



Autumn 2018: Newsletter



Welcome to latest edition of the joint safeguarding boards' newsletter.

Each newsletter has a particular theme.

This edition has a focus on **self-neglect in adults and child neglect**.

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General updates

Rochdale's allegation management lead

Jayne Todd (pictured) is the lead for Rochdale's new allegation management process. Jayne has been a social worker in Rochdale for 12 years and has worked in various adult care teams.

The allegation management process and procedure outlines what action needs to be undertaken when any allegation of abuse is made against an employee or volunteer who works with adults with care and support needs.

The aim is to make sure it is dealt with fairly, quickly and consistently.

It has taken over 12 months to develop the allegation management process with the Rochdale Borough Safeguarding Adults Board. It has involved liaising with a wide range of partners to ensure the procedures and process are fit for purpose and continue to evolve with every new case.

Jayne's role is to:

- Deliver allegation management training to inform providers, voluntary organisations and professionals of the new process
- Provide advice and guidance to safeguarding leads, employers and voluntary organisations that oversee professionals working with adults with care and support needs
- Liaise with the police
- Monitor the progress and provide management and oversight of individual cases
- Be responsible for initial considerations of allegations
- Chair the allegation management strategy meetings
- Identify whether other actions might be required following the completion of initial strategy meetings and to ascertain if further meetings maybe needed due to wider service concerns

If you have any queries, please contact Jayne Todd at AML@rochdale.gov.uk

[Click here for further info about the allegation management procedure.](#)



Praise for safeguarding service

Rochdale Borough Council's adult care safeguarding service has been praised as innovative and well-led in a key report. A peer review carried out by Trafford Borough Council highlighted the good work being done by all partners to support and protect adults.

The report singled out the high quality and dedicated support provided to adult survivors of child sexual exploitation. In a further boost, the safeguarding team was praised for preventing vulnerable adults becoming homeless when they are discharged from hospital.

The safeguarding service was also hailed for its work to support high risk individuals, developing innovative solutions to challenges and effective partnership working. There was particular praise for Rochdale's adult safeguarding board, with the authors praising its excellent leadership, strategic priorities and effective communication.

Steve Blezard, adult care director of operations for Rochdale Council, said: "Many thanks to Trafford Borough Council for the peer review. We were delighted with its findings and their praise. We will be taking on board any recommendations to ensure we continue to provide a high quality service for people across the borough."

General updates

Flying the flag for joint working

The borough's adult vulnerability team has piloted a new way of working which has helped reduce duplicate referrals and improve patient care.

A new partnership has been developed which includes Greater Manchester Police, adult social care staff from Rochdale Borough Council, mental health professionals from Pennine Care NHS Foundation Trust and representatives from local drug and alcohol services. The partnership is known as MAAST, which is short for multi-agency adult safeguarding team.

This new approach makes sure that the most appropriate care is put in place for a vulnerable person as soon as possible. Previously, when there were concerns over the welfare of a vulnerable person, Greater Manchester Police would trigger a multi-agency response, resulting in all agencies receiving information on that person, regardless of whether they needed to be involved or not. This often resulted in unnecessary work and could slow down the process of ensuring the correct referral was followed up. Now, only relevant agencies are involved when a vulnerable person needs support and this reduces the risk of duplicate referrals and provides more timely care. The group will continue to meet twice weekly to make sure this partnership grows from strength to strength.



Spotlight on the Pennine Care safeguarding children and adults team



The Rochdale borough safeguarding children and adults team from Pennine Care NHS Foundation Trust has recently welcomed a new named nurse. **Mak Inayat (pictured)** joined the team in September 2018 and replaced Rebecca McGeown. Louise Hamer held the role on an interim basis and has done a fantastic job!

Mak's role is to provide leadership and support across Pennine Care's community and mental health services in the Rochdale borough and to be responsible for representing the Trust in multi-agency work with the Rochdale borough safeguarding children and adult boards.

The Pennine Care team currently consists of a specialist safeguarding families practitioner, Laura Smith; a specialist nurse for cared for children, Angela Jones; a specialist nurse for child sexual exploitation Charlotte Wilson; and two specialist health practitioners in the early help and safeguarding hub, Angela Lowe and Steven Hook. The team is supported by valued administrators Jo, Janette and Karen and works closely with a range of other professionals.

Recent achievements

The team has been busy over the last few months. Key achievements include: three group supervision sessions, attended by 37 professionals; nine drop in safeguarding supervision sessions across the five Rochdale localities; 43 individual supervision sessions with a specialist safeguarding practitioner; half day training sessions around level three safeguarding children, attended by 80 practitioners. You can contact the team on 0161 716 5979.

General updates

Rochdale relationships matter manifesto

A host of agencies recently came together to start a Rochdale relationships revolution.

More than 200 professionals, including social workers, health professionals, schools, probation, police and voluntary organisations, packed out the great hall at Rochdale Town Hall for the Reducing Family Conflict Conference. The aim was to learn about new ways of working to help support families and reduce conflict to improve outcomes for families.

Councillor Kieran Heakin, cabinet member for children's services, said: "We're really pleased to have so many partners on board and backing our work on relationships. It's all part of our commitment to helping families earlier with the right support, before bigger issues present themselves."

Sheena Adam, director and mediator with Children First, spoke about the various ways conflict can be displayed and the various techniques available to reduce conflict in the family.

She spoke about the [how to argue better training programme](#) for practitioners. This has been designed to help raise parents' awareness of the impact of conflict on their children and give them the skills to tackle their disagreements in a healthy way.

