



NEGLECT PRACTICE GUIDANCE

Document Author: PPP MANAGEMENT GROUP

Approved by: WBSCB

Issue Date: 19 March 2018

Review Date: 19 March 2019

Document No: WB 02

Neglect Practice Guidance

Contents

NEGLECT PRACTICE GUIDANCE	1
1. INTRODUCTION	3
2. PURPOSE	4
3. SCOPE	4
4. LEGISLATIVE FRAMEWORK.....	5
5. INFORMATION SHARING.....	6
6. ROLES AND RESPONSIBILITIES	7
7. HAVING AN UNDERSTANDING OF NEGLECT	10
7.1 DEFINITION OF NEGLECT	10
7.2 WHY DOES NEGLECT OCCUR?.....	12
7.3 THE IMPACT OF NEGLECT	13
7.4 RISK FACTORS AND INDICATORS OF NEGLECT	14
8. PRACTICE GUIDANCE FOR ALL AGENCIES	16

1. INTRODUCTION

"When Victoria was admitted to the North Middlesex Hospital on the evening of 24 February 2000, she was desperately ill. She was bruised, deformed and malnourished. Her temperature was so low it could not be recorded on the hospital's standard thermometer... the consultant responsible for Victoria's care on that occasion, said, "I had never seen a case like it before. It is the worst case of child abuse and neglect that I have ever seen"

Lord Laming's report into the death of Victoria Climbié (2003)

Over many years our knowledge in relation to the impact of neglect upon a child has increased significantly. An increased level of understanding of the full impact and long-term effect of neglect has seen it become the primary category of Child Protection registration.

"In Wales¹, 1,355 children out of 2,730 registered (49.6%) had neglect recorded as the sole or partial reason"¹

Time and time again the importance of listening to the child has been highlighted as an essential ingredient for safeguarding and protecting children. The need for quality case records, chronological histories, genograms and eco maps have proven an essential requirement in dealing with cases of neglect.

Chronic neglect is unlikely to be mono-causal and is best understood from an ecological perspective. This involves looking at the way different internal and external factors interact in people's lives. Professionals must focus on outcomes for the child and need to consider race, culture, and disability. The Assessment Framework provides a useful tool within which to unpick the complexities of neglect.

In neglect professionals can become over optimistic around short term / temporary improvements. These improvements may however be of short duration and not sustained, but it can be sufficient to result in delay / drift in decision making.

In order to work effectively, information must be shared to allow the full picture to emerge. The knowledge held by an individual agency may not, on its own, appear worrying but when collated the overall picture may indicate a more significant level of concern or risk.

Effective intervention will require a coordinated response from all professionals and services involved. Agencies must work comprehensively together, sharing information, professional knowledge and perspective. Assessment and Thresholds are a matter of professional judgement and quality of intervention will depend upon dialogue and co-operation.

¹ Neglecting the issue: Impact, causes and responses to child neglect in the UK, Action for Children, Page 4, 2011
http://www.actionforchildren.org.uk/media/926937/neglecting_the_issue.pdf

However if there are concerns that a child is experiencing neglect or any other form of significant harm **services must not wait or rely on someone else taking action**. A child protection referral should be made or advice sought from Children's Social Services (See Section 8 and Appendix 1).

2. PURPOSE

Western Bay Safeguarding Children Board is committed to identifying and responding to child neglect.

It is recognised that child neglect is a complex and complicated area of work.

The challenge to us all is to create a responsive and proactive professional network, to respond to the needs of children and carers.

The damaging long-term impact of neglect upon a child's development means that early constructive intervention is the key.

Essentially professionals from all disciplines of child welfare and development in The Western Bay area will be required to work together to assess children's needs and to co-ordinate services and multi-agency partnership.

The purpose of this practice guidance is to:

- Outline the responsibilities of the key agencies who come into contact with children and families
- Provide a central source of basic key information about neglect; including; a definition of neglect, the impact of neglect, risk factors and indicators of abuse

A number of serious case reviews and child practice reviews where neglect was a key feature have identified that it is fundamental for all people working with children and young people to be aware of these areas.

- Provide practice guidance about identifying, referring and responding to neglect
- Whilst this protocol focuses on Neglect it may not be the only form of abuse that the child / young person is experiencing, or at risk of experiencing.

3. SCOPE

Children come into contact with adults and professionals on a daily basis. It is everyone's responsibility to safeguard children's welfare. Working Together to Safeguard Children emphasises that safeguarding children depends upon effective information sharing, collaboration and understanding between all agencies and professionals who may have contact with children and families.

This protocol and practice guidance applies to all agency members of Western Bay Safeguarding Children Board.

All agencies are responsible for following and raising awareness of this protocol and the issue of neglect.

4. LEGISLATIVE FRAMEWORK

Children Act 1989

The context for child protection work is based on the key principles found in the Children Act 1989. The purpose of child protection enquiries is defined under Section 47 of the Children Act.

Children Act 2004 and Safeguarding Children: Working Together Under the Children Act 2004

This legislation and statutory guidance outlines the scope and responsibilities of statutory agencies and others working with children and young people to safeguarding and promote the welfare of children and young people. It includes clear guidance on consent and sharing information.

Social Services and Wellbeing (Wales) Act 2014

This legislation has a focus on early identification, intervention and prevention. It includes a focus on collaborative working with children, families and carers and focussing on achieving the best outcomes for individuals.

