

# Swindon Safeguarding Partnership Neglect Strategy 2026-2029



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## Impact Statement

We will work together as partners to improve the outcomes of children experiencing neglect. All professionals will feel enabled to confidently identify, explore, assess, and respond to neglect, considering the domains of medical, nutritional, emotional, educational & physical neglect and lack of supervision and guidance.

## 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 working 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 neglect and offering early support to improve outcomes for children and families in Swindon.

This strategy has been developed in collaboration with multi-agency partners working across Swindon and should be considered alongside other local and national policies, strategies, and guidance.

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](#)

## Guiding Principles

This strategy sets out our approach to tackling neglect in Swindon. 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:

**Professional Curiosity and Lived Experience** - All individuals working with children and families will demonstrate professional curiosity in exploring the lived experience of each child in the family and the individual impact of neglect.

**Child focused practice, which consistently captures the voice and views of the child** - in all 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 our work.

**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 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 to respond robustly to neglect, whilst appropriately using the strengths of families.

**Participation of parents and carers** - It is important that parents and carers participate in discussions and decision making which impacts on them. Participation of parents and carers supports and ensures that they can contribute to assessments and plans in relation to them and their families and can build on strengths and skills to make sustainable changes.

**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.

**Assessment** - Assessment of neglect will be using the toolkit and tool to explore the different domains of neglect for each child. Neglect needs to be considered within the wider context of the family and the historical concerns. Chronologies will be used to understand historical context and cumulative impact.

Assessments will consider and give appropriate weighting to third party reports /concerns around neglect when making threshold decisions as indicated in the cases of Star and Arthur.

[National review into the murders of Arthur Labinjo-Hughes and Star Hobson - GOV.UK](#)

**Writing Goals** - In writing goals for families it should be written in a way that demonstrates the impact on the child, ensuring that the child's needs remain central.

**Effective, early support** - We want children and families to receive the right support and help, as early as possible. Preventative and early help responses to neglect are critical to avoid issues from escalating and children experiencing further harm.

**Culture of challenge and professional dispute and resolution** - Swindon Safeguarding Partnership is committed to appropriate and effective challenge to ensure the best possible outcomes for children and families [Resolution Policy](#)

## **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 neglect is under reported. However, wider research suggests that up to one in ten children will experience neglect during their childhood (NSPCC, 2021).

Nationally, neglect remains the most common initial category of abuse recorded for children on protection plans in 2024, accounting for 50% of children.

(<https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-ofhttps://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-needchildren-in-need> )

In Swindon, during 2024-25, 80 children were on Child Protection Plans for neglect. This equates to 44% of all children on child protection plans.

## 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 because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate stimulation, 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 caregivers); 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, but the effects are cumulative.

Horwath (2007) identified six different classifications of neglect:

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

## Learning from National and Local Practice Reviews

### Core Themes identified from National and Local Practice Reviews

- Lack of understanding of the child's lived experience of neglect
- Impact of parental issues such as substance misuse, mental health, domestic abuse
- Social challenges such as poverty, housing instability, isolation
- Child vulnerabilities such as disabilities, complex health needs, premature birth, increased risk of child being exploited or abused

- Chronic neglect over a long period sometimes co-existing with physical, emotional and sexual abuse
- Professionals desensitised to the chronic and cumulative harm of neglect which is often masked by chaotic family environments
- Poor information sharing between agencies
- Professionals did not always recognise signs of neglect. Issues were treated in isolation without considering or addressing the causes
- Chronologies weren't used to consider the family history and cumulative harm for children
- Professionals attribute developmental delay as an inevitable part of a child's disability, rather than either caused by, or exacerbated by neglect and poor parenting.
- Services addressing the immediate, and often complex, presenting needs of a family without considering their impact on the child.
- Family needs are complex – covering different threshold categories at any one time and they change over time
- A 'start again approach' was taken each time a new practitioner took on a case, preventing emerging patterns of concern from being identified
- Build up a picture of cumulative experiences of neglect and assess parental capability to change-Chronologies and supervision are vital to spot patterns
- Not be over-reliant on parental self-reporting and triangulate information from other sources including family members and anonymous sources
- Professional reluctance to challenge superficial compliance or pursue deeper lines of enquiry to look at the child's lived experience of neglect
- Unassessed new and extended family members not consistently vetted for offending history or previous safeguarding concerns
- The Escalation Procedure was underused or there was a lack of awareness and use of escalation within agencies leading to drift and delay and child not being safeguarded.
- Understand thresholds for intervention across agencies so that professionals can challenge each other with confidence.
- Be professionally curious about the child's lived experience and the impact of neglect on the child
- Over-reliance of parental explanation at face value without probing contradictory evidence or exploring hidden adults in the household

