Blackburn with Darwen

Neglect Strategy

Introduction

Neglect is the most common form of child maltreatment in the United Kingdom and is the main concern in 46% of all child protection plans in England*. In Blackburn with Darwen the figure is 34%. In addition, and at a lower level, indicators are often present that may indicate future neglect for those children who become subject to CAF or Child in Need Plans.

The medium to long term consequences for children exposed to neglect are well known and include impaired physical and cognitive development, avoidable ill health, poor educational outcomes, difficulties with emotional development and social adjustment. All of these things can impact adversely on the child's perception of themselves and their sense of identity and self-worth. It can also result in children and young people having difficulties making and keeping relationships, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the maltreatment and on what support mechanisms, resilience strategies and protective factors were available to the child.

Despite the fact that the potential for neglect to harm children is well known, concerns about neglect do not always attract the same level of response as concerns about sexual and physical abuse. Neglect is notoriously difficult to define and research shows that it often co-exists with other forms of abuse and adversity. The identification of neglect and the response to it becomes harder where children with disabilities and/or learning difficulties are involved due to the additional needs and risks associated with the disability/difficulty the child lives with. The quality of practice in neglect cases can be too variable, as can the quality of professional assessment, in particular in relation to dealing with a lack of engagement and disguised parental co-operation. The potential consequence of these failures is that children do not receive the help and support that they require and that some children are left in neglected situations for too long.

* **Source:** Department for Education (2016) Main table D4 in Characteristics of children in need in England, 2015-16.

Definition

Neglect is defined in Working Together to Safeguard Children 2015 as

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

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate 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 is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

As well as the statutory definition, it is important to have regard to the specific needs of children that are often subsumed under the term *'failure to meet basic needs'*.

- *Medical neglect – minimising or denying children's health needs and failing to seek appropriate medical attention or administer medication/treatments*
- *Nutritional neglect – failure to thrive/childhood obesity*
- *Emotional neglect – unresponsive to a child's basic emotional needs*
- *Educational neglect – failure to provide a stimulating environment, support learning or ensure school attendance*
- *Physical neglect – not providing appropriate clothing, food, cleanliness and living conditions*
- *Lack of supervision and guidance – failure to provide an adequate level of guidance and supervision*

Experience of Neglect at Different Ages

Children and young people experience the impact of neglect differently at different ages. Horwarth (2007) identified different main impacts at different stages of a child or young person's life as follows:

- Infancy (birth to 2 years)
- Pre-school (2 to 4 years)
- Primary age (5 to 11 years)

- Adolescence (12 to 18 years)

It is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has, in fact, been ongoing for several years. Further information regarding the potential impact of neglect at these stages can be found in **Appendix 1.**

The table in **Appendix 2** gives further examples of the different ways in which children and young people can experience the different types of neglect.

Prenatal Neglect

Whilst it is good practice that neglect should be seen through the experiences of the child, prenatal neglect can only be identified from observations of the experiences of the expectant mother and her family context.

Prenatal neglect may be associated with (but not exclusively):

- Drug/alcohol use during pregnancy
- Failure to attend prenatal appointments and/or follow medical advice
- Smoking during pregnancy
- Experiencing domestic abuse during pregnancy

It is vital that prenatal neglect is understood, identified and robustly addressed to ensure that babies are not born at risk or suffering the effects and consequences of neglect, some of which can be severe and long term. **Appendix 3** provides more detail about prenatal neglect.

Particular Needs to Consider

It is important to consider the particular needs and characteristics of children, young people and their parents and carers which may make a child or young person more at risk of experiencing neglect, for example:

- The child or young person has complex needs or disability
- The child or young person is missing out on education or not achieving in education
- Adolescent decision making is in conflict with that which may be consistent with their welfare
- The young person has social, emotional or mental health needs
- There are parental risk factors – domestic abuse, substance misuse, mental health needs or learning disability
- There are issues of capacity under the Mental Capacity Act for the parents or carers or an adolescent who is transitioning to adulthood

In addition some situations, such as the child being home educated or English not being the first language of the child/young person or their parents/carers may make the identification of neglect harder.