All Wales Child Protection Procedures 2008

"The All Wales Child Protection Procedures are based on the fundamental principle that the protection for children from harm is the responsibility of all individuals and agencies working with children and families, and with adult who may pose a risk to children. The effective protection of children cannot be achieved by a single agency on its own. The Procedures clarify how individuals and agencies should communicate and work together effectively in partnership in order to identify vulnerable children, keep them safe from abuse and neglect and improve outcomes for them." 2. Whilst new procedures, in line with the Social Services and Wellbeing (Wales) Act 2014, are being developed the All Wales Procedures remain as practice guidance.²

These procedures are complemented by the Framework for the Assessment of Children in Need and their Families

Framework for the Assessment of Children in Need and their Families:

² All Wales Child Protection Procedures, page 47, 2008

The Assessment Framework for children in need is rooted in child development.

It positively encourages safeguarding and promoting child welfare. The Framework has two essential elements being firstly, to protect children from maltreatment and secondly, to prevent impairment of health and development. The assessment framework is an inter-agency approach to the assessment of need and the provision of services to children and their families. It is grounded in research and is evidenced based. It is how we analyse, understand, and record what is happening to children and young people within their families and the wider context of the community in which they live. Where there is such an understanding, professional judgements can be made.

The Framework emphasises that multi-agency working in partnership is essential to assess and respond to child neglect. Effective collaborative work between staff of different disciplines and agencies requires a common language to understand the needs of children, shared values about what is in the child's best interests and a joint commitment to improving the outcomes for children. Through early intervention, the basic needs of children can be assessed and met. The Framework provides a change in the approach to the assessment of children in need. This, combined with the need for professionals to work effectively together, should provide better outcomes for children.

In line with the Social Services and Wellbeing (Wales) Act 2014 the Framework forms the basis of the proportionate assessment that will identify whether a care and support plan is needed to meet the needs of the child/children.

Criminal Law

Where it is considered a situation of 'wilful neglect' then the police are likely to take action to prosecute. They should be included in discussions aimed at clarifying the level of neglect. The criminal law requires the prosecution to prove beyond all reasonable doubt that the neglect was "wilful". Proving this element of the offence is often difficult, and prevents the matter from being brought before the Criminal Courts. See Appendix 2 for a diagram showing the main cruelty and neglect offences under the Children and Young Persons Act 1933.

Article 19 of the **UN Convention on the Rights of the Child** requires that children are protected from harm and abuse.

5. INFORMATION SHARING

Effective sharing and exchange of relevant information between professionals is essential in order to safeguard children and young people.

The outcome of a number of serious case reviews and child practice reviews has identified that information sharing is particularly key in cases where there are concerns that a child may be experiencing or is at risk of experiencing neglect.

All staff (including volunteers and students) involved in the Neglect Protocol and process must adhere to laws and nationally recognised procedures in respect of information sharing. These include; the common law duty of confidence, the Human Rights Act 1998, the Data Protection Act 1998, the Crime and Disorder Act 1998, the Children Act 2004, the Children Act 1989, the Social Services and wellbeing (Wales) Act 2014 and the Framework of Assessment of Children in Need and their families.

However the following must be remembered - taken from **Section 1.4** of the All Wales Child Protection Procedures.

'The law is rarely a barrier to the disclosure of information. There is no restriction in the Data Protection Act or any other legislation that prevents concerns regarding individuals being highlighted between agencies for the purpose of protecting children'³

Chapter 14 of Safeguarding Children: Working together under the Children Act 2004 provides useful guidance on information sharing founded on the key acts. It has been designed for all services including; health, education, social services, youth offending, police. The Chapter includes information around; the key principles of information sharing and disclosure in the absence of consent. (This document remains as a practice guide whilst new guidance is produced in line with Social Services and Wellbeing (Wales) Act 2014)

If a professional has concerns about sharing information they should seek advice from their line manager or their designated lead for Child Protection. Advice may also need to be sought from the organisation's designated Information Sharing/Data Protection Officer and/or Legal department.

If a suitable individual is not available then Child's Social Services should be contacted (See Appendix 1). An issue like this could arise at any time not just at the beginning of a case.

6. ROLES AND RESPONSIBILITIES

Everyone's Responsibility

All those working with children, young people and their families are responsible for:

- Following this protocol and practice guidance
- Having a basic understanding of the definition of neglect, impact of neglect and risk factors and indicators of neglect (See Section 7)
- Identifying that a child may be at risk of or is experiencing neglect - using available assessments/processes (See Section 8)

³ All Wales Child Protection Procedures, page 69, 2008

- Undertaking available assessments/processes and providing services which can contribute to reducing the risk of a child experiencing neglect (early intervention and prevention) (See Section 8)
- Discussing and referring concerns that a child may be experiencing neglect or at risk or suffering from any form of abuse - according to their own agency child protection procedures and the All Wales Child protection procedures (See Section 8 and Appendix 1)
- Working together with other agencies and organisations to prevent and reduce the risk of neglect
- Working together with other agencies and organisations to respond to neglect cases
- Record information accurately and effectively
- Sharing Information with agencies according to relevant legislation, policy and procedure (See Section 5)

Responsibility of Health

All health professionals must be alert to the signs of neglect in children. General Practitioners and other members of the primary health care team are in the position of having repetitive contact with pre-school children who may have no regular input from other professionals, and are well placed to recognise when a child is in need of extra help or is at risk of harm. It is essential that all health professionals maintain accurate, detailed contemporaneous records. Records should reflect objective and subjective information

Responsibility of Paediatricians

In cases of neglect when a paediatric assessment is required, paediatricians need to ensure that a full assessment is completed. This should include:

- Past medical history Family medical history
- Physical examination (height, weight-plotted on centile charts). Growth needs to be looked at very carefully; previous measurements are required.
- Examination should be as complete as possible and include vision/hearing. Developmental assessment: milestones (if necessary, reappoint for
- Complete developmental assessment). Behaviour (in clinic, reported, problems, issues).
- Checks: school attendance, dental follow-up, immunisations, hospital /clinic attendances.
- Report: in lay term include indicators of abuse, especially neglect and its impacts.
- Action plan: referrals if needed, examine medical records, monitoring

Responsibility of Social Services

The Social Services Department is responsible for co-ordinating an assessment of a child's needs and the parent's capacity to meet those needs and to keep the child safe. Where a child is at continuing risk of significant harm the Social Services Department is responsible for co-ordinating an inter-agency plan to safeguard the child via a child protection conference and core group.

