



# Growing up neglected: a multi-agency response to older children

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This report is about the third joint targeted area inspection programme, which began in May 2017 and examined 'the multi-agency response to older children who are living with neglect'.

This report considers the most significant learning from six inspections of local authority areas with a focus on the neglect of older children. The inspections reviewed practice in children's social care, education, health services, the police, youth offending services and probation services. The report recognises that much has been done by agencies to address neglect of younger children but it calls for a greater awareness of the neglect of older children and a focus on trauma-based approaches to tackling it. It also calls for a greater awareness among professionals in adult services of the risks of neglect of older children who are living with parents with complex needs.

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## Introduction

The programme of joint targeted area inspections (JTAs) began in January 2016. The programme brings together four inspectorates – Ofsted, Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) – to ‘examine how well agencies are working together in a local area to help and protect children’. Each set of JTAs focuses in depth on a particular issue.

This JTA programme, which began in May 2017, examined the multi-agency response to **older children who are experiencing neglect**. The Children Act 1989 sets out a definition of neglect that has been expanded on in government safeguarding guidelines:

‘The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.<sup>1</sup>

There is no agreed definition of the age of an older child. This programme of inspections used the term ‘older children’ to include children aged seven to 15.<sup>2</sup>

The inspectorates focused on six local areas: Stockton-on-Tees, Cheshire West and Chester, Haringey, Bristol, Peterborough and Wokingham.

This report is an opportunity to share the most significant learning from these inspections to help drive improvements in practice, knowledge and understanding around identifying and responding to the neglect of older children. The report should

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<sup>1</sup> ‘Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children’, Department for Education, April 2018; [www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2).

<sup>2</sup> The age range seven to 15 was chosen following a pilot sampling of neglect cases. A focus on this age range allowed inspectors to select from a wide sample of children and consider issues in middle childhood and transition into adolescence for neglected children.



**not** be read as a summary of all of the findings from the six inspections. Letters that provide an overview of all the findings have been published for each inspection.

In this report, we have included examples of the good work we have seen across all agencies, as well as areas for improvement in addressing the neglect of older children.

All case examples have been anonymised. We have not identified which areas the children were living in. We have also changed the details and characteristics of the children and cases so that they cannot be identified.

## Executive summary

1. Neglect of older children sometimes goes unseen.
2. Work with parents to address the neglect of older children does not always happen.
3. Adult services in most areas are not effective in identifying potential neglect of older children.
4. The behaviour of older children must be understood in the context of trauma.
5. Tackling neglect of older children requires a coordinated strategic approach across all agencies.

### **1. The way agencies understand and deal with older children's problems means that the neglect they are experiencing can sometimes go unseen.**

The signs of neglect of older children may be more difficult to identify than signs of neglect in younger children, and older children may present with different risks. For example, older children may want to spend more time away from a neglectful home, and, given their experience of neglect, they may be more vulnerable to risks such as going missing, offending behaviour or exploitation.

When older children who have experienced neglect come to the attention of agencies, the most obvious risks of, for example, exploitation or offending behaviour may elicit an appropriate response from professionals initially. But, without understanding and addressing the underlying impact of neglect, the effectiveness of any work to support these children will be limited.

We observed that professionals and parents can sometimes view the presenting issues older children face as the problem: this was often an unconscious assumption. When a child's presenting issues become the sole problem, professionals do not always consider their behaviour in the context of the impact of neglect on the child and they can fail to take action with parents regarding any ongoing neglect.



In some areas and agencies, effective processes at the front door,<sup>3</sup> such as use of chronologies, were making a significant difference as to whether professionals were supported to identify neglect. We also saw school nurses in some places making a big difference to older children by identifying neglect that had previously gone unseen, as well as working with children and parents to address it. However, the limited capacity of the school nursing service in some areas was limiting the quality and breadth of work that school nurses were able to provide.

## **2. Children are not the problem. Older children still need parental care and support. Professionals are not always doing the work to tackle neglectful parenting.**

As children get older, we expect them to take more responsibility for their actions. This is an important part of a child's development from childhood to adulthood.<sup>4</sup> However, older children still need a great deal of parental care, support and guidance. Parenting older children requires different skills, as does working with older children. We saw evidence of professionals across agencies who lacked the skills and training to work with older children as effectively as they could.

We saw some really good examples of skilled work with older children and work that did address all of the risks to those children, including the neglect at home. For example, a range of agencies in some areas were providing holistic support for the child and their family, as well as appropriate challenge to parents to address their neglectful parenting. However, in some cases, agencies did not always recognise the fact that work was needed with parents, too. In one local authority, inspectors saw very little work with parents to reduce neglect within the home and, in some cases, in this local authority area, professionals were not working with or challenging parental neglect of the older child at all. If children of any age are suffering neglect, professionals must address this with their parents.

## **3. Adult services in most areas, including adult mental health and substance misuse services, the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) are not effective in identifying older children at risk of neglect.**

For services to be effective in identifying the neglect of older children, there needs to be a whole-system approach. This includes adult services that work with parents where professionals are well placed to identify risks parents may pose to children because of adult mental ill-health, substance misuse or offending behaviour.

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<sup>3</sup> The 'front door' in a social care context is the arrangement that local authorities and other agencies have in place to respond to an initial contact from a professional or member of the public who is concerned about a child. At the front door, local authorities provide advice and make decisions about how they will act on information about the health, well-being and safety of children.

<sup>4</sup> 'Adolescent development', World Health Organization, 2018;  
[www.who.int/maternal\\_child\\_adolescent/topics/adolescence/development/en/](http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/).



However, professionals in these services do not always think about the whole family or about the potential neglect of older children.

In the NPS and CRCs, officers are not always identifying whether there are children linked to adult offenders and this means that they cannot contribute to any assessment of risk to the child. Of particular concern are the very high caseloads in some CRCs. High caseloads were severely limiting the ability of these agencies to gather information about children, including any risk of neglect of older children.

In contrast, practice in one adult substance misuse service was particularly strong. The service effectively assessed the impact of adult behaviour on children and how these behaviours contributed to neglect. The service then supported adults and children to reduce the risk. This shows that the way in which adult services respond to risk can make a real difference to children.

**4. Professionals need to understand children's behaviour in the context of trauma. This is particularly so for older children who may have experienced a great deal of trauma in their lives or who are experiencing trauma both inside and outside the home.**

Many of the children we saw had experienced multiple forms of abuse. This included not only neglect but domestic abuse, parental substance misuse, sexual abuse, physical abuse, sexual and criminal exploitation and serious youth violence. We know from research that the impact of long-term neglect can result in children experiencing trauma and the repeated experience of trauma can lead to post-traumatic stress. Early childhood or chronic trauma will most likely affect a child's mental and emotional well-being and behaviour into adolescence and beyond.

In some areas, social workers had received training on the impact of trauma on children and its relationship to neglect. Some youth offending teams have also invested in trauma training in recognition of the relationship between childhood trauma and risk of offending. The impact of this training was clear to see in the work with older children, because their need for therapeutic support to address the impact of neglect including trauma was prioritised. This understanding also supported staff to recognise that it would take time and a skilled approach to build meaningful relationships with children who had been let down or abused by adults for most of their lives. This included giving older children some control over how interventions were planned and delivered.