Even with an apparently precise definition, professionals often find it difficult to recognise indicators of neglect or appreciate their severity. The following characteristics of neglect may make it harder for workers to recognise that a threshold for action has been reached

- Given the chronic nature of this form of maltreatment professionals can become habituated to how a child is presenting and fail to question a lack of progress
- Unlike physical abuse, for example, the experience of neglect rarely produces a crisis that demands immediate proactive, authoritative action
- Neglect can in some cases be challenging to identify because of the need to look beyond individual parenting episodes and consider the persistence, frequency, enormity and pervasiveness of parenting behaviours which may make them harmful and abusive
- There is a reluctance to pass judgement on patterns of parental behaviour particularly when deemed to be culturally embedded (eg the traveller community) or when associated with social disadvantages such as poverty
- The child may not experience neglect in isolation, but alongside other forms of abuse as multi-type maltreatment*

Whilst the definition *'persistent failure'* implies that neglect does not constitute significant harm unless and until it endures over time, it is important to remember that neglect can be fatal to the child where poor quality parenting and supervision, and dangerous, sometimes unsanitary, living conditions could compromise the child's safety.

*Taken from Brandon et al (2014), Missed opportunities: Indicators of neglect – what is ignored, why, and what can be done?

Purpose and Scope

This document establishes strategic aims, guiding principles, objectives and priorities for BwD's approach in tackling neglect. The purpose of this strategy is to ensure that those children in BwD who experience neglect are identified and receive the timely help and support they require to mitigate the impact of their neglectful experiences.

The overall aims of the strategy are

- IDENTIFICATION (awareness raising, improved recognition, early help for potential neglect risks)
- RESPONSE (improved and timely assessments, improved intervention, practice and support, and the avoidance of drift and delay)
- INFORMATION SHARING (maintain the focus on the child's experiences and to ensure partner agency input)
- WORKING TOGETHER (shared understanding and investment among partners to find solutions to the problem of neglect in BwD, the development of a range of responses proportionate to the level of neglect identified and effective evaluation of the strategy)

Guiding Principles

This strategy sets out our approach to tackling neglect in BwD. In order to be successful, our strategy needs to be grounded in the culture and ethos of the BwD partnership, and as such it will adhere to the following principles:

1. CHILD FRIENDLY PRACTICE – Our approach to helping the most vulnerable children, young people and families in neglectful situations needs to reflect our values in terms of putting the child's needs first to protect them from harm. The safety and well-being of the child or young person is paramount, and they must be kept at the centre of all of our work.
2. VOICE OF THE CHILD – It is vital to hear the child's voice and to focus on their experiences and the impact of neglect on their lives.
3. RESTORATIVE PRACTICE – Our work with families to address neglect must maintain a focus on investing in the relationships we have with children, young people and their families, and with colleagues and partners to improve outcomes, prevent or resolve harm. Practitioners and agencies have a responsibility to offer both support and challenge to families and to each other in order to respond robustly to neglect, whilst appropriately utilising the strengths of families and using restorative language.
4. PARTICIPATION OF PARENTS AND CARERS – It is important that parents and carers are involved in discussions and decision making which impacts on them. This supports the

restorative approach and ensures that parents and carers are able to contribute to assessments and plans in relation to their families.

5. PREVENTATIVE AND EARLY HELP RESPONSES – These are critical to avoid issues from escalating and children experiencing further harm.
6. HOLISTIC APPROACH – The neglectful environments that some children and young people live in are often linked to the chaotic lives, needs and difficulties of their parents and/or carers. Our approach to neglect must recognise and respond to the needs of all family members holistically; we cannot lose sight of the child in addressing the needs of their parents and carers, or provide children and young people with short term responses to neglect without addressing the root causes.
7. EFFECTIVE PLANNING AND REVIEW – BwD's Risk Assessment, Analysis and Management Model utilised effective SMART planning to ensure that we take a step by step approach to make an impact on conditions of well-being by understanding how we want those conditions to look and feel, how to measure if this is happening and why, decide who needs to be involved and what practical steps need to be taken.