Responsibility of Police

The Police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and although each Police area has a specialised Child Abuse Investigation Unit, all officers are responsible for identifying and referring children who are at risk or in need. Any Officer can utilise emergency powers to ensure immediate protection of children believed to be at risk of suffering significant harm.

Responsibility of Educational Establishments

Teachers and other school staff have a vitally important role in the protection of children, in providing an early identification of abuse and neglect, appropriate response to identification and in the support of any children who are known to have suffered abuse and neglect. Schools provide a supportive environment where children are empowered to stay safe from harm by the provision of knowledge about it. In instances of referral of concerns to Social Services the School's Lead for Child Protection must contribute to assessments.

Responsibility of Housing

The Housing Department may have important information about families, and can assist with identifying cases of neglect or contributing information to assessments. The Housing Department has a critical role to play in cases of poor home conditions, social isolation, and domestic abuse. Staff has an important role to play in reporting concerns where they believe that a child may be in need of protection.

Responsibility of Probation Service / Youth Offending Service (YOS)

In discharging its statutory responsibility the Probation Service / YOS, through its work with offenders and their families, may become aware of children who are at risk through neglect. All Probation staff / YOS staff have a responsibility to be aware of the signs of child neglect and to refer appropriate cases to Children's Social Services.

Probation staff / YOS staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant Child Protection policies, procedures and protocols.

Responsibility of Third Sector/Voluntary Sector

The third sector/voluntary will be in a good position to identify children who are experiencing neglectful situations and can make a valuable contribution to assessments. Where this is the case then the voluntary sector has a duty to refer those

cases of neglect to the Children's Social Services Department. Further, through the provision of a range of services focusing on quality parenting and family support, the Third Sector/Voluntary sector will be able to offer children and parents/carers positive opportunities and experiences.

7. HAVING AN UNDERSTANDING OF NEGLECT

Everyone who works with children, young people and their family's needs to have a basic understanding of neglect to enable them to play their part in identifying, preventing and responding to it.

This section provides basic information about:

- The definition of neglect
- The impact of neglect on a child
- The risk factors and indicators of neglect

7.1 DEFINITION OF NEGLECT

Definition of Neglect in Wales

It is important to be aware of the definition below as it is used in Wales to identify whether a child should be subject to a child protection plan and placed on the Child Protection Register.

Neglect is defined as:

A failure to meet a child's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the child's well-being for example, an impairment of the child's development.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Social Services and Wellbeing (Wales) Act 2014)

It is important to be aware that neglect can happen to a **child of any age** and that the **impact** and the **indicators** are likely to be different.

The term **adolescent neglect** is often used in relation to neglect cases involving young people. The Department of Children Schools and families (England) Adolescent Neglect Literature review provides a useful information in relation into adolescent neglect.

More than one definition of Neglect?

The above definition of neglect is broad and covers a wide range of areas in a child's life, including their physical and emotional development. There is some variation of the definition in England, Scotland and Northern Ireland.

In addition many authors have written publications about neglect.

Howarth's work⁴ is one example which provides useful examples of neglect within different areas of a child or young person's life.

"Medical neglect - this involves carers minimising or denying children's illness or health needs, and failing to seek appropriate medical attention or administer medication and treatments."

"Nutritional neglect - this typically involves a child being provided with inadequate calories for normal growth. This form of neglect is sometimes associated with 'failure to thrive', in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently, childhood obesity resulting from an unhealthy diet and lack of exercise has been considered as a form of neglect, given its serious long-term consequences"

"Emotional neglect - this involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. Some authors distinguish it from emotional abuse by the intention of the parent."

"Educational neglect - this involves a carer failing to provide a stimulating environment, show an interest in the child's education at school, support their learning, or respond to any special needs, as well as failing to complying with state requirements regarding school attendance."

"Physical neglect - this involves not providing appropriate clothing, food, cleanliness and living conditions. It can be difficult to assess due to the need to distinguish neglect from deprivation, and because of individual judgements about what constitutes standards of appropriate physical care."

"Lack of supervision and guidance - this involves a failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as under-age sex or alcohol use. It can affect children of all ages."

It is also very important to be aware that "Neglect may involve a parent or carer allowing their child to suffer serious harm on a **one-off occasion**, or failing to care adequately for their child **over a long period**, which could lead to the child suffering '**cumulative harm**'.⁵

⁴ Howarth (2007) quoted in Action for Children: Research evidence to Inform Practice, 3-4, 2009

⁵ Neglecting the Issue: Impact, causes and responses to child neglect in the UK, Action for Children, Page 4, 2011 http://www.actionforchildren.org.uk/media/926937/neglecting_the_issue.pdf

For this reason it is key that practitioners respond to concerns about the standard, quality and consistency of care that a child is receiving rather than wait for a more clear cut trigger - for example, an accident or incident of physical abuse - before intervening.

A child's needs for care and support and whether their carers are meeting, or have the capacity and willingness to meet their needs are at the centre of preventing and identifying neglect. These include the need for food, shelter, clothing, warmth, sleep, safety, security, affection, stimulation, control, protection, guidance, education, identity, nurture, parental guidance, responsibility, independence, and medical care.

7.2 WHY DOES NEGLECT OCCUR?

It is important to have a basic understanding of the reasons why it is thought neglect occurs.

There is a wealth of publications available on this topic however this summary from Action for Children's 2011 research document: Neglecting the Issue: Impact, causes and responses to child neglect in the UK, provides a good foundation.

