Neglect on Our Doorstep

The Peterborough Picture

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Assistant Director, Children’s Social Care
Between 2009-10 and 2014-15 there was a small increase in the number of referrals and children identified as being in need:

- 5% rise in referrals: "... local authorities suggest that increased media attention on child protection leads to an increase in the number of referrals they receive." In 2014-15 - 26.4% of referrals came from the police; 15.4% from schools; and 14.9% from health services.
- 4% rise in children identified as being in need of social services.

.. but there was a significant rise in work to assess and take steps to protect children.

- 83% rise in S47 inquiries.
- 62% rise in initial child protection conferences.
- 27% rise in children with protection plans.

If an LA suspects a child is suffering, or likely to suffer significant harm, it carries out an assessment under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child.

If concerns are substantiated and the child judged to be at continuing risk of harm then an initial child protection conference should be convened within 15 working days.

At initial child protection conference, decision made on whether the child needs to become the subject of a child protection plan.
National Costs

- £2 billion spent by Local Government on Safeguarding Services in 2014/15 (not CIC)
- 5% rise on the year before; trend suggests this will continue
- Average spend on a Child in Need is £5,430 pa
- Average spend on a child in the local population is £183 pa
- Vast majority of that money is spent on SW salaries
- Only 2% on LSCBs!
Peterborough Demographics

- Very small – only 343.4 km²
- Population 189,300 in 2013
- 180,000 live in the City
- Number of under 18s is approx. 48,400
- Ethnicity of the area becoming more diverse:
  - White British 70.9%
  - White Other 10.6%
  - Asian/Asian British Pakistani 6.6%
- 2nd fastest growing city in the UK – predicted to have 54,521 under 18s by 2021
• 62,000 living in areas that are in 20% most disadvantaged in the country
• Of those 48,400 children, 12,000 already live in poverty and numbers are rising
• Challenges of growth and a migrant and mobile population
• 25% of 4 to 5 year olds are obese
• High levels of teen conception (38%)
• High levels of tooth decay
• Poor uptake of immunisations in the inner city
• Rates of TB well above national average
At 31st March 2015:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Child in Need Cases per 10,000 2014-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC</td>
<td>406</td>
</tr>
<tr>
<td>Statistical Neighbours</td>
<td>360</td>
</tr>
<tr>
<td>England</td>
<td>337</td>
</tr>
</tbody>
</table>

- In terms of Early Help, the Regional data shows we are carrying out EHAs at a rate of 312.6 per
### Comparative Information Around Neglect Child Protection

**At 31 March 2015:**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>PCC</td>
<td>49.6</td>
<td>307</td>
<td>220</td>
<td>72</td>
</tr>
<tr>
<td>Statistical Neighbours</td>
<td>55.5</td>
<td>325</td>
<td>158</td>
<td>48</td>
</tr>
<tr>
<td>England</td>
<td>42.9</td>
<td>62,210</td>
<td>26,870</td>
<td>43</td>
</tr>
</tbody>
</table>
Ofsted said:

“Develop and implement a Neglect Strategy”
• Key partner agencies in the City develop an agreed understanding of the level of need in relation to the impact of neglect;
• This shared understanding results in the identification of key priorities for reducing the impact of neglect on the lives of children and young people;
• This process results in well-coordinated actions that make a material difference to levels of neglect in the City.

**Impact for Children will be:**
• Targeted groups of children experiencing neglectful parenting are identified early in their lives or in the development of the problem, and action is taken to support parents and extended families to develop more responsive parenting approaches;
• Numbers of children affected by Neglect will reduce, with positive physical and emotional health benefits and improved educational outcomes.
Obstacles to Implementation

- Size of the issue in Peterborough
- Hard to define; hard to know when to refer and where your child sits on the continuum
- Often wrapped up in other abuse
- No single cause – we have particular issues around deprivation and poverty, as well as the usual additional factors of mental health issues, domestic abuse, drug and alcohol, and learning disability
- Hard to map or measure in order to plan services
Early Help:

Whether through an act or acts of omission or commission the child’s immediate or ongoing need for medical, nutritional, emotional, physical or supervisory care is not being sought or provided by the adults who have responsibility to do so.
Safeguarding and Child Protection

Neglect is the persistent failure to meet the child’s basic physical and or psychological needs and this is likely to result in the serious impairment of the child’s health or development.
Multi-Agency Approach

• Only way to address a multi-agency problem is to have a multi-agency group to develop the solutions

• Task and finish group including colleagues from schools, MH, HV, Police, D&A, LDs, Children’s Centres and 0-25 Service

• Will seek user feedback through service users at the Children’s Centres

• Tackle 2 main areas in the development of the Strategy:
  - interface between additional support, Early Help and Child in Need
  - tight management of CIN/CP Plans and effective evidence gathering to ensure timely decision making for children
Early Help and Identification

- Review of services and support on offer to colleagues in universal and targeted provision
- Training around Outcome Star and introduction of the Graded Care Profile
- Role of Multi Agency Support Groups (MASGs)
- Targeted provision through Children’s Centres; development of the new Emotional Health and Well Being Strategy; further development of a healthy child programme; transfer of Health Visitors to the LA in the autumn
Introduction of the Strengthening Families approach to Child in Need work to improve focus and continuity of work with children and their families

Use of the Graded Care Profile tool to enable objective measurement of progress

Focussed training around identification and management of neglect in all children, with specific attention to highest risk groups – disabled children; runaways; pre-mobile babies etc

Use of Alternatively Qualified Workforce to work specifically with CIN
• Neglect – the Cinderella of the abuse categories
• Overshadowed by focus on Child Sexual Exploitation and the very significant volume of Child Sexual Abuse investigation work in recent years
• But there is a strong evidence base now of the level of harm neglect in all its forms can cause if left unchecked
• It is complicated and we can learn some of the lessons from CSE in order to tackle neglect effectively through:
  - identification, mapping and targeting
  - creative measures to address all aspects of the problem
  - and, critically, working together to change the future for all our children