**5. Where there is a coordinated strategic approach across agencies to support a shared understanding of the needs of neglected older children, we observed a significant difference to the quality of practice and experiences of older children suffering neglect.**

Leaders and managers across children's social care, youth offending services, health services and the police cannot assume that staff have the necessary skills and knowledge to identify and tackle the neglect of older children.



Some areas took a strategic multi-agency approach, which ensured that staff across agencies had the support, training and tools they needed to tackle neglect of older children. These areas had a more consistent and considered way of working that was having a positive impact on many children.

In some areas, wide and active engagement of agencies with the Local Safeguarding Children Board (LSCB), including the youth offending team and NPS, meant that there was shared ownership of training, development of tools and evaluation of multi-agency work. A culture of support and challenge at a strategic level was reflected in work with families, and it was more likely that parents would be challenged about neglectful parenting. Agencies were more likely to challenge each other about the progress of work to protect and support older children where there was appropriate training and a clear escalation policy. Children then experienced a more consistent approach from professionals. In particular, those professionals understood the need to take time to get to know them well.

## Background

As inspectorates, we recognise the complexity in identifying and intervening in order to protect and support older children who suffer neglect. While there has been a great deal of focus on the neglect of younger children, there is much less research and practice development to address the neglect of older children.<sup>5</sup>

Some local areas are developing specific systems, services and practices to address the needs of vulnerable older children, in recognition that older children may have specific needs and experience a range of risks both from their family and from other contexts such as their neighbourhood or school. This includes the development of multi-agency vulnerable adolescent teams and implementing contextual safeguarding. However, this approach is not in place in all areas. Few interventions are focused solely on neglected older children and many of the systems, practices and resources that are available to professionals working with neglect are designed to assess and respond to neglect in younger children. It is an area of work that requires further development and understanding. We hope that this report will add to the body of knowledge and understanding about how to improve services and responses to this highly vulnerable group of children.

The impact of neglect on older children can be significant and, in some cases, life-threatening. Neglect can lead to problems in adolescence and adulthood including, but not limited to:

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<sup>5</sup> Raws P, 'Thinking about adolescent neglect. A review of research on adolescent neglect focusing on identification, assessment and intervention', 2018, The Children's Society, Luton LSCB; [www.childrenssociety.org.uk/what-we-do/resources-and-publications/thinking-about-adolescent-neglect-luton-review](http://www.childrenssociety.org.uk/what-we-do/resources-and-publications/thinking-about-adolescent-neglect-luton-review).

Brandon et al., 'Neglect and serious case reviews, NSPCC; 2013; [www.nspcc.org.uk/services-and-resources/research-and-resources/2013/neglect-serious-case-reviews/](http://www.nspcc.org.uk/services-and-resources/research-and-resources/2013/neglect-serious-case-reviews/).



- poor mental and physical health
- difficulties with interpersonal relationships
- offending behaviour
- substance misuse
- a high propensity for risk-taking behaviour
- suicide.

Older children who suffer neglect may have been neglected for many years and can carry the legacy and impact of neglect at a younger age with them into adolescence. This means they are often not well equipped to cope with the many challenges that older childhood brings and may not get the support from parents to manage this transition. Many children reviewed during these inspections had experienced multiple forms of abuse, both within the home and outside the home. As a result, many were experiencing trauma and, in some cases, post-traumatic stress.

The government considers neglect to be the most common form of maltreatment of children.<sup>6</sup> Many different measures of the proportion of children living with neglect support this view, but the exact level of prevalence is unclear. An NSPCC study found that 4% of under 11s and 11% of 11- to 17-year-olds had experienced neglect at some point during their lives.<sup>7</sup> This suggests that older children are almost three times more likely to have suffered neglect than younger children. The report also notes, however, that previous research had identified widely differing estimates of prevalence.

Similarly, local authority (LA) reporting does not provide a consistent picture of the number of neglected children. Figures ranged in 2016–17, for example, from one LA in which 49% of social work assessments identified neglect as a factor to another LA in which there were no assessments that identified neglect as a feature in children's lives.<sup>8</sup> Notably, across England, alcohol misuse, drug misuse and unmanaged mental health problems in the household were all recorded as factors at the end of assessment more often than neglect. However, from the child's perspective, neglect may be the biggest issue arising from the problems their parents are facing.

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<sup>6</sup> Children first: the child protection system in England. Fourth Report of Session, 13, p.8; House of Commons Education Committee, 2012;

<https://publications.parliament.uk/pa/cm201213/cmselect/cmeduc/137/13705.htm>.

<sup>7</sup> Radford L, et al., 'Child abuse and neglect in the UK today', NSPCC, 2011;

<http://clou.uclan.ac.uk/6022/>.

<sup>8</sup> 'Characteristics of children in need: 2016 to 2017': SFR 61/2017, Department for Education, 2018. [www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017](http://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017).





Research suggests that physical and visible aspects of neglect are the ones most often identified by professionals. The appearance of home conditions,<sup>9</sup> a failure to address a child's medical needs<sup>10</sup> or delays in physical development are common ways of identifying neglect. These can be easier to identify than other forms of neglect a child may experience, such as emotional neglect.<sup>11</sup>

Neglect of older children may look very different to that of a young child or baby. Older children may also be skilled at hiding the impact of neglect by seeking support from places other than the family or by spending more time away from home, which in itself may put the child at more risk. They may appear 'resilient' and to be making choices about their lives, when in fact they are adopting behaviours and coping mechanisms that are unsafe. For example, they may look for support from inappropriate and dangerous adults or use alcohol and drugs as a form of escape.

Children themselves are not always sure that they are being neglected or abused. Research shows that children are least likely to recognise neglectful parenting compared with other forms of abuse. When older children discuss their emotional abuse or neglect on online forums, it is common for them to question whether they are experiencing neglect (as a form of abuse) or not.<sup>12</sup>

What older children require from their parents is also different to what younger children need. Older children face risks outside of the home in ways that younger children do not. Parents may not always be equipped to help their older children deal with increased risks outside the home. Alternatively, because their parents are neglecting them at home, older children may spend more time away from the home, which increases their risk of exposure to child sexual exploitation, criminal exploitation, gang-related activity or violence. These, then, are the problems that

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<sup>9</sup> Cawson P, et al., 'Child maltreatment in the United Kingdom: A study of the prevalence of abuse and neglect', NSPCC, 2000.

Gardner R, 'Developing an effective response to neglect and emotional harm to children', National Society for the Prevention of Cruelty to Children; 2008;  
[http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=2807162F-2586-4E58-B28E-C8845051C0B3&SortOrder=Y1&Offset=47&Direction=%2E&Dispfmt=F&Dispfmt\\_b=B27&Dispfmt\\_f=F13&DataSetName=LIVEDATA](http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=2807162F-2586-4E58-B28E-C8845051C0B3&SortOrder=Y1&Offset=47&Direction=%2E&Dispfmt=F&Dispfmt_b=B27&Dispfmt_f=F13&DataSetName=LIVEDATA).