Strategic Objectives

We aim to be able to quantify the extent of neglect in BwD, ensure that all agencies are able to recognise neglect at the earliest opportunity and provide an appropriate and timely response, and evaluate our practice and its effectiveness so we can assure ourselves of its quality and can continuously improve. Achieving these aims will reduce the prevalence and impact of neglect within BwD.

The strategy has four core objectives:

1. IDENTIFICATION: Practitioners and managers in all agencies are able to recognise the various signs of neglect when working with children, young people and families, and ensure the appropriate initial response. To support this we will:
    - Facilitate multi-agency neglect training through the LSCB
    - Carry out ongoing workforce development activities
    - Provide a common language through the BwD Risk Assessment, Analysis and Management Model and also through the multi-agency use of the Graded Care Profile 2.

2. RESPONSE: Each partner agency will provide appropriate responses to children, young people and their families through a multi-agency approach in line with the guiding principles of the strategy. To support this we will:

- Embed practice guidance **see Appendix 4** around working with children, young people and their families where there is neglect.
- Embed the use of the Graded Care Profile 2 within the Child and Family Assessment for children or young people where neglect is a feature and promote its use by partner agencies.
- Review the early help practice guidance.
- Each agency will ensure the communication, implementation and embedding in their service of this strategy and the practice guidance, and will review their own effectiveness on a regular basis.
- Develop restorative practice in the borough.

3. INFORMATION SHARING: Identifying the extent and range of neglect in BwD through gathering information to inform improvements in practice, keeping the child's experience as the focus for the intervention, ensuring the input of all professionals and that information is shared appropriately. We will:
    - Analyse local data and compare it with national data and published reports and research.
    - Provide regular training to Social Workers on direct work with children and their families.
    - Identify themes and trends, using this information to inform our service developments.

4. WORKING TOGETHER: We will assure ourselves of the quality of our multi-agency response to neglect across early help, referral, assessment, child in need and child protection, and demonstrate that our work has impacted on outcomes and the quality of life for children, young people and families. To support this we will:

    - Quality assure our refreshed multi-agency workforce development offer on neglect.
    - Consult children, young people and their families to find out what has helped and has made the most impact for them.
    - Consult with practitioners about their confidence levels, their perceptions of impact of their work and what support they may still need to do this work.

REVIEW

This strategy will be reviewed 3 years from the date of implementation. The review will be undertaken by Children's Social Care Senior Leadership Team in conjunction with the Safeguarding Children's Board.

Appendix 1: Impact of Neglect *(Horwath 2007)*

The following summarises the main impacts of neglect at each stage;

• **Infancy (birth to two years)** – babies' growth and development is linked to their interaction with the world and their caregivers. Emotional and cognitive development can come through play, e.g. games like 'peek-a-boo' where actions are repeated for social and emotional reinforcement from the reactions of caregivers, and neural connections are 'fixed' through stimulation. Disinterest or indifference to such actions and/ or failing to offer stimulation will limit the child's development and growth, and damage infant attachments.

• **Pre-school (two to four years)** – most children of this age are mobile and curious, but lack understanding of danger; they need close supervision for their physical protection, which neglected children may not experience. Children may not be appropriately toilet trained if they are in neglectful families, as this process requires patient and persistent interaction and encouragement. Children's language development may be delayed if their caregivers are not interacting with them sufficiently, and physical care may be inadequate, e.g. dental decay.

