The Joint Targeted Area Inspection of Bristol’s multi agency response to abuse and neglect (JTAI)

What is a JTAI?

A JTAI (Joint Targeted Area Inspection) is an inspection by four inspectorates at the same time, to examine how partner agencies are working together to protect children.

The four inspectorates involved in the inspections are:

- HMI Constabulary and Fire and Rescue Services
- HMI Probation
- Care Quality Commission (CQC)
- Ofsted

The current focus is children living with Neglect, with a particular focus on children aged 7-15 years. The purpose of a JTAI is to provide findings about what partner agencies are doing well, and what they need to improve. There is no ‘judgement’ given, a narrative report is provided following the inspection. 15 inspectors from the four different inspectorates spent 5 days in Bristol undertaking meetings with staff and reviewing cases from education, health, drugs services, probation, police, social care and the youth offending team.

The full report can be read [here](#).

What is Neglect?

Neglect manifests in different ways in different domains of a child’s life and at different developmental stages. A child may experience neglect in one domain or many.

1. **Medical neglect** – the child’s health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident.

2. **Nutritional neglect** – the child is given insufficient calories to meet their physical/developmental needs; this is sometimes associated with ‘failure to thrive’, though failure to thrive can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences.

3. **Emotional neglect** - this involves a carer being unresponsive to a
child’s basic emotional needs, including failing to interact or provide affection, and failing to develop a child’s self-esteem and sense of identity. It can be distinguished from emotional abuse by the intention of the parent.

4. **Educational neglect** – The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.

5. **Physical neglect** – The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources. The child may also be abandoned or excluded from home.

6. **Lack of supervision and guidance** – The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

For children in middle childhood and adolescence, experiences of neglect may be a contributory factor in child sexual exploitation, gang affiliation and criminalisation, going missing, self-harm and mental health difficulties, radicalisation, behavioural difficulties, social and emotional immaturity, poor school attainment, substance and alcohol misuse. The impact of previous or current neglect in relation to these experiences should be explicitly identified, discussed and assessed to inform effective interventions.

Barnardo’s BASE Project have just launched Free From Fear, spoken word films commissioned and produced by young people who have been sexually exploited. They highlight important messages about recovery for young people who have been sexually exploited or experienced trauma. You can watch them [here](#).

Professionals should recognise that Children with Disabilities are at a high risk of neglect. Professionals should ensure that neglect is not overlooked due to assumptions made about a child’s capacity to achieve.

If you identify that a child or children under 18 are experiencing neglect you must make a referral to social care through First Response. Unless there is clear risk to the child that prevents you doing so, you must inform the child’s parents you are making this referral. If you believe a child could be at risk of neglect and the family agree to some early support to reduce this risk, a referral can be made with the family’s consent to Early Help, also through First Response’s [online referral form](#).

### Key Strengths Identified in the JTAI

- A strong commitment across agencies to the protection of Bristol children
- The BSCB’s participation approach including the **Shadow Board** which ensures that the child’s voice is central to strategic decision making. You can find their recent podcast about the impact of bullying [here](#).
- Excellent work in schools to support children identified as suffering from neglect
There is sensitive and creative direct work helping children to build trusting relationships with social workers.

Youth Offending Teams use of a trauma recovery model and good practice in engaging parents.

The Police’s development of innovative approaches that are leading to earlier identification and response to neglect and vulnerability, particularly the ‘One Team’ (a pilot in South Bristol in which families are visited within 24 hours of a domestic abuse incident) and Operation TOPAZ (a proactive approach to identifying and engaging with children at risk of, or subject to, child sexual exploitation and the identification and disruption of perpetrators).

Staff in the National Probation Service (NPS) understand the signs and impact of neglect, and there is evidence that they assess these when seeing offenders with their children.

The GSWG Community Rehabilitation Company’s women’s centre provides specific interventions for women with complex needs, including supporting women whose children may be experiencing neglect.

Named GPs and designated professionals at the Clinical Commissioning Group have strengthened safeguarding performance through network meetings and sharing good practice.

So what can you do to improve outcomes for children experiencing neglect in Bristol?

The inspection found that professionals need to be better at recognising chronic neglect and not just look at a situation on an incident by incident basis. You can better understand the cumulative impact of neglect on a child by using a chronology. When making a referral to social care about neglect providing evidence of pattern of concerns will help their assessment on the impact of the child. This might include the number of times a child hasn’t been brought to a health appointment, or details of a pattern of a child being in inappropriate clothes for the weather or not having eaten. In all referrals the IMPACT on the child should be clearly stated so professionals can understand the day-to-day life of the child.

The inspection found that some of the children in Bristol are experiencing neglect for too long without change or review of the plan. All single agency or multi-agency plans you make or are involved in should have clear outcomes for the child and when they should be achieved by. If they aren’t achieved any professional can recommend that a support plan is reviewed or changed. Plans should be specific to the needs of the child so if you think a review Child Protection Conference should be more frequent than 6 months or that a child should be visited by a social worker or support worker more regularly than is statutorily required you should advocate for this.

Professionals in Bristol need to be advocates for children and challenge each other if they do not agree with a decision or an approach that a child or family is receiving. At the moment professionals are not regularly challenging poor practice or areas of disagreement between each other. We would work better together and be a safer, more effective system for children if we were to speak out more. If you cannot resolve an issue and remain unhappy about a decision this should be shared with your manager to take forward with the other agency’s manager. If they cannot resolve the situation they should escalate this to the next management level. The BSCB provide an Escalation Policy to explain how disagreements should be managed so they can be resolved quickly in the best interests of children. You should consider whether you and your team are open to hearing other professionals’ perspective or how you could improve in responding to disagreements.
Ensure that children are included throughout the safeguarding process. Except in extraordinary cases, most older children on Child Protection Plans should be supported to attend and contribute to a Child Protection Conference. Child live with the realities of the neglect and abuse they experience every day and professionals should find ways using Signs of Safety, to discuss the families difficulties in the conference in a way that is appropriate for a child to understand and participate in. It is the role of all professionals working with children on Child Protection Plans to support them to engage in the safeguarding process. They should understand the plan and what organisations are doing. Their views should impact the plans that are made by professionals as well as the assessment of the risks they face. Advocacy should be offered to all children on Child Protection Plans. If a child does not want to attend, professionals should find creative ways to ensure they are heard – this might include recording a voice message of the child speaking to the conference, or preparing questions and thoughts from the child. The professionals around the child should be clear on who is doing what to ensure the child is able to contribute to the conference. If the child is too young to attend they should be supported to share their views and experiences which can be brought to the Conference. This should always be central to the discussions.

These principles of participations should be embedded throughout our engagement with children, from universal services to Child Protection.

Increase your knowledge of Neglect and the symptoms of Neglect. Some learning resources can be found [here](#).

Think Family. Make sure adult family members’ workers are included in safeguarding including Probation, Community Rehabilitation Company, Mental Health Services and Substance Misuse Services.

**What will we be doing?**

Each agency involved in the inspection has their own action plan for improvements. Some of the areas we will be focusing on are:

- Launching our City Wide Neglect Strategy in the New Year. This will include a programme of training for professionals in using new tools to identify and assess Neglect
- Improving professionals understanding of culture and diversity within assessments and intervention
- Reviewing the ‘Front Door’ in Bristol to make sure there is less drift for children and ensure that all professional understand the system
- Working with organisations to improve their analysis of risk to improve the quality of referrals to Children Social Care
- Improving our data so that we can understand the scale and scope of the issue of Neglect in the city
- Supporting organisations to improve the supervision they offer staff so that it is effective at driving forward change for children