The relationship manifesto was launched at the conference, with a call to action for all who live and work in the borough to support local developments to promote positive relationships and reduce conflict. All partners pledged to make this a priority.

Gail Hopper, director of children's services at Rochdale Council, said: "It was fantastic to see so many people come together, not just to hear what the speakers had to say, but also with lots of ideas about how this will move forward. I really believe that, in the home of co-operation in Rochdale, we are at the beginning of a revolution to improve relationships where we can all work together to give families the support they need, when they need it. To have people queuing to pledge to reduce family conflict was delightful to see and I know we're at the start of something exciting."

For more information [click here](#) or contact emily.nickson-williams@rochdale.gov.uk .



Training charges increased to reduce non-attendance

All Rochdale borough safeguarding boards' training courses are free to attend. However a charge is made for non-attendance or late cancellation (within five working days). This is because we often have a waiting list. Also our courses are written and delivered by front-line practitioners and delivering training takes them away from their professional duties. It is therefore essential that the training we provide is as efficient as possible.

The charge used to be £25 for a one hour briefing and £50 for a half or full day course. This charge has been in place since 2012 and had never been increased.

However the non-attendance rate over the last year has been unacceptably high. To reduce the risk of non-attendance it has been agreed to increase the charge. The boards' training sub-group has reviewed the issue and discussed the proposed new charges. The agreement is to charge the following for non-attendance or late cancellation: one hour briefing : £25; half day: £50; full day: £100. The new charges have been ratified by both the Children's and Adults' Safeguarding Boards and have been in effect since 1 September 2018. [Click here for more information.](#)

General updates

Safe after school campaign

The [#SafeAfterSchool](#) campaign encourages parents to ask the right questions when choosing clubs and activities for their children. We would welcome your feedback on how the campaign has helped you as parents; for a brief survey [click here](#).

Rochdale Safeguarding Children's Board, the Local Authority Designated Officer (LADO) and Rochdale Council, together with partner agencies, are promoting the importance of parents asking the right questions and understanding the safeguards every provider should have in place before sending their children to activities or clubs.

Liz McInnes MP, among others, has added her name to the growing list of local people and organisations promoting and supporting the campaign. They have highlighted their support in a series of video clips which can be viewed on [Rochdale Council's YouTube page](#).

It's really important to press home the key messages from our campaign to parents and providers. [For further information, advice or assistance about the campaign please click here](#).

CHILD SAFETY IN CLUBS AND ACTIVITIES



Choosing a club, tutor or coach for your child?

- Can I observe the sessions?
- Is there a policy on safeguarding children?
- Are staff trained in safeguarding/first aid?
- Any written code of conduct for staff/volunteers?
- Is there a health and safety policy in place?
- What are the emergency procedures?
- Who do I speak to if I have any concerns?
- Is there any safety information available via website/leaflet?
- Where do I go to for help and advice?

All change! Working together 2018

What is it?

If you work with children, you may already be aware of the new statutory guidance brought in by 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' which replaces the earlier Working Together 2015 edition and how this may affect your role.



If you work with children you have a responsibility to be aware of *Working Together 2018*.

Why is it being updated?

The new 2018 guidance follows a government consultation, launched in October 2017, which set out the changes needed to support the new system of multi-agency safeguarding arrangements established by the Children and Social Work Act 2017.

So what's new?

Key changes in the new 2018 guidance include:

- Assessing need and providing help
- Organisational responsibilities
- Local safeguarding children boards to be disbanded and replaced by safeguarding partnerships
- Serious case reviews to be replaced by local and national child safeguarding practice reviews
- Child Death Overview Panels to be the responsibility of the local authority and clinical commissioning group who are described as child death review partners

Want to find out more?

[HM Government – Statutory Guidance](#)

[7 Minute Briefing – Working Together 2018](#)

General updates

The voice of the child: seven minute briefing

01

Background:

The child's voice is a phrase used to describe the genuine involvement of children and young people. It means more than simply seeking their views but is about enabling them to take as active a role as possible in decision making.

"Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account."

(UN Convention on the Rights of the Child, Article 12)

Children have said that they need adults to: listen, avoid making assumptions and notice when things are troubling them; treat them with the expectation that they are competent and can make effective decisions about their own lives; be honest and explain things in a way that they can understand; keep them informed of the outcome of assessments and decision making; support them as individuals and assist them to put forward their views.

Why it matters:

The dangers of not engaging children directly are well established. The [Laming report](#) (2003), which considered the circumstances of Victoria Climbié's death, concluded that "the authorities charged with her care almost without exception failed to talk to Victoria directly but addressed their concerns to those responsible ultimately for killing her". The failure to listen to children was also highlighted in an [Ofsted report](#) of 67 serious case reviews (2010). The report indicated that: professionals did not see the child frequently enough or did not ask the child about their views and feelings; did not listen to adults who tried to speak on behalf of the child and that parents and carers often prevented professionals from seeing and listening to the child. In her review of child protection in England [Professor Eileen Munro](#) highlighted "Children and young people are a key source of information about their lives & the impact any problems are having on them.... It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work". [Local reviews](#) reflect similar findings.

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What to do?

- Remember that research has shown that only 7% of communication is verbal! Being observant is very important as children may say one thing but their body language & behaviour may signal something different.
- Give sufficient time, be patient and insist that children's voices are not only heard but also used to inform our practice.

Questions:

Do I understand what this child's life is like, what do they do each day? What do they feel about their lives, how would they want things to change? Do we effectively capture the voice of the child and their lived experience in assessment, planning and records? If I have concerns about my own personal safety, have I considered the level of risk for children in this household?