Powell C, 'Early indicators of child abuse and neglect: a multi-professional Delphi study', 2003, Child Abuse Review 12.1 pp.25–40.

Scourfield J, 'The rediscovery of child neglect', 2000, The Sociological Review 48.3 pp.365–82.

<sup>10</sup> Lourenço C et al., 'Child, neglect and oral health', 2013, BMC paediatrics, 13.1 p.188.

Strathearn L, et al., 'Childhood neglect and cognitive development in extremely low birth weight infants: a prospective study', 2001, Pediatrics 108.1 pp.142–151.

<sup>11</sup> Brandon M et al., 'Missed opportunities: indicators of neglect – what is ignored, why, and what can be done?' Department for Education; 2014; [www.gov.uk/government/publications/indicators-of-neglect-missed-opportunities](http://www.gov.uk/government/publications/indicators-of-neglect-missed-opportunities).

<sup>12</sup> Cossar J et al., 'It takes a lot to build trust. Recognition and telling: developing earlier routes to help for children and young people', Children's Commissioner for England, 2013; [www.childrenscommissioner.gov.uk/publication/it-takes-a-lot-to-build-trust/](http://www.childrenscommissioner.gov.uk/publication/it-takes-a-lot-to-build-trust/).



professionals first see when they encounter a neglected child and these may well be the issues they respond to.

Unless all agencies work together to address the underlying neglect of older children who are experiencing multi-layered problems and risks, the experiences of these children are unlikely to improve. Dealing with the most immediate presenting risks first may be the correct response initially, for example by protecting the child from sexual exploitation. However, supporting and protecting older children is about addressing the risks both inside and outside the home. In cases where parents are neglecting their children's needs, agencies must address this too.

The experiences of older children who are suffering neglect, therefore, may be very different to those of younger children and not fit neatly into definitions of neglect. Research in this area acknowledges that defining neglect in a way that captures the experiences of all children living with it is difficult.<sup>13</sup> There are so many lenses through which we could look at older children's experiences. Sometimes, the last one we look through is neglect.

While agencies robustly work together to tackle knife crime and gang activity, they must also address the underlying vulnerabilities of the young people that expose them to grooming by gangs/dangerous adults. The way in which we, as a society, view older children and their behaviour is not always in the context of their lived experiences. And where older children do become involved with gang-related activity, criminal behaviour or violence (such as knife crime), we need to get better at understanding those behaviours in the context of the potential risks they may be exposed to in their local areas and/or the neglect or abuse they may be suffering at home.<sup>14</sup> That is not to say that we must excuse the behaviours themselves, nor that they are always the result of neglect, but research shows that by understanding where behaviours may be coming from, we can work better with children to prevent them from experiencing and/or perpetrating more harm.

The following is an amalgamation of cases to illustrate how an older child's behaviour may be seen by adults when the underlying neglect is not known or understood. All of the children we discuss in this report have suffered neglect.

### **Case study – Child L**

Child L is a 15-year-old boy who often gets into trouble with the police and gets into fights at school. He has a worker from the youth offending team but is not attending his appointments. His worker is frustrated by his failure to engage Child L. Child L goes out every evening. His mother often

<sup>13</sup> Hanson E and Holmes D, 'That Difficult Age: Developing a more effective response to risks in adolescence', evidence scope, 2014, Totnes: Research in Practice; [http://cdn.basw.co.uk/upload/basw\\_24144-4.pdf](http://cdn.basw.co.uk/upload/basw_24144-4.pdf) Accessed 16/08/15.

<sup>14</sup> 'The work of youth offending teams to protect the public', 2017, HMI Probation; [www.justiceinspectorates.gov.uk/hmiprobation/inspections/pp/](http://www.justiceinspectorates.gov.uk/hmiprobation/inspections/pp/).

doesn't know where he is and complains that he is out of control. He often does not come home at night. L regularly misses school and his teachers find him disruptive and his behaviour difficult to manage. He has started hanging around in the local park with a group of older men. The police suspect he may be dealing drugs. The neighbours complain about him as he sometimes drinks on the street and makes lots of noise late at night. Children's social care have recently become involved with L and describe him as 'resilient'.

### Child L's story

Child L has experienced years of abuse and neglect. His mother has had several partners and they have consistently emotionally abused L. His mother's partners have often belittled and humiliated L by making fun of the way he speaks and looks. Child L has experienced physical abuse from some of his mother's partners, including being locked in a cupboard when he was young. He often spends time away from the family home now, as his mum and stepfather fight and argue all the time and his stepfather can be violent towards his mother and him. He usually gets chips for tea if he has any money or he gets something at his friend's house whenever he can. There are many evenings when he does not eat.

Often he does not go home at night and sleeps on a friend's sofa or sometimes in the neighbours' shed. He often oversleeps, so he misses school regularly. He has started hanging out with a group of older men who are dealing drugs in the town centre and the park during the day. It takes him half an hour on the bus to get to his appointments with the youth offending team and he has no money, so he can't often attend.

He feels awful most of the time: tired, fed up and hungry. He has a bad cough but can't go to the doctor's as his mum says they don't have one.

## Findings

### Seeing the neglect of older children

When younger children are suffering neglect, the potential signs may be obvious. For example, they may have delays in reaching developmental milestones; this includes speech delay, failure to gain weight, appearing dirty and/or hungry. When young children present with these problems, professionals are much more likely to look beyond the child to understand why they are missing milestones. However, when older children suffer long-term neglect, the impact may be less evident and the problems they present with may not be recognised as being the result of neglect.

An important part of child development in adolescence is that children develop the skills to gain independence and become increasingly responsible for their behaviour.



However, older children still need guidance and support from their parents or appropriate adults. In particular, they need a secure base from which to explore the world. Older children are, in fact, still children.

### **Presenting behaviours and risks in the context of neglect**

When neglected children present to agencies with a range of problems, such as exhibiting offending behaviour, having suffered exploitation and/or misusing substances or having mental health difficulties or a combination of these many issues, professionals sometimes lose focus on the underlying causes of these problems.

We found that professionals did not always look at the whole child, their history and home circumstances in order to understand presenting behaviours and risks in the context of neglect. Professionals sometimes focused on the behaviour of the child and lost sight of them as a vulnerable child in need of appropriate parenting including affection and support, as well as clear boundaries.

The impact of this is that agencies focus on the presenting issues without either addressing neglect in the home or the impact of neglect on the child. Decision-making then becomes reactive to the child's behaviour or particular events in their life rather than being proactive in tackling the underlying cause – neglect.

#### **Case 1**

In the case of an adolescent girl, professionals focused on keeping her physically safe from domestic abuse being committed against her by her boyfriend. While her immediate physical safety was undoubtedly important, planning and interventions were not informed by the significant history of neglect or the child's experiences of physical and sexual assault. This meant that professionals did not address the impact of her traumatic experiences of neglect on her emotional well-being, her sense of self-worth or her ability to recognise risk. The likely success in achieving long-term change for this child was therefore limited.

