

**Kent Neglect Strategy**

June 2023

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| **Scope** | This strategy document recognises the considerable extent to which Neglect features as a significant concern for children. The strategy identifies and defines what neglect is and the serious impact it can have upon children. Whilst recognising the difficulties in identifying Neglect, the strategy supports an early help approach to families. |
| **Accessibility** | This document can be made available in large print, or in electronic format.  There are no copies currently available in other languages. |
| **Equalities Impact Assessment** | During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality, and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation. |
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| **Review Date** | This strategy will be reviewed in June 2026. |

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**1.** **Introduction**

**1.1 Introduction**

In 2012, the Government’s education select committee reviewed the child protection system. They concluded that the needs of children and the importance of acting quickly to secure early intervention for children are all too often not given enough priority. In response to this review, Ofsted undertook a thematic inspection of 11 local authorities and published its report in March 2014, summarising findings and making recommendations for the need for local partners to develop a Neglect Strategy to drive forward improvement outcomes for children.

**1.2 Purpose**

The purpose of this document is to set out the strategic objectives and targets of Kent’s approach to tackling Neglect. This strategy also identifies key risk and contributing factors that can have an impact on Neglect. Key to the strategy is the importance of the early identification of Neglect and the need to support children and families through early help arrangements.

This strategy has been developed in conjunction with Kent Safeguarding Children Multi-agency Partnership (KSCMP) partners. Due to the nature of Neglect and the possibility that parents or carers may not wish to work with various agencies, staff should be particularly aware of the escalation policy within their own agency and this strategy should be considered alongside related individual agency and KSCMP strategies, policies, and procedures.

This strategy is an all-age (0-18) strategy for children and does not focus on a particular age group. It is known that Neglect can and does affect all age groups of children, although can sometimes go unnoticed in older children. A child’s age should not be a barrier to professionals recognising and understanding the impact of Neglect.

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| Learning from Practice Reviews |
| “…neglect becomes more complex as a child ages and develops as this will link to greater independence from carers and developing autonomy over their decision making…” “There appears to have been assumptions made in both cases about the child’s choice to self-neglect and professionals are encouraged to consider whether this was indeed a choice or a result of learned or indirectly encouraged behaviours by the parents/guardians.” [Learning From Cases of Adolescent Neglect Briefing](https://www.kscmp.org.uk/procedures/child-safeguarding-practice-reviews/published-local-child-safeguarding-reviews), KSCMP 2021 |

**1.3 Vision**

KSCMP’s vision is to reduce the prevalence of Neglect of children in the county and to further reduce repeat cases of Neglect for individual children. We want to ‘get it right first time’ and help families to keep improvements going.

**1.4 Strategic objectives**

KSCMP aims to ensure that the early recognition of Neglect and improved responses by all agencies reduces the number of children who need statutory intervention, and when it is required, the life chances of children are improved, and the risk of harm significantly reduced.

This strategy has three overarching objectives to meet these ends:

**Objective One:**

To secure collective commitment to addressing Neglect across all partner agencies which demonstrates effective leadership in driving forward the appropriate systems, cultures and processes that ensures that learning from system reviews is embedded and effects change.

**Objective Two:**

To improve the recognition, identification, assessment and intervention for children and young people living in neglectful situations.

**Objective Three:**

To improve outcomes for children, young people and families by ensuring the quality and effectiveness of service provision. This will include consultation with young people and their families to evidence their views about the services being offered and their effectiveness.

**2. Neglect**

**2.1 What is Neglect?**

Neglect is the most common form of abuse with around 1 in 10 children in the UK having been neglected ([NSPCC, 2021](https://learning.nspcc.org.uk/media/2621/statistics-briefing-neglect.pdf)).

Neglect is dangerous and can cause serious, long-term damage – even death. Davies, C and Ward, H (2012) found that the risk of fatalities from neglect may be as high as that from physical abuse and the risks of further abuse are higher with neglect than other types of abuse.

Working Together 2018 defines neglect as ‘The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in 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 care-givers); or
* Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.’

Neglect can also take place in the online environment; for example, a persistent failure to ensure adequate supervision online, or to take appropriate safeguarding action if online harm has occurred.

Neglect differs in its presentation from other forms of abuse. There is rarely a unique incident or critical event. More commonly a repetition of neglecting behaviour causes incremental damage to the child(ren).

