

# Swindon Safeguarding Partnership Neglect Strategy 2024-2027



**Issued by:** Swindon Safeguarding Partnership:  
**Revised:** January 2024  
**Review Date:** January 2027  
**Author:** Swindon Safeguarding Partnership

# Swindon Safeguarding Partnership Neglect Strategy 2024-2027

## CONTENTS

1. Introduction
2. What is Neglect?
3. Strategic Aims and Objectives
4. Guiding Principles
5. Governance
6. Action Plan
7. Appendices

## 1. Introduction

The aim of this document is to set out the strategic aims and objectives of Swindon's approach to reducing the number of children who are experiencing neglect.

Neglect is the most common type of abuse experienced by children and young people in England. Protecting children from neglect requires multi-agency join up and cooperation at all levels across the Partnership. Organisations and agencies that work with children and families play a significant role in the early identification of neglect, understanding the contributing factors that can lead to lead and offering early support to improve outcomes for children, young people and families in Swindon.

This strategy has been developed in conjunction with multi-agency partners working across Swindon and should be considered alongside other key local and national strategies and guidance. *See Appendix 1*

To supplement this strategy, more detailed information about working with neglect is provided in the [Neglect Practice Framework and Practice Guidance](#) and within the [Neglect Toolkit](#)

## 2. What is Neglect?

Neglect is defined 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.*

Swindon Safeguarding Partnership recognise that neglect does not need to be persistent to negatively impact children and young people.

Horwath (2007) identified six different classifications of neglect: *See Appendix 2* for further information

- **Medical neglect**
- **Nutritional neglect**
- **Emotional neglect**
- **Educational neglect – See Appendix 6**
- **Physical neglect**
- **Lack of supervision and guidance**

## What does the data tell us about neglect?

Understanding how many children are affected by neglect is difficult as data is limited to formal reports and assessments of neglect in children's services and in addition much neglect is not reported, known or recorded. However, wider research suggests that up to one in ten children will experience neglect during their childhood (NSPCC, 2021). Analysis of care data shows that neglect is a key issue for the work of Children's Services.

Nationally, neglect remains the most common initial category of abuse recorded for children on protection plans in 2023, accounting for almost half of children, 48%. (<https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need> )

In Swindon, during 2022-23, 44% of children were on Child Protection Plans for neglect.

## 3. Strategic Aims and Objectives

Working Together to Safeguard Children 2023 states that:

*Successful outcomes for children depend on strong partnership working between parents/carers and the practitioners working with them. Practitioners should take a child centred approach to meeting the needs of the whole family. (Working Together to Safeguard Children 2023)*

Swindon Safeguarding Partnership aim is to work together with partners and parents/carers to prevent neglect and to minimise the negative impact of neglect on children in Swindon.

We aim to ensure that all agencies are able to recognise neglect at the earliest opportunity, to offer preventative support, and provide an appropriate and timely response. We aim to 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 Swindon.

This strategy is an all age (0-25) strategy for children and does not focus on a particular age group. We know that neglect can and does affect all age groups of children, although can sometimes go unnoticed in older children, therefore the Partnership will prioritise the A, B, C of neglect:

**A** - Adolescents – **Adolescence (twelve to eighteen (25 for Care Leavers/Young People with SEND) See Appendix 3**

**B** - Babies - **Infancy (birth to two years) See Appendix 4**

**C** - Children - **Pre-school (two to four years) Primary (five to eleven)**

A child's age should not be a barrier to professionals recognising and understanding the impact of Neglect.

### Learning from Practice Reviews

**“It is a matter of fact that most neglect work focusses on younger children especially those under 5yrs where of course the impact of neglectful parenting can be both substantial and long lasting” LCSPR Alan**

Whilst it is good practice that neglect should be seen through the experiences of the child, pre-natal neglect can only be identified from observations of the experiences of the expectant mother, father and their family context and throughout the ante-natal period.

**Pre-natal** neglect may be associated with (but not exclusively):

- **Drug use during pregnancy**
- **Alcohol consumption during pregnancy**
- **Failure to attend prenatal appointments and / or follow medical advice**
- **Smoking during pregnancy**
- **Experiencing domestic violence during pregnancy**

See *Appendix 5* for further information.

Swindon Safeguarding Partnership have agreed four strategic objectives underpinning this approach:

#### **Recognise**

Practitioners and managers in all agencies are able to recognise the various indicators of neglect when working with children, young people and families and ensure there is an appropriate, initial response.

To support this, Swindon Safeguarding Partnership will:

- Further promote and embed the Neglect Screening tool across the partnership to identify and quantify neglect in their work with children and families.
- Review the reach and effectiveness of neglect training across the partnership.

#### **Respond**

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 in this strategy.

To support this, Swindon Safeguarding Partnership will:

- Review and update the neglect framework and practice guidance around working with children, young people and their families where there is neglect.