In some areas and agencies, effective processes in place at the front door of services were making a significant difference to whether professionals were supported to identify neglect in older children.<sup>15</sup> In some areas, tools and training for staff were supporting effective recognition of neglect but in other areas, the risk of neglect to older children was not recognised. For example, school nurses in one area were not using chronologies for children. This meant they were unable to identify a history of patterns of neglect that older children they were working with had experienced.

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<sup>15</sup> Including health, children's social care, the police, youth offending teams, CRCs, NPS, adult mental health and substance misuse services.



Although the role of the school nurse was seen to be highly effective in identifying neglect in older children in some areas, this role is highly stretched in other areas. For example, some school nurses were not undertaking health needs assessments that would support them to identify unmet health needs, including those resulting from neglect. Some school nurses also do not have the capacity to do direct work with older children and links with GPs are underdeveloped in some areas. This means that, in some places, proactive work to identify older children who are at risk of neglect and to ensure a prompt response is limited.

Health professionals who may be working with a child are not routinely involved in strategy discussions in all areas. These are the professionals who might hold key information about a child's development and any impact of parental neglect. Therefore, if health professionals are not involved at an early stage when concerns about a child are first discussed, decisions will be made without all of the information being known or understood. This means decisions and subsequent plans are less likely to meet all of the child's needs.

Similarly, GPs who were involved in safeguarding activity, where neglect was a feature, were not consistently recording and sharing information about the child to inform wider partnership working. This means that children's primary care records, including information shared at child protection conferences, do not always reflect the potential risk of, and impact of, neglect on children's health, development and emotional well-being. We did, however, see some GP practices that were very strong in their approach to the cumulative effect of neglect of older children:

### Case 2

In one area of relative affluence, we found that GPs in some practices recognised that neglect can happen in wealthy families. They were alert to different forms of neglect, including emotional neglect, and they were taking steps to address this. For example, when children presented with eating disorders and/or mental health problems, the GP looked beyond the immediate issues to ask questions about life at home and relationships with parents. These included instances where children's emotional and mental well-being were at risk of extreme pressure from their parents, often with 'idealised' expectations, to achieve highly in all aspects of their life. Professional curiosity meant that the GP sought to understand the impact on the child of constant demands to succeed and excel and the link to their emotional well-being. They recognised this as a form of emotional neglect and took action to access support for children and their families.

The GP role in safeguarding children who are or may be neglected is underpinned in some practices by alert systems that provide good oversight and tracking of risks to children who fail to attend hospital appointments, miss their immunisations or are not brought to routine appointments. Such events are logged and promptly followed up by the practice to ensure that children's needs are being effectively met. Learning from section 11 audits is also used by some practices to strengthen local practice, for



example by ensuring the timely transfer of records of children who have moved out of the area they grew up in.

One clear and tangible physical sign of cumulative neglect is in the dental health of older children. Dental practitioners we spoke to were well aware of the importance of dental health as an indicator of potential neglect and most were clear how to report safeguarding concerns about children. Not all were clear, however, about thresholds and when they should refer the children to children's services.

Often, there were no formal arrangements for agencies to share information with dentists, for example that a child is on a child in need or child protection plan. Policies to guide dentists about what to do when children missed appointments were not in place in some practices. In some areas, this meant that older children experienced significant and long-standing dental problems before concerns were raised. A lack of guidance for dentists on what to do when parents fail to bring children to appointments can lead to serious tooth decay not being picked up earlier: one child we saw had to have more than half his teeth removed.

Many dentists expressed a wish to be involved in strategic child protection work, for example by being more engaged with the work of the LSCB or its replacement.<sup>16</sup> More work is needed to address this gap both from the perspective of local safeguarding arrangements and nationally by dentists.

Despite a clear determination by police leaders that officers should routinely identify children who are vulnerable, police officers were not consistently identifying older children as potentially vulnerable to neglect or abuse. Often, police officers focused on other complex factors such as drug offences and anti-social behaviour. Quantitative police performance information drives leaders and officers to concentrate on the quantity of child protection incidents as opposed to the nature and quality of decision-making. This does not then encourage police officers to think more deeply about the vulnerability of the older children they come into contact with.

In too many cases, police officers were dealing with incidents involving children in isolation, without considering previous incidents or the wider context of risk and vulnerability including evidence of cumulative neglect.

### Case 3

An adolescent boy in one area had been involved repeatedly in violent incidents with their peers, both as a victim and an aggressor. When attending each incident, police officers focused on the immediate safeguarding risks to the child(ren) but did not consider the broader and more complex safeguarding concerns about the child that underpinned his

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<sup>16</sup> The Children and Social Work Act 2017; [www.legislation.gov.uk/ukpga/2017/16/contents/enacted](http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted).



extreme and violent behaviour. As a consequence, the police did not take into account the history of neglect the child had suffered and therefore did not notify children's social care of their concerns until the violent incidents escalated. This meant that the family and child did not benefit from the early intervention of other professionals to address the cause of the child's behaviour, such as the lack of boundaries in the home.

We found that some frontline police officers and youth offending team staff saw older children who are being neglected simply as perpetrators of offences. As such, they did not always use their professional curiosity to look further than the immediate incident or presenting issues and consider the child's needs in the context of neglect. Children's offending behaviour needs to be addressed but also understood in the context of their experience of neglect. Offending or behaviour that is putting children at risk may, for example, result from a lack of boundaries at home. Older children's need for both protection and support need to be recognised and addressed.

#### Case 4

For one child, agencies were reactive to her increasing offending behaviour. Despite committing more than 20 offences in a few months, police did not recognise that her behaviour may have been linked to her vulnerability and neglect. Her theft of small amounts of food and drink was not viewed as an indicator of neglect. Not all police incidents were shared with other professionals. These professionals were therefore not aware that the child was coming to police attention so frequently and that her offending was escalating. The child was difficult to engage and part of this may have been because neglect was not recognised by professionals nor was a feature of the work undertaken by the pupil referral unit, social care, health or police. A focus on the underlying causes of the child's behaviour may have encouraged her to engage and resulted in the prevention of some later offending behaviour.

There was wide variation between local areas in the response of youth offending services to older children who came to their attention due to offending behaviour when children were experiencing or had experienced long-term neglect.

In some areas, awareness of neglect was not sufficiently integrated into effective and holistic safeguarding practice. There were missed opportunities to work with children and meet all their needs and in supervision, line managers were not exploring neglect as a contributor to offending or the wider well-being of children. In the worst cases, children's needs as neglected and highly vulnerable children were not recognised and no services were offered to parents to address what, in some cases, was years of neglect.



Professionals across all agencies need to use their professional curiosity to better understand what is happening to older children and understand what their lived experiences and daily lives are like. Only by understanding what is happening to children on a daily basis, what their normal day-to-day lives are like, will professionals be able to make sense of children's behaviour. This professional curiosity should also involve an investigation of parents' understanding of the effect of their behaviour and neglect on their children.