**2.2 Signs of Neglect**

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement, and stimulation.

Apart from the child’s neglected appearance, other signs may include:

* Short stature
* Faltering growth (failure to thrive) in a child because an adequate or appropriate diet is not being provided.
* Severe and persistent infestations, (for example, scabies or head lice), in a child.
* Parents not bringing their child to medical appointments.
* Parents or carers who have access to but persistently fail to obtain NHS treatment for their child’s tooth decay.
* Parents or carers who fail to ensure children are given medication, treatment, or equipment prescribed to meet their medical or development needs, putting the child’s life or health at risk.
* Parents or carers who repeatedly fail to bring a child(ren) for essential follow up appointments that are necessary for the health and wellbeing of their child.
* Medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain.
* A child who is persistently smelly or dirty, particularly if the dirtiness is ingrained.
* Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisations, health and development reviews, and screening.
* Parents or carers who continually fail to engage or who disengage with services offering support and/or repeated referrals or re-referrals to services.
* If parents or carers persistently fail to anticipate dangers and take precautions to protect their child from harm.
* Parents failing to provide a safe sleeping environment and/or persistent failure to follow appropriate safe sleeping advice.
* Poor or unhygienic home conditions, including impact of cannabis use or smoking or consistent mess (which may include dirty nappies and dirty infant feeding bottles and equipment). It may be helpful to refer to the Kent and Medway Safeguarding Adults Board (KMSAB) [Self-neglect Clutter Image Ratings](https://www.kmsab.org.uk/assets/1/clutter_image_ratings_-_combined.pdf).
* Poor standard of hygiene that affects the child’s health.
* Purple mottled skin, particularly on the hands and feet, in the winter due to cold.
* Swollen limbs with sores that are slow to heal, usually associated with injury.
* Dry sparse hair.
* General physical apathy.
* Childhood obesity.
* Parents failing to ensure children have access to education.

Working Together to Safeguard Children 2018 states “Professionals working in the universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need”.

It is important that all agencies (including Health, Schools, Early Years and other educational settings, Children’s Centres, Police, Probation, Housing, Voluntary and Community organisations), identify emerging problems and potential 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.

Key contributing factors which increase the likelihood of neglect include:

* Parental mental health problems
* Parental substance misuse including cannabis use and alcohol misuse
* Parental poor physical health or physical disability
* Households where there is Domestic Abuse
* Unemployment
* Poverty
* Parental learning disabilities
* Poor parental functioning
* Inadequate housing
* Homelessness
* Problematic use of technology by parents/carers.

Some children are especially vulnerable to neglect, including:

* Children born prematurely
* Low birth weight children
* Disabled children
* Vulnerable adolescents
* Children who go missing from home or care
* Young carers
* Asylum seeking children
* Refugee children who have arrived with and/or are residing in the country with their family

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| Learning from Practice Reviews |
| The [KSCMP ‘Lost in Plain Sight’ LCSPR](https://www.kscmp.org.uk/procedures/child-safeguarding-practice-reviews/published-local-child-safeguarding-reviews) highlighted learning relating to how the symptoms of neglect can also be presented or perceived as symptoms of a disability, including self-injurious behaviour, which may mean neglect is not identified by professionals. It also raises learning regarding the impact of neglect on the development of children. |

Neglect is most frequently a cumulative process. Single incidents or concerns by themselves may not be viewed as an indicator of risk, and neglect only identified if triangulation with other information and incidents takes place. It is vital that detailed records are kept and reviewed holistically, to understand the overall impact for a child.

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| Learning from Practice Reviews |
| “It is clear the home conditions varied significantly over this 7-week period. The issue was the parent’s ability to sustain good enough home conditions and ensure that these conditions did not adversely impact on their child.” [Child S Learning Briefing](https://sway.office.com/evzdJjAyCQFLteKu), KSCMP 2023 |

**2.3 Impact of Neglect on Children**

The impact of neglect on children and young people is enormous. It is often cumulative, advancing gradually and imperceptibly and, therefore, there is a risk that agencies do not intervene early enough to prevent harm.

Neglect causes great distress to children, can lead to poor health, poor social and educational outcomes and can be fatal. Neglect can affect the development of a child’s brain. Children’s ability to make secure attachments is affected by suffering neglect and their emotional wellbeing is compromised, which can affect their ability to successfully parent in future.