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Voice of the Child

Information:

- Observe interactions between children & parents/carers? What is your hypothesis about their behaviour?
- Encourage children to participate in meetings, including Child Protection Conferences. They can do this directly by attending or by putting something in writing, drawing a picture or asking someone to speak on their behalf.
- Use the 'About Your Conference' booklets to engage children in the process.

Information:

- Children must be seen alone. They may not be able to talk openly about their experiences in presence of a parent/carer
- Children may feel less inhibited about speaking if they are in a safe, neutral setting
- Talk to children about their lives, their likes & dislikes, hopes & dreams, worries & fears. There are a variety of ways of gaining their views through [techniques](#) such as 'Three Houses'.
- Record what children say in direct quotes (e.g. 'I feel sad/happy/worried when...'). This is more powerful than something interpreted by a professional
- Even if children are too young to speak it is still essential to convey a sense of what life is like for them. Describe their presentation; how others interact with them and how they respond; comment on whether you consider they are functioning at a developmentally appropriate level
- Include the views of other significant people in the child's life who may have contributions to make about the child's experiences, e.g. grandparents, aunts, uncles & neighbours.
- Include the views of fathers; they may have useful information to share, even if there are concerns about them.

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General updates

Communicating effectively – free resources for practitioners

When working with children or young people it is essential to gain a clear picture of a child's or young person's feelings, thoughts and views; obtain the voice of the child.

There are a range of free tools that can be used to capture the views of a child or young person. There are different tools appropriate for children or young people of different ages, level of need or understanding.

Examples of tools include animal talk activity, autism toolbox, children's participation toolkit, Communi-CRATE worksheets – Sheffkids, getting to know a child's routine, say it your own way, voice of the child DVD and worksheets. [Click here for further information and examples of tools.](#)

Know your safeguarding boards

The **Safeguarding Boards' Quality Assurance and Performance Improvement (QAPI) Sub Group** is made up of a group of people across the partnership who report to the boards and look at quality, share good practice and look at how to do things better. One of the ways the group do this is through undertaking multi-agency audits.

What are our local multi-agency audits telling us about practice?

Assessment

- Use the Graded Care profile to work with families to document actions and achievements in order to promote and measure change
- Be consistent in using and reviewing screening and assessment tools to ensure they are fit for purpose, up to date and embedded in practice
- Ensure assessment tools are completed as soon as concerns are identified and before the case gets to child protection or child in need level
- Think Family and consider the child in the context of their whole family and environment
- Consider current and historical information when assessing the level of need to ensure appropriate response and support is provided

Information sharing

- Share all relevant and updated information with involved and appropriate agencies, including GPs, when concerns are identified, and when there are changes in situations.

Training and supervision

- Keep up to date with training and information available on the boards' websites
- Be aware of indicators of disguised compliance and signs of neglect and intra-familial sexual abuse
- Ensure supervision provides opportunity for case discussion and reflective practice
- Ensure that managers have oversight of cases

Record keeping

- Maintain clear and accurate records, including chronologies
- Evidence the process, the voice of the child, decision-making rationale, concerns, how these are being addressed and impact of work
- Never under-estimate combined risk of domestic abuse, substance misuse and parental mental health/learning difficulties and disabilities and consider these in the assessment process

[Click here for further information about QAPI and specific audits that have been carried out.](#)

Want to know more? Contact julie.hayman@rochdale.gov.uk or phone 01706 925623.

Domestic violence updates

White Ribbon campaign to reduce domestic abuse

The White Ribbon campaign begins on the 25 November 2018 and runs for 16 days. This global campaign focuses on raising awareness about all forms of violence experienced by women from men.



The campaign is also an opportunity to raise awareness of domestic violence against men, which is not as widely talked about.

- **Fact:** Over 4000 incidents of domestic violence and abuse were reported to the police in Rochdale (2017/18)
- **Fact:** Domestic violence and abuse remains one of the main reasons for re-housing in Rochdale
- **Fact:** Over 50% of child protection plans featured domestic violence and abuse (2017/18)

You are encouraged to get involved in promoting the 2018 White Ribbon campaign to raise awareness of this important issue. [Click here to visit the White Ribbon website for further details.](#)

Local web-based advice on domestic violence

Rochdale Council's new domestic violence and abuse web pages are now live. [Click here to access this](#)

New behaviour change programme for men

Local charity Rochdale Connections Trust (RCT) has developed a new behaviour change programme for men aged 18 years and over, who want to stop their abusive behaviour.

The time to change programme is delivered on a one-to-one or group basis and can run up to a maximum of six months. The programme will also provide support to female partners and will be tailored to their needs. Referrals can be made via professionals, or people can self-refer.

For further information, or to make a referral, please contact Jenny Miller on 07748 780 871 or at jenny.miller@r-c-t.co.uk [Click here for further details.](#)

Funding for local honour-based violence support service

The Rochdale Women's Welfare Association has secured funding to continue its honour based violence service for women.

Support available includes: domestic violence and abuse, forced marriage, honour abuse, immigration, freedom programme and housing.

Support can be provided in urdu, punjabi, and mirpuri.

Contact them on 01706 860157.

[Click here for further details.](#)

Domestic abuse support app

Bright Sky is a free mobile app providing support and information to those who are in an abusive relationship, or who are concerned about someone they know.

The app focuses on how to tackle domestic abuse, stalking and harassment, and provides advice about online safety and sexual consent.

It can be downloaded from any phone's app store.