• **Primary age (five to eleven)** – for some neglected children, school can be a place of sanctuary. However, if their cognitive development has been delayed and they are behind their peers at school, it can also be a source of frustration and distress. Signs of neglect, e.g. dirty or ill-
fitting clothing, will be apparent to peers, teachers and to the children themselves, and may cause embarrassment and difficulties in their social interactions. Children without clear and consistent boundaries at home can struggle to follow school rules and get into trouble. Educational neglect can include failing to ensure that children attend school, and high levels of absence can further impair their academic achievement.

• **Adolescence (twelve to eighteen)** – neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age, and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

Appendix 2: Ways in which children and young people can experience neglect

(source: Community Care Inform Research Resource)

Experiences of neglect by age group; please note that the examples listed are intended to give an overview of what children may experience rather than provide an exhaustive list of ways in which neglect may present. **Age group**	**Experiences of neglect by Horwath's classifications**					
	Medical	**Nutritional**	**Emotional**	**Educational**	**Physical**	**Lack of supervision**
Infancy; 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school; 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school, or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent; 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

Appendix 3: Prenatal neglect

(source: Community Care Inform Research Resource)

Prenatal neglect may present in a number of different ways, for example:

• **Drug use during pregnancy** – which has been linked to low birth weight, premature birth, increased risk of sudden infant death syndrome (SIDS), damage to the central nervous system and physical abnormalities. Babies may also experience neonatal abstinence syndrome at birth, which can cause irritability, tremors, respiratory distress and fluctuations in temperature.

• **Alcohol consumption during pregnancy** – this can lead to foetal alcohol syndrome, which is an umbrella term to describe a spectrum of conditions caused by maternal alcohol use, including learning difficulties and an inability to connect emotionally with peers.

• **Failure to attend prenatal appointments and / or follow medical advice** – prenatal support and monitoring sessions offer opportunities for problems to be identified early, and the health of mother and baby to be monitored. Parents can also be supported to make appropriate arrangements for the birth, learn about how to care for newborns, and ultrasounds offer early opportunities for bonding with their baby. Both drug use and alcohol use have been linked with failure to keep prenatal appointments and failure to seek medical attention should any concerns arise during the pregnancy.

• **Smoking during pregnancy** – this falls within Horwath's working definition of prenatal neglect, as it restricts the baby's supply of oxygen and is linked to increased risks of premature birth and low birth weight.

• **Experiencing Domestic violence during pregnancy** – prenatal effects of domestic violence are not limited to the consequences of physical injuries sustained through assault. Exposure to prenatal maternal stress or anxiety can affect the baby's development, as heightened maternal cortisol levels are shared through the placenta which can influence foetal brain development and have implications for the emotional, behavioural, cognitive and social functioning of children.

APPENDIX 4

PRACTICE GUIDANCE

• IDENTIFICATION

To improve the awareness and understanding of neglect both within and between agencies working in Blackburn with Darwen including services for adults. To improve the recognition of children living in potentially neglectful situations to ensure timely and proportionate interventions, including early help for potential neglect risks.

Neglect is a multi-faceted problem that requires a multi-agency response. It is important that there is a shared understanding among partner agencies about neglect and a shared vocabulary to allow agencies to communicate effectively about their concerns. This common language is provided in the BwD Risk Assessment, Analysis and Management Model and also through the multi-agency use of the Graded Care Profile 2. Guidance is available on the thresholds for access to services and support in the 'Continuum of Need and Response' (CoNR) and the associated grade descriptions.

It is important that practitioners from all agencies are aware of how neglect presents in terms of underlying risk factors and high risk indicators (and their impact on children) and the mechanisms for escalating or de-escalating levels of response as concerns increase or decrease. This information is particularly important for professionals who work with adults, who must at all times consider the impact of the adults personal difficulties on their capacity to provide *'good enough'* care for their children. This objective is best achieved by the provision of easy to access, simple to understand awareness raising and multi-agency neglect training sessions provided through the Local Safeguarding Children's Board.