Neglectful parenting is most damaging in both the early stages of life and in the teenage years. A longitudinal study commissioned by the NSPCC found a strong correlation between the neglect and maltreatment of adolescents and poorer emotional wellbeing, including self-harm and suicidal thoughts (NSPCC 2012). Children who receive care which is unpredictable, rejecting, or insensitive, are more likely to develop attachments which are less secure.

Children who have experienced neglectful parenting may have:

* Poorer emotional knowledge and be less able to discriminate between different kinds of emotions.
* Lower self-esteem and higher levels of emotional problems.
* More aggressive behaviour than children who are not neglected and more uncooperative and noncompliant.
* There is also a related impact on children’s social development: the evidence suggests that neglected children are more withdrawn and socially isolated and less socially competent than their peers.

(Safeguarding Children across Services (2012) Davies, C and Ward, H)

Neglect is a form of abuse which can be considered an Adverse Childhood Experience (ACE). Research shows that the more ACEs that occur in childhood, the higher the chances of adults having poor mental health and physical conditions. Neglect may also leave children open to exploitation or radicalisation.

**2.4 Challenges to recognising and addressing Neglect**

Neglect can be less obvious than other types of abuse, although its impact is long lasting and pervasive. Whilst the ambition to get it right first time for children and families is the standard partners should aim to achieve, it is recognised that this can be difficult when single incidents may not indicate sufficiently the level of risk in respect to neglect. Children may also be less likely to recognise they are experiencing neglect and be less able to articulate this to professionals.

Neglect may occur because of parental vulnerabilities and challenges, including in understanding of required levels of care. There is a need to particularly consider how to communicate needs and required improvements to parents, in a way that is fully understood. The University of Bristol’s [Good Practice Guidance on Working with Parents with a Learning Disability](http://www.bristol.ac.uk/media-library/sites/sps/documents/wtpn/FINAL%202021%20WTPN%20UPDATE%20OF%20THE%20GPG.pdf) may be a useful resource to assist practitioners.

Parent failure to engage with services can also be considered neglectful, and the lack of engagement can mean professionals are less able to understand the holistic picture for a child, in order to assess whether neglect is being experienced. It is known that children should not be recorded as ‘did not attend’ when appointments are not kept, but instead ‘was not brought’, as a parent or carer is responsible for their attendance. Practitioners should ensure they are familiar with their organisation’s ‘was not brought’ guidance. Consideration should also be given to whether repeated non-attendances may be deliberate to trigger service closure.

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| Learning from Practice Reviews |
| “Appointments alternating… helped obscure missed visits. Being seen and assessed would have provided a clearer evidential basis from which to distinguish between medical need, and abuse and neglect…. It is likely clarifying this earlier would have enabled greater insight into the impact of neglect.” [Child R Learning Briefing](https://sway.office.com/SZLFYTFTHJliLKHw?ref=Link), KSCMP 2023 |

It can also be particularly challenging to identify neglect for a single child within a broader group. A single child within a sibling group may experience neglect, whilst others do not and have their needs met. It is important to understand the lived experience of each individual child, and not conflate experiences of a group as a whole.

**3. Responding to Neglect**

**3.1 Roles and responsibilities**

Working Together 2018 states “Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

Situations of apparent neglect can be very difficult and thresholds hard to establish. It is essential to place the child or young person at the centre of the assessment, ensuring that all decisions are informed by the Kent Levels of Support Guidance. It may also be helpful to refer to the Kent and Medway Safeguarding Adults Board (KMSAB) [Quick Guide to Identifying and Responding to Self-neglect and Hoarding](https://www.kmsab.org.uk/assets/1/quick_guide_to_identifying_and_responding_to_snh.pdf) and [Self-neglect Clutter Image Ratings](https://www.kmsab.org.uk/assets/1/clutter_image_ratings_-_combined.pdf)

Designated Safeguarding Leads in each agency in Kent will take a lead responsibility, contributing to the implementation of this strategy, building on good practice and by enhancing the awareness of Neglect. All practitioners have the responsibility to ensure that they keep updated with relevant safeguarding training that incorporates neglect and that they know how to contact their Safeguarding Lead.