### Case 5

Front-line police officers can play a key role in identifying children being neglected. Taking the time, and using opportunities to talk to children and understand their circumstances can make a real difference in helping children get timely protection and the support they need.

One anti-social behaviour police officer took time to get to know a family well where one of the older children was repeatedly involved in anti-social behaviour. The girl had been attacking other children in the local area. The assaults and verbal abuse directed at other children were becoming more serious and frequent. The police officer spent time talking with the older child and her parents. He recognised the fact that neglectful parenting, including lack of boundaries in the family home, was contributing to the child's anti-social behaviour. He was able to share this information at a case conference and his detailed knowledge about the family and his recognition of the neglect meant that swift action was taken to protect the children.

### Case 6

In another case, a police officer spent time talking with an older child about his aggressive and violent outbursts, following an incident. The child was able to talk to the officer about his fears about not being able to control his temper and about feeling guilty about his outbursts. He found that the child was worried about having to move schools because of his disruptive behaviour. Having spent time in the family home, the officer recognised the neglectful home conditions and lack of parental boundaries and support for the child. He liaised with the social worker and made a positive contribution to the assessment of the child's need for support and protection.

When the child's experiences and behaviour are not understood in the context of neglect, the level of risk to the child is not understood. The impact of neglect is not addressed and interventions that should be focused on changing the home environment and improving parenting are not in place. Older children may face multiple risks. If the neglect is not addressed, other risks such as going missing or offending behaviour are unlikely to reduce. If work with parents is in place alongside interventions to support other areas of need such as the trauma the child has





experienced, the opportunity exists for longer-term change, including improvement in relationships with parents. This in turn may result in long-term improvements for the child.

### **Adult services need to recognise neglectful parenting**

A key finding from this inspection is the variability in how effectively adult services identify parents who may be neglecting their older children. Too often, adult mental health and substance misuse services are not focused enough on thinking about the whole family and the impact of adult behaviours on children, including the risk of neglect to older children. Information on adults who have limited parenting capacity due to mental health or substance misuse is not always shared. We saw many examples where risks of neglect were not identified early enough. In some cases, information on changing patterns of adult behaviour was not shared.

This is a theme that has been identified in two previous thematic reports in 2013 and 2014.<sup>17</sup>

It is important that the responsible officers in the NPS and the CRCs identify adult offenders with children or links to children. Only then can they contribute to multi-agency understanding of the risks to these children. This was not happening routinely in cases of older children at risk of neglect. When the NPS had workers at the front door of multi-agency safeguarding hubs, for example, information-sharing and identification of older children at risk of neglect at an early stage were better. However, this was not happening routinely either in NPS or CRCs.

Even when the NPS and CRCs were aware that adults were linked to children at risk of neglect, risk assessments of adult offenders too often did not focus on the protection and safeguarding of children or contain details or analysis of the specific risks to children including neglect.

The CRCs in all six areas visited were under considerable pressure to manage large numbers of adult offenders. Many of these adult offenders have caring responsibilities for children, including older children. Time pressures and workloads were impacting on the ability of these agencies to gather relevant information that would alert them to children associated with adult offenders, including older children at risk of neglect. The most extreme example was where one frontline manager in a CRC was responsible for a team of staff with nearly 1,000 cases of 'low' and 'medium' risk offenders.

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<sup>17</sup> 'What about the children?', Ofsted and CQC (2013); [www.gov.uk/government/publications/joint-working-between-adult-and-childrens-services](http://www.gov.uk/government/publications/joint-working-between-adult-and-childrens-services);

'In the child's time- professional responses to neglect', Ofsted (2014);

[www.gov.uk/government/publications/professional-responses-to-neglect-in-the-childs-time](http://www.gov.uk/government/publications/professional-responses-to-neglect-in-the-childs-time).



We did see some examples of effective work by adult services:

### Case 7

Regular risk assessments of adults in one adult substance misuse service showed consideration of the impact of adult behaviours on children and how these behaviours contributed to neglect. Workers were providing effective one-to-one support or access to community groups for children who are living in households where there are parents who misuse substances. Professionals and parents reported that they had good access to these services and that the services reduced risks to children. Young people had remained engaged in the activities, despite a picture of disengagement from other services and activities.

### Case 8

One particularly strong case example was from a practitioner in the adult substance misuse service who was working with a parent who was prescribed methadone. The dose was usually collected daily from a local pharmacy but, during a bank holiday period, the pharmacy was closed and the medication needed to be stored at home. The practitioner completed a home visit to review the safe storage of the medication in the box provided by the service. The practitioner's observations of the interactions between mother and child are recorded in the case record. The risks of medication being stored at home, the neglect of the child and the risks were clearly recorded and were shared with the professional network after the home visit. This meant that other professionals were more alert to the increased risk to the child and home visits could be more frequent in order to review these risks more regularly and respond appropriately.

## Responding to and reducing neglect of older children

### Working with parents to reduce neglect

Parents are responsible for caring for and keeping their older children safe. However, we recognise that parents need a different set of skills to parent older children. As older children explore their independence and spend more time outside of the home, they may be exposed to greater risks such as child sexual exploitation, criminal exploitation, substance misuse and violence. Older children are more vulnerable to risks outside the home when their emotional, physical or other needs are being neglected inside the home.

Some multi-agency interventions with older children suffering neglect focus solely on the child and do not address issues of poor parenting. In one area, it was difficult to identify any work that was being done with the parents of older neglected children. This means that children are being given the message, perhaps unintentionally, that they are the problem.



Parents neglect their children for a range of reasons. Sometimes, they do not have the skills or support they need or they are struggling with their own problems (domestic abuse or substance misuse, for example). Whatever the reason for the neglect, if these issues are not addressed, any work with the child will have limited impact and the long-term prognosis for change is reduced.

Professionals must help parents to develop the skills to parent their older children. Older children will test boundaries and take risks in different ways to younger children and, as such, require consistency and appropriate guidance from parents. This can be difficult for parents who are facing their own problems, perhaps unmanaged mental ill-health or substance abuse, so they need the support from professionals to be good parents to their older children. In particular, professionals need to help parents to understand the impact that neglect is having on their children.

We saw many examples where multi-agency plans lacked sufficient focus on parenting skills for families with significant histories of parental mental ill-health or substance misuse. Children in need and child protection plans do not routinely fully consider the impact of mental ill-health or substance misuse on parenting and consequently lack actions designed to address these concerns.

We did, however, see some good examples of professionals having worked hard to engage parents in reducing neglect:

#### **Case 9**

A CRC conducted an assessment that identified a child's mother as posing a medium risk of serious harm. The CRC intervention plan focused specifically on reducing the risk the mother posed to the child. The CRC worked with the child's mother by employing the citizenship programme to reduce her offending behaviour and drug use. The child's mother now understands the impact neglect has had on her child and is supported to have regular contact with her.

#### **Case 10**

The neglect of an adolescent boy had not been addressed by professionals because he was part of a large sibling group and the professionals had focused on the needs of younger children in the household. In particular, the child's parents were not managing his severe asthma, which could potentially have become life-threatening.

