

## 11.0 The Role of Early Help in Cases of Neglect

The impact of neglect on children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, Health, Schools/Education, Children's Centres, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potentially unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

The Ofsted thematic inspection on joint working between Children's Services and Adult Mental Health Services highlighted the lack of signposting to early help by Adult Services and particular delays in considering the impact of paternal mental ill health on children.

Working Together (2015) requires local agencies to have in place effective assessments of the needs of children who may benefit from Early Help Services. In Northamptonshire, partners should effectively utilise the Early Help Assessment (EHA) to assess unmet needs and co-ordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a Whole-Family approach owned by all stakeholders working with children, young people and families.

In order to address neglect in Northamptonshire it is important that all agencies work together in an integrated way, using the EHA and co-ordinating work through the Team Around the Child or Family to assess and plan services for children and families.

The Early Help Menu of Services supports practitioners to access services to support this work [www.northamptonshire.gov.uk/earlyhelp](http://www.northamptonshire.gov.uk/earlyhelp). It is similarly important to ensure that when specialist services are stepping down there is continued longer term co-ordinated support, to enable parents to sustain the improvements in care that have been achieved.

## 12.0 How to Make a Referral and Next Steps

Once concerns about neglect are identified practitioners need to make judgments about the level of intervention that is required and what should happen next. The practitioner or agency that has identified the concerns must evaluate the seriousness of their concerns and decide what the appropriate response should be using the [Northamptonshire Thresholds & Pathways Document](#) and/or having a conversation with an Early Help Advisor in the Northamptonshire Multi Agency Safeguarding Hub (MASH).

Making judgments about referrals can cause some anxiety for practitioners as well as creating tension between agencies. Building good working relationships between agencies, developing an understanding of respective agency roles and capacity as well as a shared understanding around thresholds can assist with this. Being able to articulate concerns clearly by drawing on signs and indicators, risk factors and knowledge of the impact of neglect will also be helpful.

Decisions following the identification of neglect may include:

- Talking about your concerns with the family and continuing to support and monitor the situation as a single agency.
- Gaining consent from the family to start an Early Help Assessment (EHA).
- Referring for additional support e.g. from Preventative Services / Early Help Services.
- Referral (via MASH) to Children's Social Care as Child in Need (S.17) or;
- Referral (via MASH) to Children's Social Care as Child Protection (S.47).

If a decision is made not to refer to MASH, the agencies that are already involved should discuss with the family whether the EHA process would be appropriate. Making a decision not to refer may be a suitable response if there is potential to effect positive change and if the risks to the child are felt to be manageable. Within these situations it is also important that the parents have a level of understanding and acceptance of the practitioner concerns and the motivation to work with others to improve things. It is important to clearly record reasons for not making a referral, consider the use of the EHA process and keep these decisions under review.

Where a family or child is receiving targeted or universal support services as a result of concerns about neglect, it is particularly important that the support is planned, monitored and reviewed regularly and that there is a good system for interagency liaison and coordination. It may be a good idea for a Team Around the Family meeting (TAF) to be held to clarify this.

If the decision is taken to offer support without a referral to Social Care it is always good practice to review this decision at regular intervals with your supervisor or line manager with the following considerations:

- Is the plan working and is this making a difference for the child?
- In view of the signs, indicators and risk factors that originally caused concern, has there been any change?
- Is it appropriate to make a Child in Need referral to Children's Social Care via MASH?
- Is there an indication that the child is at risk of significant harm and may be in need of protection? If so, refer the matter urgently to Children's Social Care via MASH.

Serious concerns in regards to a child's welfare or development will always need to be referred to MASH in order that a multi-agency assessment can be undertaken to determine whether the child is a Child in Need and what services may be required.

As well as the factual information about the child, their family members, and the reasons for the referral, MASH will require the following information:

- What evidence is there of an impact on the health and safety of the children? (draw upon facts and observations rather than feelings and assumptions)
- Any completed versions of the Graded Care Profile or Neglect Screening Tool.
- What changes have occurred in the family circumstances to require a referral?

- Why you think this has come about?
- What has already been done to try and improve the situation?
- Does the parent know they are being referred and what sort of help do they want or expect?
- How will you remain involved with the family?
- What would you like Children's Social Care to do?

Professionals who make referrals to Children's Social Care via MASH should address the questions above when completing the MASH Referral form which can be accessed [here](#).

**Making a referral to children's social care via MASH - seeking parental consent:**

Practitioners who refer their concerns to MASH need to decide whether the consent of the person with parental responsibility is required. However if there is evidence that by seeking consent the child or young person may be at risk of, or at further risk of significant harm, then consent may not be necessary. However, these concerns should be discussed with MASH at the point of referral.

If there is uncertainty about the level of concerns, referral must not be delayed. It may be useful to discuss any referral dilemmas with:

- A line manager/supervisor.
- The agency lead person for safeguarding.
- MASH.

**Response by Children's Social Care/MASH to referral:**

When a child is referred to Children's Social Care via MASH an initial decision will be made within 24 hours as to the actions required, and whether a Single Assessment will be undertaken. If the referral progresses to a Single Assessment, this will entail a full consideration of the circumstances of the child and their family. It aims to identify needs and whether services are necessary to promote the child's welfare.

The outcome of a Single Assessment may be that:

- Children's Social Care will not offer any further service but that Universal Services should continue to work with the family.
- The EHA process should be used.
- A Child in Need plan co-ordinated by Social Care is appropriate.
- A Strategy Discussion is required.

**Children in Need or Children who are in Need of Protection:**

Children in Need of Protection are children who are suffering or are likely to suffer significant harm, including those children whose lives are in danger or who are at risk of serious harm. The children may already be known to Children's Social Care or another professional who is concerned about maltreatment of the child. However, this may also be the first time the concern has come to the attention of a professional.

Once the local authority has reasonable cause to suspect that a child is suffering or is likely to suffer significant harm it is under a duty to make enquiries, or cause enquiries to be made. These enquiries are made under Section 47 of the Children Act 1989 in accordance with the NSCB Child Protection Procedures

Parental Neglect which is likely to constitute 'significant harm' is that which is:

- severe
- persistent
- cumulative
- chronic or acute
- resistant to intervention

There will need to be a clear sense of how the neglectful acts fail to meet a child's needs and in turn how this links to the harm that is being caused. Immediate health, well-being and safety will be a consideration as well as the developmental harm that will affect the child into the future. The key issue is that long term neglect can cause more developmental delay and impairment than any other form of abuse.

Whilst this is by no means exhaustive or prescriptive, the types of factors that may indicate that a strategy discussion and further assessment is necessary include the below that should be evidenced by using the Graded Care Profile or the Neglect Screening Tool:

- Evidence that the children's basic needs for food, warmth, shelter, safety etc. are not being met and that this is causing persistent harm or immediate danger e.g. children left unsupervised in potentially dangerous circumstances; very young babysitters; children asking neighbours for food or stealing food/money on a regular basis
- Dirty unhygienic environment e.g. house over-run with pets, faeces not cleaned up, etc
- Primary school age children frequently left alone or unsupervised in the house for periods of several hours
- History of unexplained injuries to children, or a series of injuries with unconnected/inconsistent explanations, particularly those involving non-mobile babies, children or young people.
- Previous concerns about the care of other children in that family, or in another household where these adults have lived before
- Parents with severe mental ill-health, chronic ill-health, physical disability, and/or learning disability who are struggling to care adequately for their children
- Children whose non-attendance for medical treatment causes serious concern
- Repeat episodes of being homeless or frequent house moves
- Long term non school attendance or not being registered for education where this is causing serious concerns for the child's safety or development