• RESPONSE

To improve the quality of assessment and analysis of children living in potentially neglectful situations to ensure timely and proportionate interventions. To improve the quality and consistency of case planning for children at risk of or suffering neglect to deliver improved outcomes. To avoid drift and delay in planning and intervention.

It is important to make the distinction between poverty and neglect. Poverty is an underlying risk factor often associated with neglect, but it is not a high risk indicator. There are many families living at or near poverty level whose children are not neglected.

With the successful implementation of the awareness raising and training strategy, concerns at levels 3 & 4 of the CoNR should be easy to recognise and should attract a CIN or Child Protection response.

In situations in which professionals become concerned that a child may have additional needs that cannot be addressed by a single agency, then consideration should be given to the use of a CAF. This is a means by which professionals can share concerns and engage with parents to allow them to access the support and services needed to improve outcomes for their children.

CAF assessments follow the same model as used in the single Child and Family Assessment process and should result in an explicit statement of each child's unmet need. It is important that all the agencies involved in the Team around the Family (TAF) contribute to this assessment, the result of which will inform the development of an outcome focused plan intended to address the child's unmet need.

As well as identifying the child's unmet need, this process will also help to identify additional areas of support which can be accessed at an earlier stage (community resources, private and voluntary sector opportunities, faith communities or extended family members) in the expectation that this will reduce the need to refer to statutory agencies.

It is important that the administrative demands of undertaking a CAF are not so great that they deter professionals from adopting this approach. It is also important that the use of CAF's generally is audited regularly in order to ensure that they are improving outcomes for children and also to be reassured that opportunities to escalate cases to level 3 or 4 of the CoNR are not being missed.

Assessments of unmet need (at whatever level) need to be accurate and rooted in a firm understanding of basic child development and an appreciation of what *'good enough'* parenting looks like. They should also use as a foundation a chronology of past concerns, interventions and outcomes which will provide a cumulative record of ongoing neglect and its impact on the child.

All assessments of neglect need to begin with a clear understanding of the child's situation and the degree to which his/her needs are unmet. This understanding will be informed by direct work with children and the impact of their views, wishes and feelings will be reflected in any intervention strategies. A range of useful tools to facilitate this work is available in the Good Practice area of Sharepoint. Children should be retained at the centre of practice at all times.

Multi-agency use of the NSPCC Graded Care Profile 2 is essential in all assessments of children living in neglectful situations. A training programme is underway to skill up all staff, including partner agencies, in the use of this tool to support the early identification of neglect. This assessment tool should sign-post practitioners to seeking historical information and raise awareness of the nature of neglect and its presenting features whilst building up a full picture of the needs of the child or young person and their family. Practitioners should also be encouraged to use the tool in a dynamic way, to ensure that progress can be measured over time by repeat assessment.

Assessments should be undertaken on a multi-agency basis and should be conducted using the National Assessment Framework (NAF) in conjunction with the guidance provided in the BwD Risk Model. All assessments undertaken where neglect is thought to be an issue must include the use of the Graded Care Profile 2. In line with the Working Together (2015) definition of neglect the assessment should consider all 7 elements of the *'Children's Developmental Needs'* domain and should result in an explicit statement of unmet need (if any) in relation to each element. The assessment will also identify any issues relating to parenting capacity or family and environmental factors that impact upon the child's health, welfare or development.

Once data has been obtained from the assessment process it needs to be analysed so that an effective and proportionate response to the identified concerns can be developed. The analytical framework provided in the BwD Risk Analysis Model is suitable in this task.

The elements of the analytical framework of particular relevance are:

- the nature of the child's attachment
- the parents own experiences of being parented
- the emotional availability of the parent/carer
- a shared understanding of the causes for concerns between parent and professional
- parental co-operation with intervention strategies

At whatever the level of unmet need, all plans (CAF/CiN/CP) should be outcome focused and developed in line with the guidance provided in BwD Risk Management Model. Using this guidance will introduce consistency into the system and make the process of escalation/de-escalation easier.