A health consultant recognised the risks to the older child and challenged the child's parents about the standards of vigilance and oversight that was needed to help keep their son well. The health consultant worked with the parents to ensure that they understood that the child would not survive if they did not attend to his health needs. The time that was taken to share



a greater understanding of risk with the parents meant they engaged with health services and the risks to the child were minimised.

### **Making sure plans have impact**

We saw too many examples of agencies, including children's social care, health, schools, youth offending teams, NPS, CRCs and the police, not using plans to measure how the child's life was improving and to assess what progress was being made.

Plans did not help things to improve for children for a range of reasons. For some children, it was because partners at core groups and child in need meetings focused on the immediate presenting issues at that point in time and lost focus on what overall progress was being made in relation to underlying issues of neglect. For some children, monitoring and review of progress was impeded because plans were not specific as to what needed to change and by when. Some plans were too focused on adults without making clear what changes needed to happen for the child and what the consequences would be if the neglect was not addressed.

Professionals need to understand how they will know when positive change has occurred for the child and parents need to understand what they need to do to improve the well-being of their child. Children need to be fully involved in planning and feel an active part of the process. They need to be clear about what the aim of the plan is and what difference it should make to their lives. With a few notable exceptions, we found limited evidence of children's active involvement in planning.

A significant finding is that not all partners are challenging each other when multi-agency work with older children is not making progress. Too often, none of the partners 'owned' a child's plan. That is to say lots of agencies may be involved with an older child and their family and be undertaking a range of work, but there was an absence of partners driving the plan forward to make sure outcomes for children improved in a timely way. This was compounded by a lack of management drive and challenge within different agencies to ensure that situations of neglect of older children improve in a timescale that meets their needs.

Information-sharing between health professionals who are working with older children is poor in too many areas. This can delay the progress of work to help neglected children and their ability to monitor change. For example, professional networks and information-sharing between school nurses, dentists and GPs are not common practice, which means that health professionals who see the same child do not always have the most up-to-date information to monitor that child's progress and health and well-being.

Plans need to take account of children's wider vulnerabilities, such as social isolation within their community or strengths such as sources of support in the wider community. Issues of identity are particularly important to older children. Adolescents in particular are seeking a sense of self and a unique identity. This includes understanding their place in the world and exploring their ethnicity and



culture. Issues to do with an older child's identity are not consistently explored or addressed in assessments of neglect. Lack of consideration of this and the child's daily lived experience limits the effectiveness of work to enhance their welfare.

Children's emotional and mental health needs were too often not addressed in their plans. Sometimes, this was because the impact of neglect on older children, including on their emotional and mental well-being, was less understood or not recognised by professionals. This is likely to have long-term consequences for older children. Research is clear about the impact of adolescent maltreatment, including neglect. Adolescent abuse can have 'a more global negative impact into adulthood than childhood-limited maltreatment'.<sup>18</sup>

In the cases reviewed, many of the older children were victims of multiple different types of abuse (otherwise known as poly-victimisation). The impact of this on a child's mental health and emotional well-being is likely to be extensive and, if not addressed at the earliest opportunity, may lead to long-term problems. Older children need therapeutic intervention to help them address the emotional impact of abuse. This should be a primary concern for agencies working with older children.

### Case 11

In one very complex case, there was no reference to the child's lived experience of chronic neglect and the impact this had on their current behaviours or emotional well-being. The child was involved in offending behaviour, at risk of exclusion from education and showing signs of sexually harmful behaviour. The impact on the child of a long history of neglect and of having witnessed domestic abuse for many years was not considered. In particular, the child's violent behaviour was not understood in the context of his father's frequent violent outbursts or the many years of emotional abuse the child had suffered at the hands of his father. There was a lack of a focus by agencies on managing the child's father and his relationship with his son.

Not only was the impact of neglect on the child not considered by professionals in their multi-agency planning, but individual agencies did not consider it when planning their response to incidents.

The police did not consider the wider context in their decision-making and the child was held in custody multiple times for periods longer than two days. In one instance, the child was released from police custody without a complete risk assessment and with no support or money.

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<sup>18</sup> Thornberry, et al., 'The causal impact of childhood limited maltreatment and adolescent maltreatment on early adult adjustment', *Journal of Adolescent Health*, 2010, Vol 46 Issue 4, pp 359–365.



The impact on a child of spending days in a cell when they were already living with neglect was not considered and was a form of professional neglect.

### Using trauma-informed approaches

Many of the children considered during these inspections had been neglected for some considerable time and the neglect had not been recognised or had only recently been addressed. The repeated experience of trauma can result in post-traumatic stress and affect the child's behaviour into adolescence and beyond.

Many of the older children we reviewed had experienced multiple forms of abuse, not only neglect but domestic abuse, parental substance misuse, sexual and physical abuse, sexual and/or criminal exploitation and serious youth violence. Therefore, many were experiencing trauma and, in some cases, post-traumatic stress. Sometimes the trauma was recognised and sometimes it wasn't.

The impact on those children experiencing trauma was clear to see. They did not have the stability and security of a loving home to provide a safe base from which to explore the outside world and to help them develop the skills to manage transition into adolescence. The impact of trauma for some children included poor decision-making, poor judgement and less ability to recognise risk, problems with mental ill-health and lack of emotional well-being. Some were constantly alert and anticipating danger so that their behaviour appeared aggressive. For many of these children, the world was a lonely and frightening place.

Without a good understanding of the impact of neglect, including the impact of trauma, it is difficult to see how professionals can appropriately support and protect older children.

The impact on frontline work with children when the professionals had received training on trauma was clear to see. These professionals better understood the need to prioritise therapeutic work and the need to address the impact of neglect at the earliest opportunity. They also recognised that other interventions to address for example, offending behaviour, would not be effective until children had received help with the impact of neglect on their mental health and emotional well-being.

#### Case 12

The impact of early childhood neglect on one child was evident in the emotional and mental health problems they were experiencing, including being at risk of suicide and self-harm. This was recognised by the multi-agency group working with the child and an assessment by a clinical psychologist of the impact of neglect was commissioned. The assessment analysed the impact of the trauma and how this was likely to affect the child's current behaviour and emotions. By having a shared understanding of child trauma, agencies were able to address the child's neglect in a coordinated approach.



The plan prioritised a therapeutic approach and the child received weekly face-to-face therapeutic intervention. A wide range of agencies provided a caring and nurturing response and prioritised structure and routine in childcare to help the child feel safe. As a result, the child is beginning to engage with education and is better at managing his emotions and behaviour. Alongside work with his mother, the therapeutic approach has enabled agencies to have a detailed and realistic plan in place for mother and child to be reunited in the future.

Youth offending services that had staff who had received effective training to support them to have a good awareness of indicators of neglect, understanding of trauma and the impact on older children were providing highly effective support for children. This included skilled and measured interventions to support management of risk from offending and specialist therapeutic support to older children who had suffered neglect.