- We will create and promote an agreed neglect practitioner toolkit and ensure that supporting training is available. This is to be achieved by the promotion and use of evidence-based models, including Family Safeguarding. This includes embedding and ensuring multi-agency professionals are trained and confident in identification of neglect utilising the neglect screening tool.
- Explore how to overcome questions and dilemmas commonly encountered in practice and look at how research and learning can inform best practice.
- Agencies will ensure the communication, implementation and embedding in their service of this strategy, the practice guidance, and the reviewed procedures and will review their own effectiveness.

Swindon is one of the many local authorities in the country that work under the Family Safeguarding Model. Family Safeguarding takes a multi-disciplinary and holistic approach to working with families.

The multi-disciplinary teams include Children and Families Social Workers and Family Support Practitioners, working alongside Adult Specialist Workers to provide help and support in relation to issues associated with parental domestic abuse, substance misuse and mental ill-health. Family Safeguarding teams work with children aged pre-birth to 17 where the issues relate to abuse and neglect of the children by their families.

### **Quantify**

Identifying the extent and range of neglect in Swindon through gathering information to inform improvements in practice.

Swindon Safeguarding Partnership will:

- Collate multi-agency data demonstrating the prevalence of and response to neglect in Swindon.
- Analyse the data locally and compare it with national (comparators) data and published reports and research.
- Identify themes and trends, using this information to inform service need and development.

### **Evaluate**

Using national frameworks and guidance 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.

Swindon Safeguarding Partnership will:

- Understand the experiences of children known to services where neglect is the primary referral reason and develop a multi-agency neglect themed audit. Learning will be shared across the partnership.

- Ensure that mechanisms for evaluating and monitoring the impact of the neglect screening tool and broader work on Neglect across the partnership are in place through multi-agency audit and via independent scrutiny.
- 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.

## 4. Guiding principles

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

**1. Child focused practice, which consistently captures the voice and views of the child** – in all of our work on neglect, it is vital to hear the child's voice, and to focus on their experiences and the impact neglect has had - and is having - on their lives. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work;

**2. Outcome focused and relationship-based practice** – our work with children and families in Swindon 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.

**3. Participation of parents and carers** – as with hearing the voice and views of the child or young person, it is equally important that parents and carers are involved in discussions and decision making which impacts on them. Participation of parents and carers supports and ensures that they are able to contribute to assessments and plans in relation to them and their families and can build on strengths and skills to make sustainable changes.

**4. Effective, early support** – we want children, young people and families to receive the right support and help at the right time, as early as possible in the life of a difficulty. Preventative and early help responses to neglect are critical to avoid issues from escalating and children experiencing further harm.

**5. Think Family** – children live in families, and 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; however, it is important not to 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 cause of this.

**6. Culture of challenge and escalation** – Swindon Safeguarding Partnership is committed to challenging each other appropriately and effectively to ensure that the best possible outcomes for children and families are the best possible. This will be role modelled by all professionals who will engage in respectful, healthy and transparent challenge and will respond to escalation and disagreement in a constructive way.

## 5. Governance

This strategy is owned and overseen by the Swindon Safeguarding Partnership. The Partnership will monitor progress against the strategic objectives on an annual basis. The effective delivery of the strategy will be reported to the Partnership through the Delivery Group.

### Indicators of Effectiveness

The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

- Increase in the number and quality of referrals in with neglect as a referral reason
- Reduce the number of repeat referrals to MASH due to neglect.
- Reduce the number of children subject to a Child Protection Plan under the category of neglect for longer than one year.
- Reduce the number of children subject to a Child Protection Plan under the category of neglect for a second time or more.
- Safely and appropriately reduce the number of children needing to become looked after as a result of neglect.
- Increase in the use of Neglect screening tool being undertaken.
- Increase in the number of professionals being trained in Neglect across the partnership.

### Impact Statement

*We aim to reduce the negative impact of neglect on children in Swindon ensuring that children are prevented from becoming disconnected in education, are supported to have positive mental and physical health and are protected from living in neglectful home environments.*

## 6. Action Plan

A detailed work plan will be developed to state what will be required to put into action the aims and objectives of this strategy. This will be delivered and overseen by the Safeguarding Partnership Neglect Sub-Group.



## 7. Appendices

### Appendix 1: Key Local and National Strategies and Guidance

[Working together to safeguard children 2023 - statutory guidance](#)  
[South West Child Protection Procedures](#)  
[Right Help at the Right Time Threshold Guidance](#)  
[Swindon Early Help Strategy](#)

### Appendix 2: Classifications of Neglect (*Horwath, 2007*)

#### Six classifications of neglect:

Horwath (2007) identified six different classifications of neglect:

- **Medical neglect**
- **Nutritional neglect**
- **Emotional neglect**
- **Educational neglect**
- **Physical neglect**
- **Lack of supervision and guidance**

Neglect differs from other forms of abuse because it is:

- frequently passive
- not always intentional
- more likely to be a chronic condition rather than crisis led and therefore impacts on how we respond as agencies
- combined often with other forms of maltreatment
- often a revolving door syndrome where families require long term support
- often not clear-cut and may lack agreement between professionals on the threshold for intervention.

The way in which we understand and define neglect can determine how we respond to it.