"A number of circumstances can influence an adult's ability to look after their child. Research and the experience of those who work with children have given us a greater understanding of the reasons why a child may not be cared for adequately, and the living situations which lie behind this.

The vast majority of families care well for their children despite various difficulties, but a combination of the following can increase the risk of child neglect taking place:

- **Society reasons** (such as poverty, poor housing, poor sanitation and local family support services being difficult to access)
- **Family reasons** (for example parents or carers not being brought up in a positive way themselves and passing on these negative experiences to their children)
- **Individual carers' personal circumstances** (for example mental health issues, substance misuse or living with domestic violence)

In addition, it can be that a child's carer does not have the practical or emotional understanding to provide good care - neglect of children is often due not to unwillingness but inability to care.

While the circumstances do not necessarily lead to a child being neglected, they can increase the chances that neglect might occur, and some of the 'risk factors' above can lead in turn to others.'

Whilst these factors are related to parenting capacity it must never be forgotten that **it is the child's needs and outcomes for them which are the focus.**⁶

Why is it important to understand why neglect might occur?

These examples demonstrate that neglect is complex.

A service or agency should be able to identify what role they may be able to play in preventing and intervening effectively but it is likely that no one service will be able to tackle the issues alone.

7.3 THE IMPACT OF NEGLECT

All agencies should have an awareness of the impact of neglect. It is important to be aware of the impact of neglect not only because it highlights its serious and far reaching effects but because impacts are linked to indicators (See Section 7.4). The impact of neglect will vary depending on the child's age and resilience.

"Neglect can be far-reaching in its consequences for a child. Not only will the experience of it make a child's life miserable but it can affect all aspects of their development. It is also likely to influence the relationships they make with others in both early and later life and have an impact on how they parent their own children.

In the most extreme cases, neglect can lead to the death of a child or be one of the causes of non-accidental death.

The main areas of impact on a child will depend on how early the neglect occurs, but neglect can have effects across the child's lifespan, potentially leading to the following:

Health and physical effects

- Early brain development being affected in ways which influence how a child reacts to stress and other stimulating situations in their early and later life
- A child being underweight (or grossly overweight), having persistent infections,
- Being late in developing abilities such as walking, being tired and listless and having toileting problems
- Cognitive difficulties such as language delay, poor intellectual ability and inability to concentrate or express feelings
- Physical injuries as a result of accidents, due to lack of care or supervision

Emotional effects

- The bonding between child and care-giver potentially being affected and leading to insecure attachment problems

⁶ Neglecting the Issue: Impact, causes and responses to child neglect in the UK, Action for Children, Page 4, 2011
http://www.actionforchildren.org.uk/media/926937/neglecting_the_issue.pdf

- Low self-esteem and self-regard, anxiety and depression, over-compliance or anger/hostility
- Difficulties in seeking emotional support from adults

Social effects

- Social isolation due to difficulties in forming and keeping friendships, being bullied or being ignored by peers
- Social exclusion leading to becoming involved with groups of children who display anti-social behaviour or who may bully others
- Behaviour difficulties which can make managing the school environment hard
- Poor school attendance and attainment which means the child does not reach their potential

Later effects: adolescence and adulthood

Becoming involved in risky behaviours such as substance misuse, criminal activity and sexually exploitative relationships

Self-harm and suicide attempts

Difficulties in forming relationships, becoming involved with violent partners and adopting parenting styles which may pass on similar problems to their own children"⁷

7.4 RISK FACTORS AND INDICATORS OF NEGLECT

Risk factors

"Research shows that some groups of children may be at higher risk of suffering neglect, although this is clearly not to suggest that there is always a direct link - complex factors within these groups are likely to apply.

The groups are:

- Children born to mothers who misuse substances, have significant mental health difficulties or who suffer domestic abuse
- Low birth weight babies, which can lead to early bonding problems Children with disabilities
- Children whose parents or carers find them hard to care for - perhaps if they are perceived as being overly demanding or withdrawn"⁸

Indicators of Neglect

⁷ Neglecting the Issue: Impact, causes and responses to child neglect in the UK, Action for Children, Page 4, 2011 http://www.actionforchildren.org.uk/media/926937/neglecting_the_issue.pdf

⁸ Neglecting the Issue: Impact, causes and responses to child neglect in the UK, Action for Children, Page 4, 2011 http://www.actionforchildren.org.uk/media/926937/neglecting_the_issue.pdf

Neglect **transcends economic backgrounds** and indicators can not only be **physical but emotional/behavioural**. It is important to focus on the child and whether their needs are being met but parent's direct behaviour may also provide an indicator.

There is a wealth of information available in respect of the indicators that a child is at risk of or experiencing neglect, the following are some examples:

- Little or no distress when separated from parent Avoiding contact with parent Unpredictable/unprovoked attacks on parent
- Inappropriate level of attention-seeking/physical contact with relative strangers
- Emotional arousal inappropriate to the situation Distress in parent's presence
- Inappropriate behaviour-rocking, frozen watchfulness, moving away from parent when under stress.
- Child not clean or smells Child's behaviour changes Child has development delay
- Parent's ability to look after child causes concern - e.g. failure to supervise, persistently ignore
- Child is in unsafe situations at home Child wearing inappropriate clothes
- Child regularly late/not collected from school/activities
- Child regularly hungry/malnourished or gaining excessive weight
- Condition of child's home: may include food available, cleanliness, access to toys and stimulation,
- Child has minor injuries
- Child missed out on school trips etc.
- Child not receiving regular medical attention Child regularly left alone

(Examples taken from, Neglecting the Issue: Impact, causes and responses to child neglect in the UK, Action for Children and Neglect NSPCC

http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/online-advice/neglect/neglect-a_wda87020.htm, City and County Swansea Neglect Policy 2007)

These factors must be considered in the context of all information known about the child and their family including family history.