## **Under 2's Core Themes**

- Faltering growth, malnutrition or faltering weight flagged by missed or inconsistent growth monitoring
- Poor hygiene or inappropriate clothing
- Direct observation of the home environment, listening to siblings and babies cues is crucial to grasp the child's day to day lived experience of neglect
- Concealed pregnancy resulting in lack of antenatal assessments and birth planning
- There is a need for improved awareness of the impact of particular issues in pregnancy such as substance misuse, learning disability.

- Gaps in multiagency information sharing between health, police and social care to inform prebirth assessments and intervention

## **Core Themes 2 years to Adolescence**

- Mental health, domestic abuse, substance misuse and parental criminal records frequently co-exist for this age group leading to chronic inconsistency in care, supervision and emotional support
- Optimism bias in professional decision making leading to assumptions that parent's capacity had improved after intervention which isn't sustained leading to delay in escalation of concerns and intervention to address neglect
- Weak risk assessment and threshold application -assessments failed to capture the cumulative impact of repeated neglect leading to significant harm to the child
- Poor information sharing at key transition points for the child i.e. change of school or lead professional led to missed opportunities
- Invisibility of older children's experiences - signs of neglect shifting from visible indicators to behavioural and emotional cues i.e. withdrawal and school refusal which are underestimated by professionals

## **Core Themes for Adolescent Children**

- Persistent parental issues create unstable home environments that adolescents navigate alone
- Emotional and Developmental neglect -lack of emotional warmth, failure to support identity formation and limited encouragement for independence undermine mental well-being and resilience
- Suicide or self-harm as a result of the effect of long-term neglect on mental health
- School Absence and Educational Neglect masks deeper neglect -children miss out on protective adults and safeguarding oversight
- Threshold confusion about adolescent need-practitioners don't distinguish between teenage autonomy and patterns of neglect leading to inconsistent referrals and threshold application
- Invisibility of the voice of the adolescent-the child's perspectives and wishes are not sought leaving their lived experience unrepresented in assessments and plans.
- Thresholds for the assessment and support for children in need, or at risk of or experiencing harm are not consistently understood in particular in respect of older children.
- Exploitation and peer-related risks -children are vulnerable to criminal and sexual exploitation peers and adults outside the home fill the void left by absent caregivers
- There is a clear need for more tailored assessments and a bespoke child protection approach for cases involving older children where their autonomy and mental capacity must be balanced against their right to be protected from harm
- Transition to adult services -abrupt handovers or gaps at 18 years leads to being left without continuity of support at a critical period of independence

In Swindon, Rapid Reviews undertaken have identified that we are not identifying and responding robustly enough the children who are experiencing child neglect.

## 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 as partners with parents/carers to prevent neglect and to improve outcomes for children experiencing neglect in Swindon. Neglect is a strategic priority for the Swindon Safeguarding Partnership, and our vision is that:

- We will work together with partners to minimise the negative impact of neglect on children and young people in Swindon.
- All professionals will feel enabled to confidently identify, assess and respond to neglect.

We aim to ensure that all agencies can identify, explore, support, assess and respond to neglect at the earliest opportunity, to offer preventative support, and a timely response. We aim to evaluate our practice to be assured of its quality, effectiveness and to ensure continuous improvement. Achieving these aims will reduce the prevalence and outcomes for children experiencing neglect within Swindon.

This strategy is an all age (0-25) strategy for children and young people and does not focus on a particular age group. In Swindon, we work with young people that are care-experienced and those with Education, Health and Care Plans up to the age of 25. We know that neglect can and does affect all age groups of children, although can sometimes go unnoticed in older children.

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

## Recognise

As partners of the Swindon Safeguarding Partnership, we will:

- Promote and embed Practice Guidance and the Neglect Screening tool across organisations and professionals to identify and respond to neglect in their work with children and families.
- Review the reach and effectiveness of neglect training across the partnership.
- Ensure practitioners and managers in all agencies can recognise the indicators of neglect when working with children and families and ensure there is an appropriate, timely initial response.

## Explore and Identify

As partners of the Swindon Safeguarding Partnership, we will ensure that

- Individuals working with children and families need to demonstrate the principles of professional curiosity and understanding of the child's lived experience both within the observations and analysis of visits and contacts with children and within their record keeping.
- Individuals working with children will be able to identify indicators of neglect and use the domains of neglect to understand both the breadth and depth of the impact of neglect on a child's health, cognitive, social and emotional development, safety and well-being.

