCP2 as the key tool to assess neglect and monitor progress. The tool enables parents/carers to clearly see what is working well and what needs to change. A clear plan to achieve change is developed with the parents/carers which is then reviewed with them, helping them to understand the strengths and areas of development in their parenting. The assessment tool can provide reassurance that the child and family situation is improving or can be used in Court to evidence the significant harm the child is suffering. The updated GCP2 has been adapted to reflect some of the issues facing parents today to include issues such as child sexual exploitation and e-safety.
- 3.4 A multi-agency neglect conference was held in July 2018 which saw the coming together of 120 professionals from across the partnership to discuss neglect and hear from key note speakers in relation to neglect, obesity, dental health and attachment in the neglected child.
- 3.5 Along with the NSPCC, BMBC has led a communication campaign working with the local published newspaper to highlight neglect and what we are doing about it. Additionally, an online seminar, was hosted by 'Social Work Matters', which is a programme that aims to attract and support social workers, in addition to improving social work practice and delivery across the Yorkshire and Humber region. All 15 local authorities have come together in a unique way to drive up industry standards and champion the vital role of children's social work. This online seminar was delivered by the Head of Children & Family Social Care at BMBC alongside the Campaigns Manager from the NSPCC and discussed the prevalence of neglect to raise the profile of the impact of neglect amongst professionals working with children, young people and families.
- 3.6 Additional work has been done by BMBC with local family business 'Rowlands Pharmacy' who is promoting the neglect strategy in their chemist shops.

4.0 What difference is this making?

- 4.1 As a result of this work, Neglect is being talked about across agencies and there is a better understanding of the identification and impact of neglect. We have increased the numbers of children subject to a CPP because of neglect by 33% and we have increased the numbers of care proceedings where the primary issue is neglect.
- 4.2 Effective use of the strategy and GCP2 assessment tool is supporting partners and practitioners across the spectrum of need to ensure that neglect is recognised and responded to consistently, at the right time and by the right people for the child and family.
- 4.3 Simple and clear referral pathways have been established, with practice guidance that supports the recognition, assessment and management of neglect and contributes to evidence based, speedy and appropriate identification of services to meet the need of the child and family.
- 4.4 Providing a tool which supports the objective assessment of degrees of neglect and also allows for improvements to be recognised acknowledged and tracked gives practitioners an evidence base to either escalate or de-escalate a case as appropriate and for timely interventions with the minimum of delay.
- 4.5 All children who are subject to CP Planning due to neglect are expected to have a GCP2 assessment. Once fully embedded we will be confident that this is enabling plans to be effectively progressed in timescales which meet the child's needs.
- 4.6 Professionals in early help, school settings and other areas such as housing are using the GCP2 to evidence the help families need and to measure progress made.
- 4.7 Use of GCP2 in child protection case conference and in the court arena is providing evidence in order to ensure plans made for a child are right and do not contribute to drift and delay.
- 4.8 We are improving our timeliness within the court arena and finding that we are able to evidence neglect in a much clearer and succinct way in order to progress outcomes in a timely way.
- 4.9 In our most recent feedback from the training 83% of participants found the training very good and 100% would recommend the training to other professionals.

5.0 Future Plans & Challenges

- 5.1 We will continue to promote and embed the use of the GCP2 Tool at every stage across the threshold of need. We will continue to monitor its use and promote it as an aid to assess and review circumstances to measure change and improvement.
- 5.2 Regular multi-agency audits of children living with neglect are helping to triangulate the effectiveness of the strategy and inform future training and development needs of the workforce in tackling one of our biggest, single challenges.
- 5.3 We will continue to work within the sub region to share good practice about neglect and what works.

6.0 Implications for Local People

- 6.1 We want children in Barnsley to be protected from neglectful parenting and to help parents/carers understand what good parenting looks like by working with families in a way in which they can understand what needs to change.
- 6.2 We want professionals to be able to identify neglect at the earliest opportunity in order that children and families receive the right help and support at the right time.
- 6.3 Going forward we want to harness the quality of communities to help to identify neglect in order that no child is left in a situation of being neglected and this impacting upon their life chances.

7.0 Invited Witnesses

- 7.1 The following witnesses have been invited to today's meeting to answer questions from the committee on this area of work:

- Mel John-Ross, Service Director – Children's Social Care & Safeguarding, BMBC
- Deborah Mercer, Head of Children & Family Social Care, BMBC
- Nina Sleight, Head of Early Start, Prevention & Sufficiency, BMBC
- Laura Hammerton, Family Centre Development Manager, BMBC
- Alicia Marcroft, Head of Public Health, BMBC
- Social Workers, BMBC
- Angela Fawcett, Designated Nurse Safeguarding Children and Looked After Children, NHS Barnsley Clinical Commissioning Group (CCG)
- Cllr Margaret Bruff, Cabinet Spokesperson for People, BMBC

8.0 Possible Areas for Investigation

- 8.1 Members may wish to ask questions around the following areas:

- What are the biggest challenges in relation to dealing with neglect?
- How helpful do parents/carers and practitioners find the Graded Care Profile 2 in helping to recognise neglect and identify practical changes which can be implemented?
- Are all partners equally involved and engaged in this work?
- As a result of this work, what achievements have had the biggest impact on improving outcomes for Barnsley children and young people?
- What measures are in place to provide evidence that the Neglect Strategy is effective?
- What are the recent findings from multi-agency audits of children living with neglect and what changes have been implemented as a result?
- Have any common causes of neglect been identified and if so what preventative actions could be put in place?
- How does Barnsley compare with other local authorities in relation to neglect and can we learn from good practice in other areas?

- How do you obtain the voice of the child and ensure it informs assessments and actions?
- What can Members do to help reduce neglect of children and young people in Barnsley?

9.0 Background Papers and Useful Links

- Item 4b – ‘Neglect Matters’ Strategy (attached)
- Information on the Graded Care Profile 2 (GCP2) by the NSPCC:
<https://www.nspcc.org.uk/services-and-resources/childrens-services/graded-care-profile/>

10.0 Glossary

BSCB	Barnsley Safeguarding Children’s Board
BMBC	Barnsley Metropolitan Borough Council
CCG	Clinical Commissioning Group
CP	Child Protection
CPP	Child Protection Plan
GCP2	Graded Care Profile 2
NSPCC	National Society for the Prevention of Cruelty to Children

11.0 Officer Contact

Anna Marshall, Scrutiny Officer, 21st December 2018