- It is also important to remember that:
- Indicators may be different for children of different ages and developmental stages
- Indicators are linked to the effects of neglect
- Although the word 'regularly' is used one incident may cause significant concern to take action to safeguard the child according to this protocol and the All Wales Child Protection Procedures.
- Neglect is not the only form of abuse that a child may be at risk of or experiencing

8. PRACTICE GUIDANCE FOR ALL AGENCIES

To help identify whether a child has **unmet needs and may be at risk of neglect or is experiencing neglect** the following points should be considered by any agency working with children and their families.

When considering these points the person/s working with the child and family may only have information about some areas of the child's needs and knowledge about the carers.

To the best of their ability workers should **try and consider all elements of the child's life thinking about how elements that they know more about may still provide an insight into other areas.**

They should also not wait to make referrals to other services which could help meet the child or young person's needs (seeking appropriate consent).

However just because agencies do not have some information does not mean they should not make a child protection referral if there are concerns or seek advice from Children's Social Services (See appendices). **Agencies must not wait or rely on someone else taking action.**

Issues to consider:

- What are the child needs?
- What might it be like for a child living with their carers and in their family home?
- What extent are the parents able to meet the child's needs? - Strengths and weaknesses should be considered. Also can attention to these needs be sustained?
- What services could be provided to help meet the child's needs? - by both internal and external agencies & in the long and short term
- Is there a known history of neglect or abuse in the family?
- What other services are working with the child and their family and what do they know about the family? - consent will always need to be considered

Best practice would also be to:

- Ensure that if the child or family are known to other services, provided by the organisation/department that is considering the situation, that information is gathered from these services and considered as part of the assessment/process.

- Create a chronology for the child based on the information available. This can show patterns and highlight indicators. The value of a chronology is highlighted in several serious case reviews involving child neglect.
- Request information from other agencies that the child and family is known to be working with. Consent must be considered as part of this process and risk to the child or young person (See Section 5).
- Consider holding a multi- agency meeting based through existing mechanisms in place to help discuss and identify support i.e. TAF etc. Consent must be considered as part of this process and risk to the child or young person
- Identify and refer to appropriate services that can help meet the child's needs. Consent must be considered as part of this process and risk to the child or young person (See Section 5)

The outcome of these actions and other actions may result in identifying that there is a concern a child is experiencing neglect. In these cases the All Wales Child Protection Procedures and organisation's safeguarding procedures must be followed.

The initial stage of this process will usually involve the person that identified the concern having a discussion with their line manager or lead for child protection. In their absence Child and Family Services should be contacted (See appendices).

If the child is at immediate risk the police should be called on 999 in the first instance.

If a person or their manager would like to discuss concerns to help make a decision on what action could be taken a consultation can be held with Child and Family Services. (For contact details and further information see appendices).

APPENDIX 1

Swansea: How do I access the Child and Family Information, Advice and Assistance Team?

The Information, Advice and Assistance (IAA) Team is the first point of contact to speak to a social worker about a child, young person or family. The team can be contacted on 01792 635700 or access.information@swansea.gov.uk.

IAA's request for service taking practices have (I don't understand what this means?) been remodelled following research undertaken by Professor David Thorpe in December 2009. The service has adopted a research based methodology to promote partnership working and improve outcomes for vulnerable children.

Requests into the IAA Team will not always result in Child and Family services assessing a child's needs or directly delivering services. However the conversations at the 'front door' are fundamental to enhancing partner's confidence in delivering and co-ordinating interventions to children and families. As part of the process a consultation service is also now available.

Concerns that a child has or may be at risk of significant harm - If there is any cause to believe that a child has or is at risk of suffering significant harm the All Wales Child Protection Procedures must always be followed. As Child and Family Services intake team, IAA is the team that must be contacted in these circumstances.

Any other circumstances where you believe an individual child may require a service from Child and Family Services - It is these situations where the re-model has the most impact on the way IAA works and it's relationships with partners. The flow chart and sections below aim to provide you with useful information about this so that you can access the service effectively.

Before contacting IAA: Please consider what action could be taken to address the child's needs. For example, following a conversation with the child's parent/carer could you:

Identify a service and refer on, following up that the service has been taken up by the child/family and reviewing outcomes.

Contact another professional agency/s to share information and discuss any actions that could be taken to address the issues? Approach the TAF co-ordinator with a view to developing a team around the family approach.

(This would involve a conversation with the child's parent/carer, who holds parental responsibility.)

Information and advice - with Consent: This is where you have spoken to the parent (or those with parental responsibility) and they have agreed for you to contact IAA to discuss their situation, for IAA to share any information they hold about your family, with a view to agreeing how they could be best supported to resolve the presenting issue. In

these situations the IAA team will take the details of the child and family. Having discussed the scenario the next step forward will be agreed this could be:

- ~ The professional to continue or adapt their current service provision and/or explore initiating work with other professional agencies - or
- ~ An agreement being reached that Child and Family need to undertake an assessment of eligible care and support needs.