Children and families with additional needs are best supported by those who already work with them. This is often in universal settings or through additional support and/or targeted provision. Early Help assessments and intensive support are offered to families by Early Help Units including support for adolescents via Adolescent Early Help Units.

Specialist services are provided where the needs of the child or young person are so great that statutory specialist intervention is required to keep them safe or ensure their continued development. Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect or children with significant impairment of function/learning and/or life limiting illness will require specialist services. These include Integrated Children’s Services (ICS) providing child protection, fostering and adoption, support to Looked After Children and disabled children and young people, as well as the Youth Justice Service and Specialist Child and Adolescent Mental Health Services.

Accurate, detailed and up to date documentation is particularly important in identifying issues of neglect. The nature of its presentation (mounting concerns and minor incidents) means that recording by all professionals and sharing of information between professionals is crucial to the protection of the child. Using a chronology in cases where neglect is a concern is a very useful way to quickly see the key concerns over a period of time.

Records should reflect that parents or carers have been given full information regarding choices so that they can give informed consent. It is also important to document what actions have been taken to engage with parents or carers who are refusing care or consent for treatment/immunisations, including those who do not attend for appointments.

When concerns are identified, these should be discussed with the parent or carer and factors that may be contributing to the persistent failure to meet the child or young person’s basic physical or psychological needs be explored. As with all presenting needs, the earlier neglect is identified and responded to, the better the outcome for the child. This must involve professionals being aware of and responding through an early help approach whereby concerns are identified and addressed through conversations and action early in the life of the problem.

**3.2 The role of Early Help**

With consent from the family, partners can request Early Help support via the Request for Support form for vulnerable children and families with multiple needs or whose needs are more complex. Early Help Units in each district work with children, young people and families with multiple or complex needs requiring intensive support. They work in partnership with other professionals and the family to assess needs and agree an outcomes focused plan providing co-ordinated support to build resilience and develop solutions to problems the family may be experiencing. The Early Help plan is a single whole-family plan which is strengths-based with the family’s voice central to its development and therefore the family agree the planned outcomes.

Children and families with additional needs are often best supported by those who already work with them. It may therefore be that children can be well supported to overcome the worries that have arisen by support from universal services which are accessible for any family (health, school, children’s centres or youth hubs). Childrens centres and youth hubs are able to offer additional support to particular families when the needs are less complex and therefore not requiring intensive support from the Early Help units.

Early Help works closely with Children’s Social Work Services to ensure the right support is provided at the right time. When progress is not evident or circumstances change, the interface between early help and statutory social work services is clear and work is appropriately transferred between services to ensure a prompt response. If threshold is no longer met for statutory services, the Early Help Unit Lead and Children’s Social Work Team Manager discuss and agree when a family may need to step-down from the Children’s Social Work Services to an Early Help Unit, with consent. In some circumstances the Children’s Social Work Duty Team Manager may consider that a Child & Family Assessment is likely to lead to an immediate step down. In these situations, a joint proportionate C&F and Early Help assessment may be undertaken in order that any proceeding Early Help intervention will not duplicate support with families.

Youth Justice Service assess, plan and provide support for young people who have come to the attention of the police and receive a court disposal. They work in partnership with other professionals, including ICS, to provide the appropriate support in all cases including where neglect has been identified.

**3.3 The role of ICS including the Strengthening Independence Service for Disabled Children and Young People**

A clearly understood threshold for access to ICS is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of Neglect (cumulative harm, non-incident focused, improving and worsening often in line with the advance and retreat of professional help) can present challenges for practitioners assessing parental behaviours and the impact on children.

ICS are accessed via requests for support through the Front Door where decisions are made about whether to progress an assessment of a child under Section 17 or Section 47 of the Children’s Act 1989.

All agencies that refer Neglect into ICS can expect clear communication about whether the referral has been accepted and the role of the referrer going forward, and, if the referral has not been accepted, why this is the case and what support the referrer can offer or seek for that child. In some cases, support from Early Help may be suggested and, with consent from the family, the referral will be forwarded to the relevant team to provide appropriate support.

Any child who is subject of an assessment and ongoing support from Early Help or Children’s Social Work Services will have a plan that identifies their needs, what outcomes the plan hopes to achieve and what actions the adults in the child’s life will have to take to achieve the outcomes. These plans are multi-agency and the ambition of all our plans is that children have permanent and secure homes where the adults are able to meet their needs without ongoing support of statutory safeguarding services.