News in brief: children

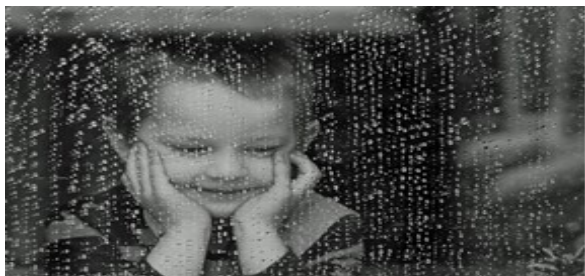
Harmful online game

The Momo challenge is a form of cyberbullying that is spreading across social media.

After phone users are enticed to contact a user named Momo through social media network WhatsApp, they receive graphic threats from the user and are instructed to perform a series of dangerous tasks.

This game has received numerous complaints and is a cause of concern among many parents, carers and professionals.

[Click here for further details.](#)



Reducing the risk of children falling from windows

If you work with parents of small children, please warn them about the risks of falls from windows and offer practical safety advice.

[Click here for further details.](#)



Tackling FGM (female genital mutilation)

On Friday 5 October, the Home Office launched its FGM (female genital mutilation) campaign. This aimed to educate communities about the long-term health consequences of FGM, raise awareness that it is illegal and signpost people to the NSPCC FGM helpline for support, advice or to report concerns.

The 2018 FGM campaign focused on wider honour based abuse issues. [Click here for more information about honour-based abuse.](#)

More than 2000 girls living in Greater Manchester are estimated to be at risk of FGM. The procedure is often undertaken when girls are taken overseas to visit family.

Between April 2016 and March 2017, 765 cases of FGM were identified by local health professionals. However, due to the hidden nature of FGM the numbers are likely to be much higher.

For advice on FGM: [nspcc.org.uk/fgm](https://www.nspcc.org.uk/fgm) or phone 0800 028 3550

News in brief: adults



World Suicide Prevention Day

World Suicide Prevention Day was held on 10 September.

The message to take away from this awareness day is to take a minute to reach out to someone in your community – a family member, friend, colleague or even a stranger.

This could change the course of their life.

[Click here for further details.](#)

Guide to safeguarding for social care employers

A update guide has been published by Skills for Care - a guide to adult safeguarding for adult social care employers. [Click here to access a copy.](#)

Inter-professional guidance on adult safeguarding

The first ever document to provide inter-professional guidance on adult safeguarding has been published.



The development of the document titled: *adult safeguarding: roles and competencies for health care staff*, was led by the Royal College of Nursing. It involved 30 other organisations, at the request of NHS England.

The guidance covers anybody over age 18 who is considered to be at risk of abuse, harm or neglect because of their need for care or support. [Click here for guidance](#)

New national safeguarding adult review library is launched

Research in practice for adults (RiPfa) has launched the safeguarding adults reviews library. [Click here to access this.](#)

The library contains reports and associated resources to support those involved in commissioning, conducting and quality assuring safeguarding adults reviews (SARs). The sector has long demanded a library of SARs reports. SARs are a statutory requirement for safeguarding adults boards and can inform adult safeguarding improvement. They can also identify what is helping and what is hindering safeguarding work.

Self-neglect in adults

What is self-neglect

Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding (*Department of Health 2016*).

Research has suggested that there are three recognised forms of self-neglect which include:

- **Lack of self-care:** this may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect would involve a judgement to be made about what is an acceptable level of risk and what constitutes wellbeing
- **Lack of care of environment:** this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding. This may be subjective and require a judgement call to determine whether the conditions within a person's home are acceptable
- **Refusal of services that could alleviate these issues:** this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment

Neglect of self-care	Neglect of their domestic environment
Personal hygiene Nutrition/ hydration Health	Hoarding Squalor Infestation
To such an extent as to endanger health, safety and/or wellbeing	
Refusal of services that would mitigate risk of harm	

Multi-agency risk management (MRM) protocol

Safeguarding reviews have indicated the need for a risk escalation procedure to respond to concerns about individuals with chaotic lives, complex needs and multiple vulnerabilities.

This has led to the creation of the multi-agency risk management (MRM) protocol which is available on the Rochdale Borough Safeguarding Adults Board website. [Click here to access a copy.](#)

This protocol provides professionals with a framework to facilitate effective multi-agency working with adults who are deemed to have mental capacity, are unwilling to engage and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services.

Other recommendations from reviews include recognising the importance of involving key family members where appropriate, identifying a named professional who can take responsibility for leading agreed actions, more comprehensive information sharing and reinforcing the need for undertaking and recording formal capacity assessments.

Self-neglect in adults

Self-neglect and hoarding: spotting the signs

In the home:

- Having no food in the home, or unsuitable food
- Having no heating in cold weather
- Not cleaning their home leading to infestations of insects or other animals
- Not allowing people to make repairs when it is unsafe
- Not allowing important people access e.g. landlord, water, gas or electricity workers, health or care workers etc
- Not disposing of rubbish or hoarding items or animals

About the person:

- Not washing or looking after themselves
- Wearing inappropriate, dirty, soiled or torn clothing
- Not having necessary medical aids e.g. glasses, hearing aids, walking frames
- Refusing medication or treatment which leads to ill health
- Refusing to engage with support

Those at greater risk include the elderly, people with physical or sensory impairments, people with learning disabilities, people living with severe illnesses, dementia or confusion, or people living with mental ill health.

If the self-neglect makes the person unwell, or is impacting on the health and wellbeing of others, it is important the right help and support is provided.

We need to make sure people are aware of the information and support that is available locally.