This will support, exploration, identification, recording and understanding of the child's lived experience.

## Prevent

We will work proactively with families, partners, and communities to recognise emerging concerns, reduce risks, and ensure that every child grows up in a safe, stable, and nurturing environment.

Through high-quality early help, trauma-informed practice, and a coordinated multi-agency approach, we aim to:

- Spot the earliest signs of unmet needs, ensuring children and families receive help before concerns escalate.
- Provide practical, accessible support that addresses root causes of neglect and builds on family strengths.
- Empower parents and carers through supportive intervention, reducing barriers and enabling sustainable change.

## Respond

Swindon uses the Family Safeguarding Model, which is a multi-disciplinary, trauma informed, holistic approach to working with families.

Multi-disciplinary teams include Children and Families Social Workers, Family Support Practitioners, collaborating with Adult Specialist Workers to provide help and support in relation to issues such as parental domestic abuse, substance misuse and social and emotional well-being. These teams collaborate with the wider workforce in Police, Health, Housing, Education, Probation, Local Authority Services, and voluntary sectors to meet children and family needs.

All Individuals working with children, families and communities need to be able to recognise and respond to inequalities and disadvantage created by poverty and understand the difference in approach to working with families experiencing poverty as opposed to neglect.

Approaches to reduce the impact of inequality and poverty may need interventions at an individual and community level.

Each partner agency commits to provide an appropriate response to children experiencing neglect, and their families through a multi-agency approach in line with the guiding principles in this strategy.

To support this, Swindon Safeguarding Partnership will:

- Use evidence-based guidance and tools to support development of practice.
- Ensure multiagency professionals are trained and confident in the identification of neglect and using the neglect screening tool.
- Ensure the strategy, guidance and toolkit are embedded into partner organisations policies, standards, procedures to support practice.
- The Neglect Group will explore through their work plan how to overcome difficulties raised through the community of practice in the understanding and application of the neglect guidance and screening tool.

## Quantify

Swindon Safeguarding Partnership will:

- Collate and report quarterly multi-agency data to the Quality Assurance Group demonstrating the prevalence of children experiencing neglect in Swindon and agencies response.
- Provide an annual update to the Delivery Group that includes an analysis of data, including a comparison with statistical neighbours, and consideration of local trends.

The Safeguarding Partnership Business Analyst will help us to identify the extent and prevalence of neglect in Swindon via data gathered through the Safeguarding Partnership Dashboard, with the governance of the data sitting within the Neglect Group and reported to the Quality Assurance group.

## Evaluate

Swindon Safeguarding Partnership will:

- Ensure that mechanisms and governance for evaluating and monitoring the impact of the neglect screening tool and broader work on Neglect is in place.
- Will review and quality assure the training offer on child neglect, through work in the Learning & Development Group.

The Neglect Outcome based accountability scorecard will monitor and evaluate this strategy - **see Appendix 1.**

## Measures of Success

- Measurable increase in the number of referrals into Children and Families Contact Swindon with neglect as a referral reason.
- Increase in the number of neglect screening tools being sent into Children and Families Contact Swindon.
- Reported increase in confidence from practitioners around the early identification and assessment of neglect demonstrated through training feedback.
- Reduction in the number of serious incident notifications where neglect is a factor.
- Increased number of partners accessing neglect training.
- Positive feedback from children and families on their experiences of working with us.

Using national frameworks and guidance we will assure ourselves of the quality of our multi-agency response for children experiencing neglect.

In our:

- Early Help response
- Application of thresholds
- Section 47 enquiries
- Child in Need and Child Protection planning
- Family First Partnership Programme

Demonstrating that our work has impacted outcomes and the quality of life for children, and families.

This will be through the following methodologies to aid understanding the experiences of children and families:

- Multiagency neglect audits
- Surveys and feedback from children and families
- Practitioner feedback
- Development of a Community of Practice

The analysis of audits and surveys will be considered within the Neglect Group and Learning and Development Group to ensure accountability and to enable application of learning to practice.

## Governance

Swindon Safeguarding Partnership Executive Group has agreed that Neglect will continue as a strategic priority. We recognise the significant impact that neglect has on children and young people and their outcomes and are committed to improving our response to preventing, identifying and responding to Child Neglect.