The experience of neglect during childhood can have significant, long lasting and pervasive consequences, affecting all aspects of a child's development. These effects include cognitive and other physical development, educational achievement, children and young people's emotional wellbeing, and behavioural difficulties. 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. Consideration needs to be taken into individual development and context, including social and economic factors such as poverty and deprivation, family, environment and community resources. In addition, practitioners should be aware that neglect is an area which can be open to personal and moral judgements.

**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.

**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.

**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. Some authors distinguish it from emotional abuse by the intention of the parent.

**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.

**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

**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.

### Appendix 3: Adolescent Neglect

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

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

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

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

- Poor mental and physical health
- Difficulties with interpersonal relationships
- offending behaviour
- Substance misuse
- A high propensity for risk-taking behaviour
- Suicide.

Older children who suffer neglect may have been neglected for many years and can carry the legacy and impact of neglect at a younger age with them into adolescence. This means they are often not well equipped to cope with the many challenges that older childhood brings and may not get the support from parents to manage this transition.

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

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

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

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

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

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

[Contextual Safeguarding](#) is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety. Contextual Safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. It seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. It's an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focussing on an individual. For further information visit the Contextual Safeguarding Website - <https://csnetwork.org.uk/> or view the contextual safeguarding video clip. <https://www.youtube.com/watch?v=VOIE-XENewM>.

#### **Appendix 4: Impact of Neglect (*Horwath 2007*)**

The following summarises the main impact of neglect at each developmental 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 5: 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** – these 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 6: Children Missing Education

*“All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have.”*

Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school.

Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

Effective information sharing between parents, schools and local authorities is critical to ensuring that all children of compulsory school age are safe and receiving suitable education.

The local authority will work to focus resources effectively in intervening early in the lives of vulnerable children to help prevent poor outcomes

The local authority has a duty under section 436A of the Education Act 1996, to make arrangements to establish the identities of children in their area who are not registered pupils at a school and are not receiving suitable education otherwise. This duty only relates to children of compulsory school age

The local authority will consult the parents of the child when establishing whether the child is receiving suitable education. Those children identified as not receiving suitable education should be returned to full time education either at a school or in alternative provision.

Prompt action and early intervention are crucial to discharging this duty effectively and in ensuring that children are safe and receiving suitable education. The local authority has robust policies and procedures in place to meet its duty in relation to these children, including an effective tracking and enquiry systems in place, and a named person to whom schools and other agencies can make enquiries about children who are missing education.

Arrangements made under section 436A also play an important role in fulfilling the local authority’s wider safeguarding duties. The duty regarding Children Missing Education is therefore be viewed alongside these wider duties and local initiatives that aim to promote the safeguarding of children.

The local authority has in place arrangements for joint working and information sharing with other local authorities and agencies. The local authority undertakes regular reviews and evaluations of policies and procedures to ensure that these continue to be fit for purpose in identifying children missing education in Swindon. Where there is concern for a child’s welfare, this will be referred via the children’s social care and any other relevant agency as appropriate and action taken without delay.

The local authority has other duties and powers to support their work on CME including:

- Arranging suitable full-time education for permanently excluded pupils from the sixth school day of exclusion;
- Safeguarding children's welfare, and their duty to cooperate with other agencies in improving children's well-being, including protection from harm and neglect;
- Serving notice on parents requiring them to satisfy the local authority that the child is receiving suitable education, when it comes to the local authority's attention that a child might not be receiving such education
- Issuing School Attendance Orders (SAOs) to parents who fail to satisfy the local authority that their child is receiving suitable education, if the local authority deems it is appropriate that the child should attend school
- Prosecuting parents who do not comply with a SAO
- If prosecuting or issuing penalty notices to parents fails to ensure their school-registered child attends school regularly the local authority may apply to court for an Education Supervision Order for a child to support them to go to school

### **Why is regular attendance important?**

*“Schools are the place where children learn, where they make friends, where they find things they are passionate about and talented at. A place that is safe, with adults around them who care about their lives and that provides routine, structure, and discipline”. Children’s Commissioner<sup>[1]</sup>*

Regular attendance is an important part of giving children the best possible start in life.

Being around teachers and friends in a school or college environment is the best way for pupils to learn and reach their potential. Time in school can also keep children safe and provides access to extra-curricular opportunities and pastoral care.

Being in school is important to a child's achievements, wellbeing, and wider development.

The aim should be for every child/young person to maximise their attendance. Children and young people who frequently miss sessions at their education provider can fall behind with their work and do less well in exams.

In addition to the benefits of regular attendance on attainment, there are longer-term benefits of children and young people attending school every day, such as enabling them to make a positive contribution within their community and achieve economic wellbeing.

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<sup>[1]</sup> <https://assets.childrenscommissioner.gov.uk/wpuploads/2022/03/cco-ambition-for-all-our-vision-for-a-school-system-that-works-for-all-children.pdf>

## Appendix 7 – Other areas of the Partnership that will consider the impact of Neglect within their agenda.

- SBC Integrated Adolescent Service
- Early Interventions, Youth and Communities Board
- Strategic MARP
- CETAC
- Pan BSW Under 1's Steering Group
- Health and Wellbeing Board
- DA&VAWG