Consultation Service - An opportunity for a discussion about how a vulnerable child could be supported and where parental consent has not been sought: It is understood that sometimes professionals will be unsure whether it is necessary to request a service from Child and Family. In these situations a professional may not want to discuss with parents the prospect of discussing a child's circumstances with a Social Worker. The consultation service offers the opportunity to discuss the situation, with a trained member of the IAA Team, without giving any identifying details about the child and their family. The exception to this would be if child protection concerns were identified. At the end of the consultation agreement will be reached about further action required. This could be:

- ~ The professional will continue to or adapt their current service provision and/or explore initiating work with other professional agencies
- ~ The situation would merit a request for service from social services and the professional now needs to seek consent from parents

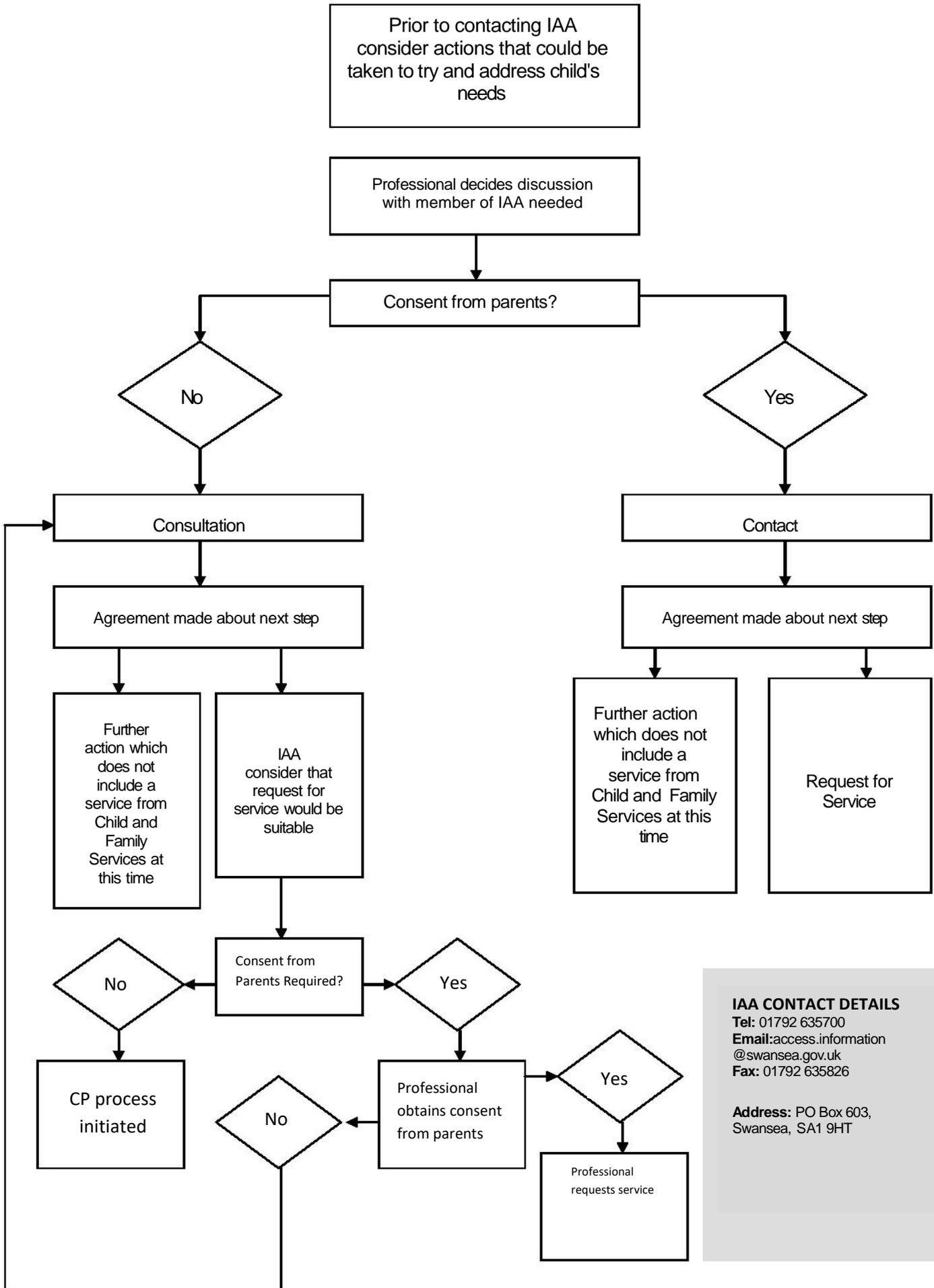
Feedback from Consultations and Contacts: Within 2 working days of a consultation or contact the IAA team will inform you confirming the discussion and the agreed outcome.

Everyone's Responsibility: It is the responsibility of professionals contacting IAA to consider and decide whether to undertake the options discussed. If a situation occurs where a request for service was not agreed but you believe it is in the child's best interest you can immediately request a discussion with a senior staff member within IAA, or alternatively discuss the response with your line manager.

Workers or the Team Manager. If the outcome remains unsatisfactory the matter should be discussed with your line manager or person responsible for child protection. This individual should then escalate the issue according to our usual arrangements if concerns remain.

FLOW CHART FOR CONTACTING AND WORKING WITH CCARAT

(This process does not apply where there are immediate child protection concerns)



IAA CONTACT DETAILS
Tel: 01792 635700
Email: access.information@swansea.gov.uk
Fax: 01792 635826
Address: PO Box 603, Swansea, SA1 9HT

BRIDGEND: How do I access the Children's Services Assessment Team?

The Assessment Team is the intake/first point of contact team In Bridgend. The team is based at *Civic Centre* and can be contacted on 01656 642320

Concerns that a child has or may be at risk of significant harm - If there is any cause to believe that a child has or is at risk of suffering significant harm the All Wales Child Protection Procedures must always be followed. The Assessment team is the team that must be contacted in these circumstances.

Any other circumstances where you believe an individual child may require a service from Child and Family Services The flow chart and sections below aim to provide you with useful information about this so that you can access the service effectively.

Before contacting the Assessment Team: Please consider what action could be taken to address the child's needs. For example, following a conversation with the child's parent/carer could you:

- Identify a service and refer on, following up that the service has been taken up by the child/family and reviewing outcomes.
- Contact another professional agency/s to share information and discuss any actions that could be taken to address the issues?
- Consider whether alternative support could be provided at tier 1, 2 and 3.