The Child Neglect Strategic Group will continue to oversee the actions identified in this strategy via a Neglect Group work programme. The Chair of the Neglect Group will report to the Safeguarding Partnership Delivery Group and to Safeguarding Partnership Executive Group on the progress to ensure that all partner agencies contribute to the implementation of the strategy and hold each other to account.

## Actions We will Take

A detailed work plan is in place in line with the aims and objectives of this strategy. This will be delivered and overseen by the Safeguarding Partnership Neglect Group.

- We will review and evaluate the impact of this multi-agency Neglect Strategy.
- We will ensure that decision making for children is in line with local thresholds and that this is based on the specific needs of the children, so they are offered the right help at the right time.
- We will build confidence in practitioners and managers to identify, assess and respond to neglect.
- We will improve the use of the neglect-screening tool to support early identification and assessment of the impact of neglect on children.
- We will ensure the views of 'experts by experience' helps us to understand the experiences of children/young people and families.
- We will progress specific learning identified from audits and case reviews.

## How We Will Evidence Impact

Swindon Safeguarding Partnership have produced Outcomes Based Accountability Scorecard to use measures and indicators to chart progress against outcomes for children in relation to child neglect, these measures are also aligned with the Safeguarding Partnership's Strategic Business Plan. **See Appendix 1 for the Neglect Scorecard.**

## Key Local and National Strategies and Guidance

[Working together to safeguard children 2023 - statutory guidance](#)

[Keeping children safe in education - GOV.UK](#)

[Southwest Child Protection Procedures](#)

[Right Help at the Right Time Threshold Guidance](#)

[Swindon Early Help Strategy](#)

[Neglect - Swindon Safeguarding Partnership](#)

[Neglect framework and practice guidance](#)

# Appendices

## Appendix 1: SSP Neglect Outcomes Based Accountability Score Card

Priority 3: Neglect			
<b>What do we want for children?</b> Children & young people in Swindon to get help early before neglect causes long term harm			
<b>We'll know when</b> Children's development is supported pre-birth.  Children are: <ul style="list-style-type: none"><li>• achieving their development milestones</li><li>• in school everyday &amp; thriving</li><li>• visible if they are electively home educated</li></ul> All professionals: <ul style="list-style-type: none"><li>• understand the legal framework &amp; are clear about their roles &amp; responsibilities</li><li>• are open to professional challenge</li><li>• use the neglect screening tool to support early identification &amp; provide support to families with increased risk</li><li>• understand adolescent neglect &amp; when to use the Metal Capacity Act for 16 &amp; 17 year olds</li><li>• recognise the impact of long-term neglect</li><li>• recognise adolescents as children</li><li>• see children/adolescents alone</li><li>• work collaboratively</li></ul>	<b>Child's voice</b> People see me I feel happy, loved, safe and supported I am nourished I sleep well and am rested I feel good I have friends I care about & who care about me I feel listened to I enjoy learning I have age appropriate independence	<b>Why does it matter in the context of safeguarding children / adults at risk?</b> Emotional and physical neglect causes long term harm for children which continues into adulthood.	<b>We need solutions for</b> Dilemmas commonly encountered in practice  Adultification of teenagers
	<b>What will make a difference</b> Professionals always see the child & talk to them to understand their feelings & experience Identifying children who are or who could be subject to emotional & / or physical neglect Ensuring the offer is informed by people's lived experience – children & adults (is it what people want / need / impactful) Professional curiosity Intelligence from all our partner practitioners to facilitate early identification of the possibility of both psychological, emotional & physical harm Support for families at an early opportunity Clear support pathways for parents who are struggling  In assessing risk & completing their assessments professionals work together to build a holistic picture considering: <ul style="list-style-type: none"><li>• lived experience of the child/adolescent</li><li>• impact of domestic abuse, mental health, substance misuse &amp; poverty on parental capacity</li><li>• disguised compliance</li><li>• parental influence over adolescents particularly those with SEND</li></ul>	<b>Most critical underlying issue/s we need to address to break the cycle?</b> Children & vulnerable adults knowing what 'good' should look and feel like. Ensuring thresholds are not too high for children to get the support they need. Capacity in the system to provide therapeutic / restorative support Acting on early signs of neglect, not waiting until children's behaviours escalate	
<b>What will we do to improve practice &amp; practice knowledge?</b> Provide information on signs of emotional & physical neglect in an accessible way. Knowledge of professionals around pathways Use learning from LCSPR & insights from staff & experts by experience to review, relaunch & evaluate the impact of the neglect t: <ul style="list-style-type: none"><li>• Multi-agency Strategy and Framework</li><li>• Practice Guidance</li><li>• Practitioner Toolkit</li><li>• Training</li></ul>			
<b>What will we do to improve public knowledge?</b> Normalise the need for help and support - we're not just there to 'remove children' Improve public knowledge about the help and support available and how this can make a difference As a partnership, developing and implementing a series of collaborative awareness campaigns focused on child neglect. This should include a) tailoring messages to different audiences b) targeting different groups of people parents, caregivers, educators, professionals, and community members c) community workshops, training sessions, and educational events that are culturally sensitive and co-delivered to provide information and resources on recognising, reporting, and preventing child neglect and offer practical strategies and support for families to strengthen protective factors. Engage key stakeholders in raising awareness about child neglect (PVI providers, schools, health, faith based organisations, youth services) Use digital and social media platforms to disseminate information, resources and educational material about child neglect in accessible, engaging formats Look at the possibility of working in partnership with newspapers, radio stations and online platforms, to raise awareness about child neglect.			