Self-neglect and hoarding: what might cause it?

- Fear of losing control
- Pride in self sufficiency
- Sense of being connected to what surrounds them
- Mistrust of professionals or people in authority
- Social isolation
- Drug and alcohol misuse
- Age related changes in physical or mental health
- Bereavement /traumatic event
- Mental health difficulties
- Targeted by a particular individual, group or gang who have been able to identify their vulnerability
- Fear and anxiety

Hoarding – fire safety tips

The Greater Manchester Fire and Rescue Service has developed some fire safety tips for people who hoard.

Click here to access [Hoarding Safety Tips— Greater Manchester Fire and Rescue Service.](#)



Safe and well visits

People who are concerned about the risk of fire can ask for a FREE safe and well visit from the Greater Manchester Fire and Rescue Service. This is a home visit, arranged at a convenient time and carried out by trained staff. During the visit they will ask questions and check for fire hazards, help the home owner to develop fire safety plans, fit FREE 10 year smoke alarms and provide signposting advice to other agencies, where needed. [Click here for further details](#)

Self-neglect in adults

Self-neglect: seven minute briefing

01 Background:

Self-neglect is defined as covering a wide range of behaviours – neglecting one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Examples of self-neglect include:

- Lack of self-care – examples: neglect of personal hygiene, nutrition, hydration, health, thereby endangering safety and well-being,
- Lack of care of one's environment – examples: squalor and hoarding,
- Refusal of services that would lessen the risk of harm.

Why it matters:

02

Without early intervention, existing health problems may be made worse. Neglect of personal hygiene may mean that the person suffers social difficulties and isolation, physical and mental health breakdown. Dilapidated property or excess rubbish can become infested and can be a fire risk, which is a risk to the adult, family, neighbours and others.

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What to do?

Try and find out what the adult wants. Share concerns with any agency involved

Call 0300 303 8886 to speak to someone in Rochdale Adult Care about your concerns. Out of office hours, contact 0300 303 8875.

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Information

Self-neglect has been linked to physical health problems, mental health issues, substance misuse, psychological and social factors, diminished social networks, personality traits, traumatic histories and life changing events.

Self-Neglect

Information:

Understanding and assessing the adult's mental capacity is crucial. A mentally competent person, who understands the consequences of his /her decisions, may make a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice. A person without capacity may not understand the consequences of their actions and we have a duty of care to support them.

06

Information:

Self-neglect is a safeguarding issue when the person who self-neglects has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect (including self-neglect) and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. It may also be a safeguarding concern if the adult who is self-neglecting is a carer for an adult at risk. In these circumstances, always discuss the concerns with Rochdale Adult Care.

Self-neglect includes:

Living in grossly unsanitary conditions, suffering from an untreated illness, disease or injury, suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired, creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets.

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Self-neglect in adults

Why self-neglect may be overlooked

Indicators	Contributing factors	Why it may be overlooked?
Neglecting personal hygiene impacting upon health	Age-related changes in physical or mental health	The perception that this is a lifestyle choice
Neglecting home environment, with an impact on health, wellbeing and public health	Bereavement or traumatic event	Poor multi-agency working and lack of information sharing
Poor diet and nutrition leading to significant weight loss/health issues	Chronic mental health condition	Lack of engagement from the individual or family
Lack of engagement with health and other services or agencies	Alcohol or drug dependency or misuse	Individual in the household is identified as a carer, without a clear understanding of their role
Hoarding items – excessive attachment to possessions	Social isolation	A de-sensitisation
Substance misuse	Fear and anxiety	An individual with mental capacity making unwise choices
Large number of pets		Individuals with chaotic lifestyles and multiple or competing needs

Response to self-neglect and hoarding

Self-neglect [including hoarding] in some circumstances may be raised as an adult safeguarding concern. However it is usually more likely to be dealt with as an intervention under the parts of the Care Act, dealing with assessment, planning, information and advice, and prevention.

It is vital to establish whether the person has capacity to make decisions about their own wellbeing and whether or not they are able or willing to care for themselves. An adult who is able to make choices may make decisions that others think of as self-neglect.

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response with particular reference to housing providers.

It is important to recognise that assessments of self-neglect and hoarding are embedded and influenced by personal, social and cultural values. Staff working with the person at risk should always reflect on how their own values might affect their judgment.

Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

Crucial to all decision making is a robust risk assessment, preferably multi-agency, that includes the views of the adult and their personal network.

Useful links for more information

Click on the links for more information:

[Social care institute for excellence: Self-neglect policy and practice: building an evidence base for adult social care](#)

[Department of Health: Care Act 2014: supporting implementation](#)

Self-neglect in adults

Self neglect and hoarding: free training

A new training course on self neglect and hoarding has been launched. This aims to raise awareness of the nature and possible causes of self neglect and the emotional attachments inherent in hoarding.

The course is suitable for all practitioners who work with people who may neglect themselves or hoard.

By the end of the course attendees will be able to:

- Identify the legal and policy context for working with people who self-neglect and hoard
- Identify the challenges associated with this work
- Consider their own practice when working with people who self-neglect and hoard
- Know who to contact for information and support

The course works through the top ten considerations that professionals need to bear in mind when working with someone who self neglects or hoards. These are:

- Risk
- Crime
- Public interest,
- Coercion or control
- Mental health,
- Person centredness
- Mental capacity
- Advocacy
- Multi-agency working
- Defensible decisions

The course lasts a full day and will be delivered three times a year. [Click here to book a place.](#) The course is free, but a charge will be made for non-attendance or late cancellation.