All Social Workers in Children’s Social Work Services and all staff in Early Help will be trained to understand how neglect presents and the long and short-term effects on children. They will be supervised and supported to make judgements about what action is required to safeguard a child from neglect.

Children’s Social Work Services will work with universal services throughout their involvement with the child or young person and will work with universal services to have a clear plan for when Children’s Social Work Services involvement is stepped down, or when the support from the Strengthening Independence Service is offered at the Child in Need level. In some cases, intensive support from Early Help may be agreed, with consent from the family and following discussion between Early Help and Children’s Social Work Services.

**3.4 The role of Police in addressing Neglect**

Safeguarding children is a fundamental part of the duties of all police officers and Kent Police have adopted a child centred approach to policing. Kent Police aim to provide contextual intelligence reporting structures to share intelligence between policing areas and partners to ensure a joined-up approach to identifying early warning markers that suggest neglect.

Kent Police’s priority is to protect the lives of children and ensure that their welfare is paramount, to protect the rights of the child, and to take effective action against offenders so they can be held accountable through the criminal justice system. To adopt a proactive multi-agency approach to preventing and reducing child abuse in line with the agreed arrangements of KSCMP.

Child abuse includes offences or suspected offences relating to physical, emotional, sexual abuse or neglect of a child. These categories overlap and an abused child frequently suffers more than a single type of abuse. Criminal investigations into child neglect are investigated by the Designated Child Vulnerability Investigation Team (VIT). These investigations require a multi-agency approach to ensure all relevant information in shared between partners to establish a detailed understanding of the context and desired outcomes. Kent Police also have a specialist team for missing children, child exploitation and children subject to or at risk of county lines exploitation (MCET – Missing and Child Exploitation Team). This team conducts direct and indirect work with children often in unison with the local authority, education and commissioned partner services both inside and outside of Kent. This team works in conjunction also with the Designated Child VIT to ensure neglect, including a lack of supervision and failure to safeguard, is both progressed and identified as a multi-agency concern.

Any professional may come across or be made aware of an instance of child neglect. There may be circumstances where professionals need the urgent assistance of Police and therefore 999 should be used accordingly where required. All professionals have a duty to act and the use of 999 or 101 must be in addition to the professional taking relevant safeguarding action. Where a police officer suspects a child to be at significant risk of harm the officer has authority under Section 46 of the Children Act 1989 to remove that child to a place of safety or ensure the child remains at a safe place for up to 72 hours. This is to enable Children’s Social Care to fully assess, implement necessary safeguarding measures and if required, seek relevant court orders.

In criminal cases evidence will be required to support the prosecution. In these cases police will require professionals to provide evidence, such as details of contacts, home conditions, and any relevant GP or hospital attendance and dental records for example.

**3.5 The role of education in addressing Neglect**

Schools, colleges and early years settings play a vital role in recognising and responding to neglect at an early stage. All staff employed within the education workforce have a responsibility to safeguard children and promote welfare as defined by section 175 of the Education Act 2002. The sector is expected to have appropriate child protection policies in place and provide safeguarding and child protection training to all staff which enables them to identify the signs and symptoms of abuse and neglect and guides staff through the process of knowing how to respond, record, report and refer where appropriate.

A safe education setting requires a culture of vigilance where all staff are alert to early signs of concern and know where to go to consult when appropriate. Advice for Kent education settings is available via the Kent County Council Education Safeguarding Service. Good partnership working with parents and other agencies is critical to addressing neglect, as a child whose basic primary needs are not being met is unlikely to be motivated or able to learn. A good understanding and heightened awareness of thresholds for intervention is a requirement for all Designated Safeguarding Leads in schools and settings. DSLs should be mindful of cases where support being implemented by their setting (with positive intentions), could potentially obscure the true scale and/or impact of neglect.