### Case 13

An older child was referred to the Youth Justice Service (YJS) following an offence of actual bodily harm. The key worker in the YJS immediately checked with children's social care to see whether he was known to them. She identified a history of neglect and spoke with the allocated social worker before meeting with the child. The worker completed an assessment using interview and self-assessment tools with him. She interviewed his family and included information from his school and social worker. This approach enabled her to place and understand the child's behaviour in the context of his experience of living with neglect. It enabled her to understand that his home environment did not support him to moderate his emotional responses and behaviours and that the neglect he had experienced had a direct impact on his behaviours.

As a result of this thorough assessment, the child was provided with support from the child and adolescent mental health service (CAMHS) worker located in the YJS. This worker adopted an empathetic approach, working with the child to agree on a venue where he feels most comfortable for his appointments to take place. The work focused on enabling him to develop skills to manage his emotions within the context of his past experiences.

The intervention with the child has seen him very much as a young person who has lived with neglect, recognising the impact this has had on his emotional responses rather than simply regarding his behaviour as criminal and delivering a more traditional anger management response.



## Engaging older children

Children who have experienced neglect may have little reason to trust adults, including professionals. Those who have experienced years of neglect may have seen professionals come and go in their short lives with little change at home, and their parents may, for a range of reasons, frequently let them down.

Older children are likely to have views about where they would prefer to meet staff and which of the multi-agency team they feel they could best work with. Giving children such options was a shared approach in one area. For example, older children were given a choice about the venue for one-to-one sessions and a choice about which worker in the multi-agency partnership would take the lead role. For older children who have been neglected and had little choice about decisions in their lives, giving them agency can be significant and effective in beginning to build trust and effective working relationship.

### Case 14

In one case, a child had experienced a long history of neglect and, as a result, had low self-esteem and found it difficult to relate to or trust adults. She had a number of different professionals working with her but was given the choice about who she wanted to lead the direct work with her to address the impact of neglect. She was also given a choice of venue as to where the sessions would be held. Together with her social worker, she created a list of the issues she wanted to discuss in the sessions and was encouraged to write her feelings and questions in a journal. The worker gave her a list of topics for each session in advance. This practice meant that she was given control of what she wanted to discuss when, and with whom, and the opportunity to prepare herself for each of the sessions. Having experienced neglect for so long, this way of working helped her to feel in control and gave her a sense of self-worth, as professionals took her views seriously and showed her that what she wanted mattered to them.

Professionals need to work hard to engage with older children. Some professionals were seen to 'go the extra mile' to work with them, get to know them well and ensure that they were getting the right healthcare and parenting support and that their emotional and educational needs were met. This approach was not consistent, however. In a small number of cases, children's lack of willingness to engage with professionals was seen as a reason to end social work involvement. In these cases, rationales were given such as children being 'resilient' or that they had 'chosen a lifestyle'. This was a significant concern because those children were left without the support and protection they needed.



### Case 15

An older child had experienced years of neglect because her mother was a user of class A drugs. Although the child now lived with her father, there was evidence of ongoing neglect and a lack of parental support, appropriate boundaries and guidance. The child's involvement in dealing class A drugs was not appropriately assessed within the context of risk of criminal exploitation and/or neglectful parenting. In one incident, police recorded the voice of the child as 'the child was argumentative'. The child was seen as a 'resilient, criminally active young person'. Because services had not sufficiently considered the links between neglect and the child's behaviour, plans were not sharply focused on the impact of neglect on the child. Plans were in place to end multi-agency involvement with the child until this was challenged by inspectors.

In areas that had strong leadership that set staff clear expectations about working with children suffering neglect, we saw a more consistent approach to engaging children in their plans for support and help. In other areas, we saw some evidence/examples of real skill and persistence from individual professionals to get to know children well in order to access for them the support they need. Where the strategic approach to ensure this consistency of approach was absent, the response to the child was dependent on the individual skill of the worker.

We saw very strong examples in one area of social workers working persistently and with a range of tools to engage with older children to gain a shared understanding of the impact of neglect and trauma on the child. Partnership recognition and support of older children's personal agency were evident. Many partners – in particular, children's social care, health and the youth offending service – were committed to giving children a voice and a choice in how professionals worked with them. This was reflected in plans written from the child's perspective and in the child's voice.

### Case 16

The youth offending service (YOS) built a strong and effective working relationship with a child who had not previously engaged. The YOS worker immediately contacted children's social care to check whether the child was known to them. She identified a history of neglect. The worker then worked alongside the child to complete the assessment and this approach enabled her to consider the offending behaviour in the context of the child's lived experience of neglect. It helped her to understand that the home environment did not support the child to moderate his emotional responses and behaviours and the neglect had a direct effect on his mental health and behaviour. The child then received therapeutic support rather than just anger management work. School staff worked with the local authority to find the child a place at a pupil referral unit after a permanent exclusion and placement breakdown. Additionally, the police and other agencies have built relationships with the child's mother. The



mother now understands what would happen if the neglect continued and agencies have supported the mother to improve her situation and her parenting. This consistent and persistent multi-agency approach met the more complex needs of the older child rather than simply addressing the presenting behaviour.

We saw examples of individual frontline professionals recognising the vulnerability of older children who were neglected and taking extra steps to get to know children well and ensure that their needs were met. School nurses were seen to play a key role in this where they had the capacity to provide appropriate support for children. We saw school nurses being flexible in reaching out to older children living with neglect, such as taking them to key health appointments, seeing children in a range of settings to best suit them such as clinics, schools or at home, and showing appropriate persistence with parents who were reluctant to engage.

### Case 17

School nurses in one area were seen to use their professional curiosity and to be tenacious in following up concerns about older children suffering neglect. For example, they completed home visits to children living with neglect. This is not common practice. Doing this, however, meant that school nurses understood the child's home circumstances and could assess and take action to address risk. One school nurse showed an impressive level of commitment in supporting a mother to attend health appointments for her child who had unmet health needs. The school nurse supported the mother, who has gained confidence and now ensures that she takes her child to all appointments.

For another child whose school attendance was very poor, the school nurse took medicated products to treat ongoing head lice to the child's home. She persisted with announced and unannounced home visits to check on the child's well-being, to refer concerns and to access support for the child through child and adolescent health intervention.

For many of the children whose cases were reviewed during these inspections, additional support in schools was helping them to better access education and begin to achieve their potential. Schools played a significant role in advocating for children by teachers taking the time to know and understand children's circumstances and planning support within school, as well as engaging with partners in multi-agency planning.

In some cases, thoughtful and well-considered understanding of older children who had experienced long-term neglect resulted in carefully planned and coordinated transition between schools. Significant change, such as moving from primary to secondary school, can pose real challenges for children who have been neglected because they lack a sense of stability and security at home and do not receive the necessary support from parent at this time of transition. In some cases, school staff



recognised this additional stress for older children and good communication between the school and other partners working with the family resulted in well planned and managed transitions. School staff knowledge of children and their families in the community was seen in cases to support a wider understanding by partners of the range of risk and need of older children.