Self neglect and hoarding: resources

Several self-neglect and hoarding documents have been produced and are available online. These include:

- Self-neglect policy
- Self-neglect strategy
- Hoarding toolkit
- Seven minute briefing in self-neglect
- Self-neglect screening tool
- Self-neglect and hoarding guidance



In addition, the Social Care Institute for Excellence (SCIE) has published: A general briefing on self-neglect, A manager's briefing, A practitioner's briefing [Click here to access these resources.](#)

Self neglect campaign to launch soon

Look out for our self-neglect public awareness campaign that will be launched soon!

Full details will be available at www.rbsab.org/the-public/self-neglect

Child neglect

What is child neglect?

Child neglect can take many forms. It can involve a parent or carer:

- Failing to provide adequate food, clothing or shelter
- Failing to protect a child from physical or emotional harm
- Failing to provide or ensure adequate supervision
- Failing to ensure access to appropriate medical or dental treatment

Act now on child neglect

Know the signs

Neglected children and young people may:



Be left hungry or malnourished



Lack dental or medical care, even when they are ill or in pain



Have inadequate clothing that leaves them exposed to weather conditions e.g. lacking a winter coat



Lack emotional support from parents/carers



Live in a home that is very dirty, lacks heating/electricity or is in dangerous disrepair



Be rarely bathed, showered or have their hair cut and cared for

Ask questions, think critically, challenge lack of progress.



Worried about a child? Immediate danger call 999

Children's Social Care - 0300 303 0440 For more information on neglect go to www.rbscb.org/professionals/neglect

Vulnerability to neglect

Any child can experience neglect, but some are more at risk, such as children who are:

- In care
- Disabled
- Seeking asylum
- Living with a parent or carer who:
 - Has problems with alcohol or drugs
 - Is experiencing mental health problems
 - Is in a domestically abusive relationship
 -

Other issues that may make neglect more likely include:

- Living in poverty, unsuitable housing or a deprived area
- Having parents or carers who were abused or neglected themselves

Child neglect

About child neglect: seven minute briefing

01 Background:

[Working Together](#) defines neglect as ‘the persistent failure to meet a child’s basic and/or psychological needs, likely to result in the serious impairment of the child’s health or development’.

There is widespread understanding of the impact of neglect on the safety & welfare of younger children but neglect of adolescents has, by contrast, had less recognition.

[Children’s Society research](#), conducted with 2,000 young people aged 12–15, asked about their experiences of being cared for. The survey had questions on educational & emotional support, physical care, supervision, subjective well-being & risk taking behaviour. Most young people were well cared for, but 15% had experienced neglect in relation to at least one form of parenting

07 What to do?

Use the Adolescent [Graded Care Profile](#) to assess neglect.

Be proactive and persistent.
Positive relationships are key.

Focus on self-esteem and helping young people to develop a sense of agency and control.

Further [reading and research](#).

Questions:

What makes the young person vulnerable?

What are the root causes of surface problems?

Do you have a clear understanding of the young person’s experiences over time?

Is there an assumption that they will ask for help if they need it?

Is the young person being expected to behave/cope as an adult?

Is there an understanding of normal versus harmful risk taking?

What are the views of the young person /to what extent has their voice been heard?

06

Adolescent Neglect

Information:

- There is a higher risk of neglect where a family is headed by a lone parent.
- The re-constitution of families can lead to neglect – e.g. an increased tendency for older adolescents to be forced out of home when a new partner/step-parent is introduced
- Parental alcohol/drug misuse is known to be associated with neglect
- Young people whose parents suffer from mental ill health such as depression may be at higher risk of neglect as may those living in households where there is domestic abuse

Why it matters:

02

Several studies have challenged a widely held assumption that young people may be more resilient to abuse or neglect than younger children – [the impact of maltreatment](#) does not decline with the age at which it is experienced and many adolescents carry the legacy of long-standing abuse and neglect with them.

Young people who experience maltreatment only during adolescence display a range of negative outcomes at least as strong as those of children who experience maltreatment only during childhood. More than ¼ of Serious Case Reviews (SCRs) are for young people aged 11-18 (Sidebotham et al, 2016; Brandon et al, 2012)

03

Information:

It is essential that practitioners understand the impact of neglect and how to better support young people and their families where neglect occurs. [Ages of Concern](#), a thematic review of SCRs, noted the range of the risk factors facing teenagers, which encompassed factors such as alienation from their families; school difficulties; accommodation problems; abuse/exploitation by adults; unemployment; drug and alcohol misuse; emotional and mental health difficulties; domestic abuse in the home; reactions to bereavement; and risks arising from adults’ misuse of the internet.

Children who have experienced neglect are more likely to have [disorganised or insecure attachment styles](#) and may find caring and supportive relationships frightening or confusing.

High risk behaviours can be interpreted as adult ‘lifestyle choices’ with the consequence of children being denied appropriate support.

05

04

Child neglect

Why is child neglect a priority in Rochdale?

“While child sexual exploitation is dominating the media, it is important to remember that neglect remains the most common form of child abuse across the UK.” (NSPCC)

- Neglect is the most common form of child abuse in the UK
- Neglect is a factor in 60 per cent of serious case reviews
- Neglect is not always easy to identify
- Recorded cruelty and neglect offences (England and Northern Ireland) are now the highest in 10 years
- The NSPCC estimates that for every child subject to a child protection plan another eight children have suffered maltreatment
- At the end of October 2017, neglect was the primary category of abuse for 50 per cent of children subject to a child protection plan in Rochdale



Neglected children:

- Have some of the poorest long-term health and development outcomes
- Are at high risk of accidents
- Are vulnerable to sexual abuse
- Are likely to have insecure attachment patterns
- Are less likely than other children to:
 - Develop the characteristics associated with resilience
 - Have access to wider protective factors

[Click here for information and learning from serious case reviews where neglect was a key factor.](#)

Child neglect - we need your feedback

Tackling child neglect is a key priority for us all in Rochdale.