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| Learning from Practice Reviews |
| “Schools working with this family had provided an incredible amount of practical support over a period of years. This included, but not limited to, a staff member routinely transporting one child to and from school, purchasing uniforms, regularly washing the informs, sourcing white goods and other essential items such as beds and mattresses, clearing the house, and sourcing food parcels and Christmas presents for the whole family. The group discussed the focus here was practical support in the hope it would improve the situation, but it effectively served to ‘parent’ the children on Mother’s behalf, potentially obscuring from the wider professional network the extent to which her parenting was being ‘propped up’ or ‘supplemented’….. Other professionals may at times have attributed positive changes in the children’s circumstances and environment to Mother’s own action, when in fact it could have resulted from schools and other agencies providing practical support.” KSCMP Rapid Review, December 2022 |

**3.6 The role of Health in addressing Neglect**

Records should reflect that parents or carers have been given full information regarding medical choices so that they can give informed consent. It is also important to document what actions have been taken to engage with parents or carers who fail to give essential medication or treatment, or who are refusing care or consent for treatment/immunisations including those who are not brought for appointments. Child and Young Persons **do not** DNA (did not attend) appointments but are ‘not brought’ to appointments by their parents/carers (WNB). A Was Not Brought policy should be available or incorporated in the organisations/practice safeguarding children policy and should include clear guidance on following up failure to attend appointments.

If neglect is suspected, discuss the matter with the safeguarding team within your organisation or practice. Situations of apparent neglect can be very difficult to define and thresholds hard to establish. It is essential to place the child or young person at the centre of assessment, ensuring that all decisions are informed by the [Levels of Support Guidance](https://www.kscmp.org.uk/guidance/kent-support-levels-guidance). Cases of complexity can be discussed within safeguarding supervision with the Designated Nurse or Doctor.

Should the outcome of any assessment identify that a child or young person is at risk of significant harm, a [request for support to the Front Door](https://webapps.kent.gov.uk/KCC.ChildrensPortal.Web.Sites.Public/Default.aspx) should be submitted in accordance with [Kent’s Safeguarding Children Procedures](https://www.kscmp.org.uk/procedures/kent-and-medway-safeguarding-procedures).

**3.7 The role of other services working with vulnerable adults with children (including housing, drug and alcohol services, and adult mental health services)**

All services that are predominantly adult focussed, including mental health services, are expected to align their practice with the ‘think family’ principles. Within mental health, it is well evidenced that parents with mental health issues may need support and guidance to fulfil their role as a parent due to the impact of their illness (SCIE 2009).

Staff need to be aware of the signs that a family is struggling to ensure interventions, assessments and partnership working with the family and other agencies is robust at all times. The right level of training, advice, supervision, and support is also necessary to ensure staff are equipped to provide the best possible care to these vulnerable families.

All professionals in services which might work with children or adults who have children, have a responsibility to be able to recognise abuse and neglect of children. Neglect might be identified when responding to unrelated matters and it is important that professionals are able to recognise and respond appropriately.

**4. Guiding Shared Principles**

Those agencies working together to this strategy agree to the following principles when considering Neglect. The need to:

1. Have a shared understanding of Neglect and the safety, wellbeing and development of children is the overriding priority.
2. Collaboration amongst agencies is vital to ensure effective identification, assessment and support.
3. Identify Neglect at the earliest stage, in order for the early assistance to be coordinated through the early help process.
4. Working using a strengths-based approach. This framework can be understood as containing four domains for inquiry:
   1. What are we worried about? (past harm, future harm and complicating factors)
   2. What’s working well? (Existing strengths and safety)
   3. What needs to happen? (Future safety)
   4. Where are we on a scale of 0 to 10 where 10 means there is enough safety for child protection agencies to close this case and 0 means it is certain that the children will be (re)abused/neglected.
5. Use historical information to inform assessments via chronologies by Children’s Social Workers, Early Help Workers and Health Professionals where appropriate.
6. Continually question hypotheses and assumptions made in relation to each child’s case.
7. Take appropriate statutory action if sustainable progress is not made to reduce risk.
8. Ensure all children, regardless of age, disability, ethnicity, culture, special needs, and caring responsibilities have an equal right to be protected from neglect.
9. Understand that neglect often co-exists with other forms of abuse or risk factors, so this strategy must link with other work streams, for example domestic abuse, substance misuse, self-neglect and hoarding, adult mental ill health, child poverty and homelessness, ensuring that children and families are able to benefit from all developments as appropriate to their needs.

**5. Governance and Accountability**

The application of this strategy will be overseen by the KSCMP Policy and Procedures sub-group and this will provide challenge and support. The sub-group will review this strategy in line with its review policy.