## **Leadership and challenge**

Many of the children whose cases were reviewed for these inspections lived in families with complex problems and multiple needs. Parents were sometimes suffering from mental health problems and/or domestic abuse or misusing drugs and alcohol and/or dealing in drugs, or experiencing chronic housing problems and issues of poverty. In some families, all of these issues featured. Often parents were resistant to professional involvement with themselves and their children and did not always recognise the neglect their children were subject to. Older children often had little trust in adults, because of their experience of poor parenting and, as we have seen, were often at risk of exploitation and other forms of abuse outside of the home. They did not always recognise that they were being abused and could not therefore recognise that they needed help. Given this level of complexity, leaders and managers across agencies must ensure that all staff have all the necessary skills and understanding to identify and address the neglect of older children.

## **Multi-agency leadership**

In two areas visited, there was particularly strong leadership and drive from the LSCB to support a clear, collective commitment across agencies to improve services for older children suffering neglect. Active engagement of a wide range of agencies with the LSCB, including adult services, was resulting in shared ownership of the neglect strategy.

A collaborative and well-coordinated approach at a strategic level meant that a wide range of agencies were involved in the development and delivery of training and the use of tools to identify neglect. Equally, there was wide involvement across agencies in the evaluation of work to address neglect through regular multi-agency audits.

In one area, the LSCB recognised that the neglect strategy was just the beginning of a process and that a cycle of continual review and sharpening of responses to the neglect of older children was required in such a complex area of work. For example, multi-agency audits had resulted in a recommendation to develop bespoke tools for assessing adolescent neglect. Findings from the audits are widely shared across agencies to promote ongoing professional development and improved practice.

The impact of these effective LSCBs was that they provided not just challenge to agencies but also support through the provision of good-quality training and resources for staff to help them identify and address neglect. This approach was then reflected in work with families in which parents were challenged but also supported to address the neglectful parenting of their older children. There was a recognition that parenting older children requires specific skills and that these



parents needed specialised support to address their own needs and to learn more appropriate methods of parenting. What was impressive was the shared approach and understanding within multi-agency groups in identifying and addressing the neglect of older children.

The use of specific tools to identify neglect, by staff who were well-trained was seen to make a difference. In some schools, specific tools were available to staff to help them assess and monitor the risk of neglect. The use of chronologies in one school was particularly helpful in gathering evidence of cumulative neglect and clear evidence of when it is necessary to refer an older child to children's social care.

### Case 18

In one local authority area, inspectors saw a strong partnership between schools and the local authority safeguarding staff that was underlined by joint training and support systems. The local authority had developed a very strong relationship with a network of school safeguarding staff. This was led by a safeguarding professional from the local authority who provides advice on neglect when schools require it. The local authority and schools have regular meetings to enable expertise and information to be shared and joint planning. School staff appreciated the high quality of this local authority support. This strong work means that, within schools, concerns about individual children and families are speedily identified.

Schools, which see children on a daily basis, were found in these inspections to be especially important in providing support to older children at risk of or suffering neglect. In areas where schools were provided with good support from partners and the LSCB so that they could be well engaged in the multi-agency system, the schools mirrored this in their support to the children. This included tailored support for children in schools in many cases and early identification of neglect.

In some areas, leaders, in particular the LSCB, had established clear processes for professionals to escalate concerns about a child and challenge each other about decisions affecting a child that were widely known and understood by partners. This was making a difference for older neglected children. Schools in particular were providing challenge to poor decision-making about older children. They also escalated concerns about delayed responses to older neglected children, such as the lack of progress of work to support and protect them. These schools recognised that they needed to be clear about the process for escalating their concerns if children's situations did not improve and to be confident their concerns would be listened to. The LSCBs' clear process for escalation supported effective challenge.



## Conclusion

We know from this deep-dive JTAI, and our wider inspection programme, that multi-agency partners have been working hard to improve their responses to child neglect. However, the focus of this work, until now, has largely centred on younger children. What these inspections have told us is that multi-agency partners, including adult services, need to get better at both identifying and responding systemically to the neglect of older children.

Our findings demonstrate that to achieve best practice leaders in all agencies need to come together with a clear local strategy to address neglect, including the neglect of older children. Leaders should ensure that all partners and professionals have a shared understanding of what neglect looks like for older children and understand their role in identifying and responding to neglect, while ensuring that local responses and interventions are informed both by evidence and by the voices and lived experience of older children.

During these inspections we have seen that a wide range of professionals come into contact with older children and their families. To create the environment for best practice to thrive, leaders need to ensure that there is strong single and multi-agency oversight of this work, that caseloads are manageable, and that they take into account the complexity and context in which this work takes place. We saw professionals with a deep commitment to making a difference for these children.

We have seen examples of where professionals have seized an opportunity or a short time frame to identify neglect and respond appropriately and where this has made a real difference in helping neglected older children. But practice is varied and variable and there is much work to do to ensure that responses are as impactful as they could be and that all local strategies and responses are coherent and robust.

To increase practitioner confidence and impact, there also needs to be investment in specialist training for professionals for working with older children: this should include a clear understanding of child development during adolescence and trauma-based approaches to neglect as well as access to evidence-based approaches to inform interventions. Practitioners need to be caring, curious, capable, and confident in their practice.

To achieve this, all professionals need to understand how neglect within the home may have an impact on a child's behaviour and emotional well-being and how this may increase their vulnerability to risks outside of the home. We are becoming increasingly aware of risks of exploitation, including the risk of county lines<sup>18</sup> and this very vulnerable group of older children are at particular risk of being exploited. Understanding the relationship between neglect in the home and abuse and exploitation outside of the home is crucial if older children are to be more consistently and effectively helped.



Older children can be just as vulnerable to neglect as younger children. The impact of neglect may be less obvious in older children whose behaviours, such as self-harm or offending behaviour, may be what bring these children to the attention of professionals. Professionals need to be curious as to the underlying causes of the behaviour and to seek to understand the child's lived experience. When working with older children, the focus should be on their needs, not solely on their behaviour.

Professionals across all agencies must challenge any notion of older children being described as 'choosing a lifestyle'. They must challenge the idea that because a child appears resilient this means they do not need help. We have seen during these inspections that choices older neglected children appear to be making are often their way of trying to cope in an unsafe world but in fact put them at more risk.

Partnership working also needs to respond to the specific needs of older children, which includes giving them more autonomy and agency over how, when and with whom information about them is shared and discussed, and how work to support them is planned and delivered. Whenever possible, older children should be included in decision-making about their lives.

Older children require love, care, support as well as clear guidance and boundaries from their parents and carers. Work with parents to address neglect is essential and therefore plans for older children must address their need for parental care and support. All professionals need to feel confident in addressing this with parents.

In summary, this is a complex area and one in which many individual agencies and partnerships can play a significant role in identifying and supporting older neglected children. Partnerships are at different stages in developing good and best practice to address the range of risks that older children face and are developing approaches and an evidence base about what works. We recognise that.

We would encourage local safeguarding partners to ensure sustained mutual challenge to: secure the very best local practice; develop responses informed by what older children tell you about what works; and adopt a continuous learning and improvement culture in local responses to this challenging area of multi-agency practice.



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