Child neglect is the most common form of abuse in the UK and the effect of neglect on children and young people is devastating. The Multi-Agency Neglect Strategy 2016-18 did not have the impact expected in Rochdale.

A number of reasons for this have been suggested. We are interested in finding out the views of all professionals on these suggestions as well as gather any other additional feedback which would assist in the development of the new neglect strategy.

[To feedback, please click here to complete the short survey.](#)

Child neglect

Assessing neglect

Assessing neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed.

Rochdale graded care profile

The graded care profile should be used in all cases where indications of neglect are identified. Use of the graded care profile (0 to 11 years of age) and the adolescent graded care profile makes neglect more visible by helping practitioners to identify risks and potential harm effectively.

Multi-agency neglect screening tool

This screening tool is intended for frontline practitioners within all partner agencies as a means to quickly identify areas of concern which may indicate a child or young person is being neglected. The tool is designed to be applicable to all ages of children and should help identify neglect and associated factors across the age ranges. It is intended to complement existing tools and DOES NOT REPLACE the graded care profile. If the screening tool indicates that a child or young person is experiencing neglect, a graded care profile should be used to provide a more comprehensive assessment.

[Click here for the assessment tools and guidance.](#)

Essential information and further reading

- [Types of neglect](#)
- [Multi-agency neglect procedure](#)
- [Neglect strategy](#)
- [Neglect or emotional abuse in pre-school children](#)
- [Neglect or emotional abuse in children aged 5 to 14](#)
- [Neglect or emotional abuse in teenagers](#)
- [Summary of risk factors and learning for improved practice around neglect](#)
- [Research in practice; neglect mapping resource](#)
- [Action for children: child neglect and its relationship to other forms of harm](#)
- [Child abuse and neglect NICE guidelines](#)

Child neglect free training

This one-hour briefing session on promoting understanding of child neglect will be held on 14 November 2018, between 2pm and 3 pm at Number One Riverside, Smith Street, Rochdale, OL16 1XU

It aims to raise awareness of Rochdale's neglect strategy, exploring the roles of professionals and their responsibilities within a multi-agency network. This training is appropriate for anyone who works with, or has contact with, children, young people and families.



Learning outcomes:

- The impact of neglect on children and young people
- The prevalence of neglect
- Research and learning from serious case reviews
- Rochdale's neglect strategy
- Effective assessment and Intervention [Click here to book a place.](#)

Child neglect

Learning from case reviews

[Neglect](#) is a serious form of harm. Both families and professionals can become overwhelmed and demoralised by issues of neglect. Children may experience repeated attempts by professionals to try and improve the situation.

Neglect is a factor in [60% of serious case reviews](#).

Published case reviews highlight that professionals face a big challenge in identifying and taking timely action on neglect.



The learning from these reviews highlights that professionals from all agencies must be able to:

- Recognise physical and emotional neglect
- Understand the impact of cumulative and long term effects of neglect and take timely action to safeguard children.

This briefing summarises the learning from case review reports. It is an analysis by the [NSPCC information service](#), highlighting risk factors and key learning for improved practice.

Reasons case reviews were commissioned

This briefing is based on case reviews published since 2014, where neglect was a key factor. It pulls together and highlights the learning contained in the published reports.

In these case reviews, children died or suffered serious harm in the following ways:

- Chronic neglect over a long period sometimes co-existing with [physical](#), [emotional](#) and [sexual abuse](#)
- Death or serious harm from physical or sexual abuse where neglect was a feature or preceded the abuse
- Sudden unexpected death in infancy (SUDI) related to neglect risk factors such as malnutrition, poor social circumstances or [parental substance misuse](#)
- Accidents, sometimes with an element of forewarning when long-term neglect in a family resulted in an unsafe environment
- Attempted [suicide](#) of a young person as a result of the effect of long-term neglect on mental health

Risk factors for neglect in case reviews

Risk factors highlighted in these case reviews impact on the parents' ability to provide safe and appropriate care and to meet their children's needs.

- Living with domestic abuse, drug and alcohol misuse and parents with mental health problems
 - Young parents
 - Postnatal depression. Maternal depression was also linked to social isolation
 - Patterns of improvement in parental care, followed by deterioration
 - Financial problems including housing problems, homelessness, poverty and unemployment
- Lack of resources, high caseloads and understaffing may result in absence of supervision and support for social workers. High staff turnover makes it difficult to establish meaningful relationships with families.

Child neglect

Learning for improved practice

Be aware of children who are more vulnerable to neglect

- Newborn babies, premature babies and babies with on-going health needs are particularly vulnerable. Neonatal professionals have a key role in identifying neglect
- Teenagers' needs can be missed especially where there are younger siblings. Professionals should understand the impact of long term neglect on a teenager's emotional wellbeing and consider the risk of self-harm or suicide
- Tooth decay may indicate neglect. Dental services should consider initiating further enquiries or making a safeguarding referral



Monitor missed appointments

Professionals in all agencies should understand the significance of missed medical appointments for children. In one case the only indication of a sudden change in parenting capability was an emerging pattern of non-attendance at appointments.