Each unmet need identified in the assessment must be reflected in the plan with a clear indication of what actions need to be taken to achieve what desired outcomes (and how these will be evidenced) and within what timescales.

All plans should be SMART and regularly reviewed alongside the Graded Care Profile 2 for the family. Decisions about escalation/de-escalation/closure will be informed by the evidence of progress or otherwise against explicit desired outcomes and against the areas of concern identified in the GCP2

In order to assess the effectiveness of plans it is important that professionals remain in dialogue with children throughout the period of involvement, to consult with them on the difference the intervention is making and be prepared to take different actions if the child's situation is not improving.

When developing intervention strategies to address concerns about neglect there are two key issues that need to be taken into consideration.

- The need for consent. While professionals may be very concerned about a child and may wish to offer help and support, this can only be done with parental consent if the concerns are at level 2 or 3 of the CoNR. If there is parental resistance, then all efforts should be made to overcome this to persuade parents to take advantage of the help on offer. If, despite this, consent is withheld, it is important that those in contact with the child monitor their situations closely and refer immediately to CSC should the concerns approach the significant harm threshold.

- Chronicity. When concerns about neglect are at or near the significant harm threshold this is almost invariably due to concerns about parenting capacity. Such concerns are usually the consequence of serious, long lasting difficulties experienced by the parent. In these circumstances, where removal is not in the child's best interests, it is necessary to recognise the chronicity of the problematic parental behaviour and accept the need for long term involvement and support. In such cases, an extended period of parallel parenting may provide the best outcome for a child.

• INFORMATION SHARING

To maintain the focus on the child's experiences and to ensure partner agency input.

Social Workers spend a lot of time being preoccupied with and worried about children but often spend little time working directly with them. Children may be in the best position to help professionals understand their situation so it is important that their views and perspectives are sought. Direct work with children will also provide an opportunity to monitor the children's progress in relation to the work with the parents. Practitioners therefore need skills in age-appropriate communication - and the confidence to use these skills routinely as part of the assessment process.

Longer term, while work is being done with parents to bring about change, it is important that children remain at the centre of all activity. Positive work can be done with children to counter the adverse effects of neglect and promote resilience. Protective factors identified by research include: achievement at school, the opportunity to develop talents and interests, the experience of an enduring supportive relationship in which the child feels valued. Practice needs to be informed by an understanding of these protective factors and how they can be incorporated into the child's life. Professionals in education, early help and health often have a unique insight into the life of a child or young person and it is therefore important that partner agencies implement and embed this strategy and the practice guidance to ensure that effective information sharing takes place.

- # WORKING TOGETHER

To establish effective measures to evaluate the impact of the neglect strategy on outcomes for children. To develop shared understanding and investment among partners to find solutions to the problem of neglect in BwD, the development of a range of responses proportionate to the level of neglect identified and effective evaluation of the strategy.

To ensure that the issue of neglect remains in focus and receives the attention it demands, each key agency should nominate a '*Neglect Champion'* to monitor the effectiveness of their single agency *'neglect offer'* and to provide peer challenge to their partners.

In addition, so that agencies can be assured that their involvement is making a difference there should be regular single agency quality assurance activity (including a range of both qualitative and quantitative measures). This activity should include direct feedback from children and families.

In order to monitor the effectiveness of this strategy annual neglect themed audits will be conducted each year for the next 3 years.

Evidence that the strategy is succeeding would include:

- reduction in the number of children re-registered under the category of neglect
- reduction in the number of re-referrals for neglect following a single assessment
- reduction in the number of LAC
- reduction in the number of children frequently absent from school
- increase in the number of CAF's completed per agency (proxy measure)
- increase in the uptake of 2 year offer
- increase in the number of cases stepped down as a result of *'desired outcomes'* being achieved