Information and advice - with Consent: This is where you have spoken to the parent (or those with parental responsibility) and they have agreed for you to contact the Assessment team to discuss their situation, for the Assessment team to share any information they hold about your family, with a view to agreeing how they could be best supported to resolve the presenting issue. In these situations the Assessment team will take the details of the child and family. Having discussed the scenario the next step forward will be agreed this could be:

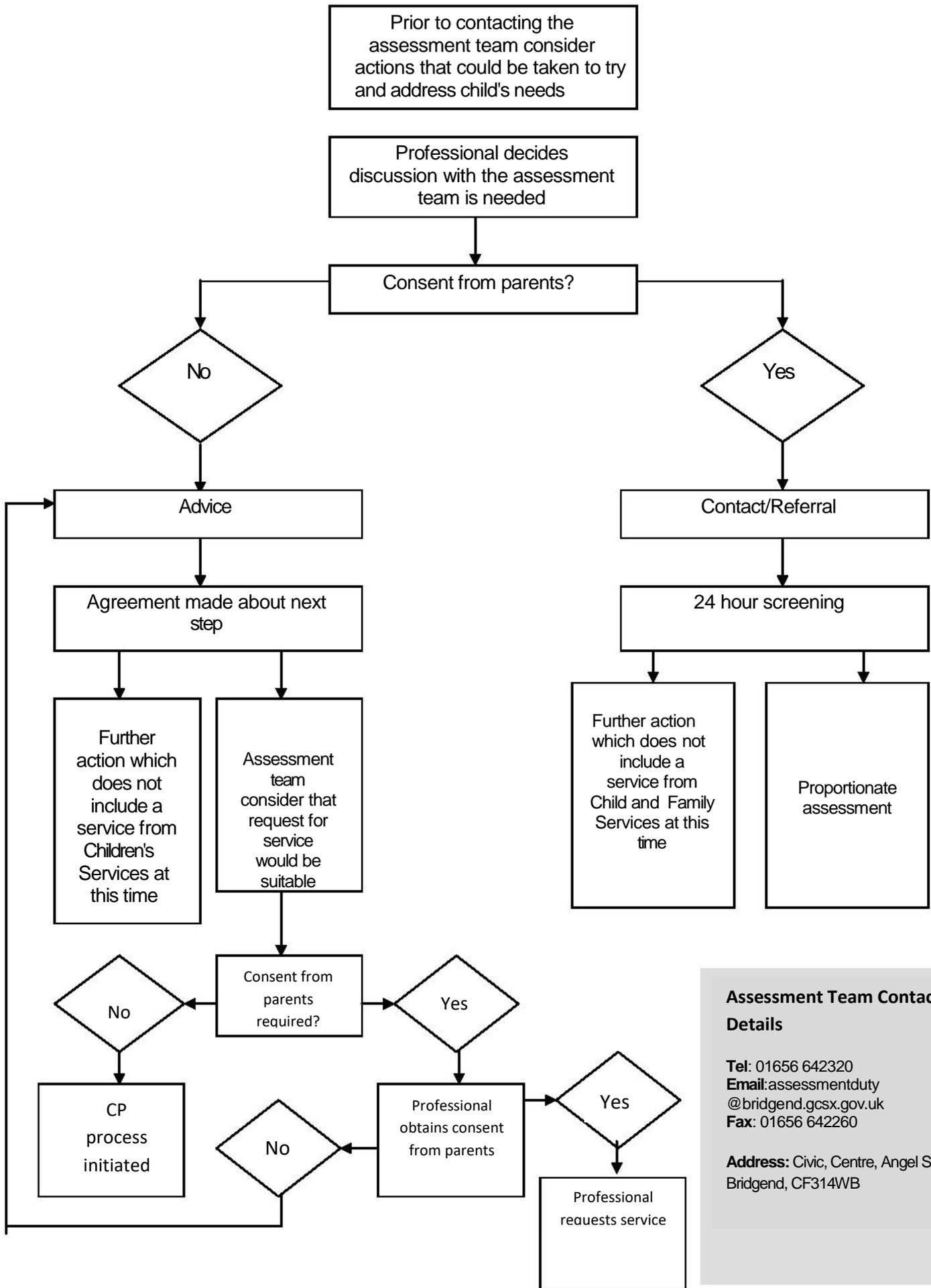
- The professional to continue or adapt their current service provision and/or explore initiating work with other professional agencies - or
- An agreement being reached that children's services need to undertake an assessment of need.

Everyone's Responsibility: It is the responsibility of professionals contacting the assessment team to consider and decide whether to undertake the options discussed. If a situation occurs where a request for service was not agreed but you believe it is in the child's best interest you can immediately request a discussion with a senior staff member within the assessment team, or alternatively discuss the response with your line manager. If a referral is made to Early Help or Safeguarding the same referral form needs to be completed, where the professional can indicate which service they require.

Workers or the Team Manager. If the outcome remains unsatisfactory the matter should be discussed with your line manager or person responsible for child protection. This individual should then escalate the issue according to our usual arrangements if concerns remain.

FLOW CHART FOR CONTACTING AND WORKING WITH THE ASSESSMENT TEAM

(This process does not apply where there are immediate child protection concerns)



Assessment Team Contact Details

Tel: 01656 642320
Email: assessmentduty@bridgend.gcsx.gov.uk
Fax: 01656 642260

Address: Civic, Centre, Angel Street,
Bridgend, CF314WB

NEATH PORT TALBOT: How do I access the Children's Intake Team (Single Point of Contact) ?

The SPOC Team (SPOC) is the first point of contact for families, members of the public and professionals to gain advice, information and make new referrals for child in need and child protection concerns. The team is based at Neath Civic Centre and can be contacted on 01639 686803 or spoc@npt.gov.uk.