A system should be in place that allows missed appointments to be monitored and professionals to know what action to take when there are concerns.

Pay attention to accidents and injuries

Frequent accidents may be an indicator of poor quality parenting through lack of supervision or living in an unsafe home.

- Repeated visits to A&E should raise concern
- Lack of supervision may include unacceptably young babysitters or unsuitable adults

Have the confidence and knowledge to effectively assess parental capability to change

- Be clear with parents about what needs to change and by when. Parents should be respectfully challenged when they fail to follow formal agreements
- When there's no long-term positive change, the lead professional should co-ordinate support and services. Doing this will help agencies work effectively together
- Warm relationships between parents and children should not override concerns about neglect
- Maintain focus on the best interests of the child rather than the immediate needs of a parent who may be dominant or very needy
- Improvements to poor home conditions should be regularly reviewed, especially if the family is unlikely to sustain them
- Be aware of the possibility of disguised compliance. [Click here for a definition of this](#)

See the bigger picture and understand the long-term impact of neglect

- Always take the full history of the family into account and patterns of previous episodes of neglect. Include background information of the parents' own childhood to better assess parenting capability and recognise underpinning parental needs that need to be addressed
- Record all circumstances which may affect the level of care the child receives, for example substance misuse, and establish any patterns of care, such as the child being left with neighbours
- As well as ensuring a healthy physical environment, make sure the child is helped to build healthy relationships
- Alongside proactive case management and decision-making, identify and record all incidents of neglect to build a picture of what is going on in the child's life
- Emotional neglect is particularly difficult to evidence. Individual observations of emotional neglect should be systematically collated
- GPs and other practice staff should be more actively curious when engaging with a family where there are concerns about neglect. [Click here for further details](#)

Child neglect

Learning for improved practice: continued

Support families through early evidence-based assessment and intervention

Where there is risk of neglect, families should be supported within a model of early intervention.

Work closely with other agencies to identify concerns and plan interventions

- Compile a multi-agency chronology of key events
- Invite health professionals, such as the health visitor or school nurse, to meetings
- Thresholds for intervention should be clearly understood across agencies so that professionals can challenge each other with confidence
- Ensure terminology is free from jargon and clearly understood by the family and all professionals involved
- Roles and responsibilities must be clearly understood
- When undertaking multi-agency assessments all agencies must be aware of which agency is leading and what action is being taken
- Where families refuse to engage with early assessments, this should not prevent professionals from sharing information or making referrals about child protection concerns
- Where neglect co-exists with physical or sexual abuse, a criminal prosecution for abuse should not be viewed as the only means of child protection. Where criminal cases do not result in a prosecution, child protection proceedings may still be necessary to keep the children safe from harm

Undertake robust and comprehensive assessments

- Use a risk assessment toolkit and approach such as the graded care profile (GCP), which seeks to prevent case drift by focusing on specific areas of need. [Click here for a copy of the GCP.](#)
- Ensure the assessment is timely

Keep focus on the need to improve outcomes for the child's daily lived experience

Feelings of hopelessness in families experiencing neglect for a long time may also be felt by professionals. Where there is no change for the better, professionals may sometimes struggle to know how to proceed. The reviews show that sometimes cases were transferred to a colleague, or even closed

- A review should always take place before a case is closed or transferred
- Interventions must be linked to specific improved outcomes. Professionals should undertake regular reviews to check improvements are being made. Where improvements are not being sustained, professionals must decide whether legal proceedings are necessary to protect the child

Use staff supervision to avoid case drift

Hope for change for families must be balanced with the absolute need to avoid case drift.

Effective and reflective supervision should enable practitioners to assess children's development and behaviours in families with high levels of need.

- If a case becomes stuck there should be a process where practitioners can escalate the situation to senior managers. This may help to provide a fresh, objective approach to address the problems
- There should be an opportunity to stop and review the whole case. Supervision should assist practitioners with the discipline of reflective thinking
- The main focus should always be whether the child's needs are being met and how that can be achieved to prevent significant harm

Free training

The Rochdale borough safeguarding boards offer a programme of free multi-agency safeguarding training for professionals working with children, young people, vulnerable adults and their families.

The following new courses have been launched this year: working with difficult to engage families; perinatal mental health and the impact on parenting capacity; financial abuse; how to argue better; self neglect and hoarding.

Details of new courses will be shared in future editions of this newsletter. They will join our suite of existing courses which include:

- Child sexual exploitation
- Children missing from home or care
- Domestic abuse – one hour briefing
- Honour based abuse, including FGM (female genital mutilation) and forced marriage
- Allegations management and the role of the local authority designated officer
- Mental Capacity Act and the deprivation of liberty safeguards
- Neglect and emotional abuse
- Neglect one hour briefing
- Adult provider safeguarding responsibilities
- Referrals, case conferences and core groups in multi-agency child protection cases (formerly working together)
- Assessing and managing risk
- Safer working practices
- Safeguarding individuals with additional needs
- Child sexual abuse
- Toxic trio (parental)
- Trafficking and modern slavery
- WRAP - workshop to raise awareness of prevent



[Click here for a full list of courses and dates](#)

There is also an extensive library of free seven minute briefings available online. [Click here to access these.](#)

Don't forget: All the seminars, half day and full day courses are free. However there is a charge for non-attendance or late cancellation. [Click here for details.](#)

Contact us

Newsletter feedback, queries and article submissions

If you have any feedback or queries about this newsletter, or would like to submit something for a future edition, please contact Sean Roebuck, safeguarding boards' development officer:



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