<b>Priority 3: Neglect</b>		
<b>What do we want for children?</b> Children & young people in Swindon to get help early before neglect causes long term harm		
<b>We'll know when measures</b>  The correlation between neglect & attainment ( <b>reference 3.3.18 - 3.3.19</b> )  Children's development is supported pre-birth. ( <b>reference 3.1.1 - 3.1.8</b> )  Children are in school everyday & thriving ( <b>reference 3.7.1 - 3.7.18 for stat school age measures</b> )  Children are achieving their developmental milestones ( <b>reference 3.5.1 – 3.5.3</b> )	<b>Child's voice measures (reference 3.3.19)</b> Conduct age-appropriate interviews or conversations with the child to gather information about their experiences of neglect Observe the child's behaviour, interactions, and living conditions to identify signs of neglect. Involve the child in decision making processes related to their care and protection to the extent appropriate for their age and developmental level.	<b>Trend data to track underlying issue/s (reference 3.2.1 - 3.2.11)</b> Number & % of & repeats of <ul style="list-style-type: none"> <li>• contacts</li> <li>• referrals</li> <li>• CIN plans</li> <li>• CP plans for Neglect</li> </ul>
	<b>Making a difference measures</b> <b>Decisions for children referred with neglect as a presenting issues deliver access to support that has a positive impact on their well-being (Reference 3.2.1 - 3.2.18)</b> Increase in the number of <ul style="list-style-type: none"> <li>• referrals into MASH with neglect as a referral reason</li> <li>• neglect screening tools being sent into MASH with referral</li> <li>• Neglect recorded as a crime</li> </ul>	<b>Underlying issue/s we need to 'deep dive' / consider in single &amp; multi-agency audits</b> Responses to adolescents including the use of the mental capacity act for 16- & 17-year-olds  Prevalence of neglect, which children are at highest risk, other types of abuse they will be at greater risk of for example sexual abuse, extent to which practice is trauma informed.  Elective home educated children and their well-being
	<b>Children and young people do not experience ongoing neglect, we understand the quality of multi-agency practice, which is continually improving towards being consistently good (Reference 3.3.1 - 3.3.17)</b> Multi-agency audits focused on neglect demonstrate that professionals <ul style="list-style-type: none"> <li>• confidently identify, assess and respond to neglect</li> <li>• understand the legal framework</li> <li>• have clarity about their roles and responsibilities</li> <li>• take decisive action</li> <li>• are open to professional challenge</li> <li>• work together to build a holistic picture considering: <ul style="list-style-type: none"> <li>a) the lived experience of the child/adolescent</li> <li>b) the impact of domestic abuse, mental health, substance misuse &amp; poverty on parental capacity</li> <li>c) disguised compliance</li> <li>d) parental influence over adolescents particularly those with SEND</li> <li>e) recognise adolescents as children</li> <li>f) see children/adolescents alone</li> </ul> </li> </ul>	<b>Additional Information Requests on an annual basis to shine a light on challenges</b>  Children not brought to medical appointments / discharged Number of neglect medicals ( <b>reference 3.1.8</b> )
<b>Improved practice &amp; practice knowledge measures</b> Increase in the number of staff completing Partnership Threshold training & Neglect Training from the 2022 -2023 baseline. Reported increase in confidence from practitioners around the early identification & assessment of neglect from the 2022 -2023 baseline.		
<b>Improved public knowledge</b> Neglect is identified and action taken to address it indicating improved public knowledge and earlier action for children ( <b>Reference 3.4.1 - 3.4.4 proxy indicators</b> )		