The SPOC Team has been established to strengthen the 'front door' in ensuring consistency of practice and service delivery in relation to contact, referral and assessment of need. We are also the first contact for new child protection referrals.

When should you contact the Intake Team?

If you believe the family would benefit from support then please discuss your concerns with the child's parent and consider whether the needs identified could be met through services and agencies within the community. You may be able to identify support through accessing the Community Directory <https://www.npt.gov.uk/communitydirectory>. Alternatively, you could complete a referral to Team around the family (TAF). A copy of the referral form may be requested from spoc@npt.gov.uk.

If you are unsure whether the family's needs can be met within the community or TAF and believe a referral to SPOC may be required the duty Social Worker is available to provide advice from Monday to Thursday 8:30 to 5pm and Friday 8:30am to 4:30pm.

If you believe the child's needs cannot be met through services within the community and/or the level of concern; requires an assessment of need then the SPOC referral form mentioned above needs to be completed. Before completing the SPOC the parents of the child will need to be spoken to and will have consented for the SPOC referral to be made.

If you have safeguarding concerns or the parent is not in agreement for a referral to be made, however you believe Social Services should intervene you will need to contact a duty manager in SPOC **before** submitting the referral and without delay.

In the event a concern is deemed to be of a safeguarding concern then you can verbally make the referral and follow-up with a written referral within two working days.

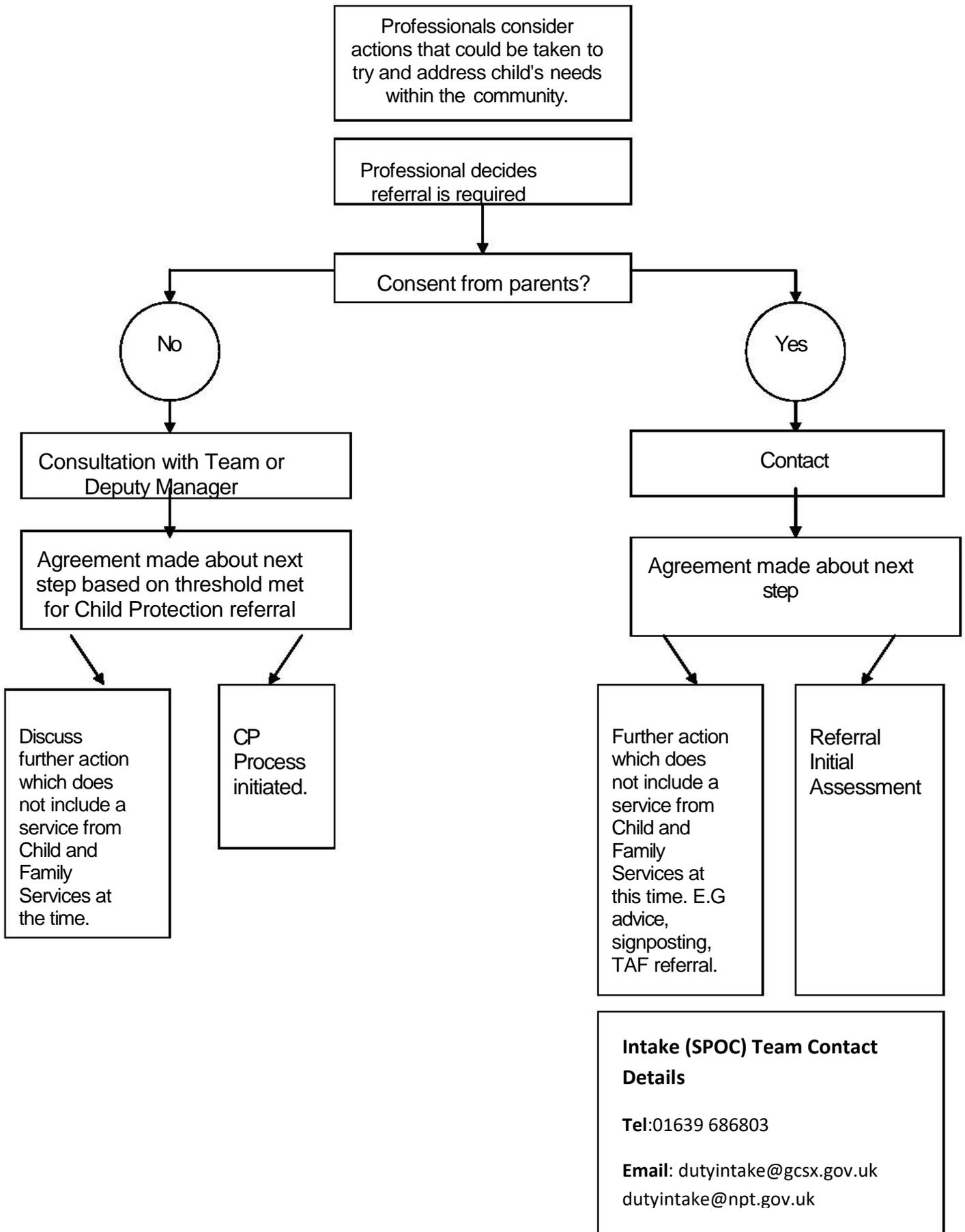
Outcome of making a Referral

All referrers will be responded to in writing within seven working days regarding the outcome of the referral. Not all referrals will result in an assessment being undertaken, alternative decisions may be made including further enquiries, the provision of Information, Advice and Assistance or no further action.

If you are not in agreement with the decision you should contact the decision maker in the first instance and if you are unable to find a resolution or common ground then you may escalate to the Team Manager for further discussion and review.

FLOW CHART CONTACTING AND WORKING WITH INTAKE (CAP)

(This process does not apply where there are immediate child protection concerns)



APPENDIX 2 - Child and Young Person Act 1993
Main Cruelty and Neglect Offences

