



Multi-Agency Neglect Strategy 2018- 2021

Document control and record of amendments

Version	Reason for amendment	Amended by/ Date
1	Endorsed by NSCB	November 2015
2	Review undertaken	November 2016
3	Review undertaken and update to delivery plan and statistical evidence	October 2017
4	Refreshed Strategy 2018-2021	December 2017
5	Endorsed by NSCB	December 2017

1. Background and Introduction

1.1 The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Lives can be ruined, children's abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and well-being is often compromised and this impacts on their success in adulthood and their ability to parent in the future.

ork 1.2 At the year-end (2016/17) 53% (121) of Child Protection Plans were under the category of neglect and 40% (91) were under the category of emotional abuse. In addition to children who are subject to child protection plans, there are also children who are not yet in receipt of statutory child protection services but who are being offered early help due to concerns relating to neglect and those whose needs and protection plans address more obvious concerns such as emotional abuse who may also be suffering neglect.

1.3 While Child Sexual Exploitation is dominating the media, we must not lose sight of neglect. Neglect remains the most common form of child abuse across the UK and is usually the most common cause for being subject to a child protection plan¹. Numbers of recorded cruelty and neglect offences in England and Northern Ireland are now the highest they have been for a decade.

1.4 At the same time all agencies in Northumberland are facing pressures from significant reductions in funding, there is evidence of increased levels of poverty and deprivation. In this context, the early recognition of neglect and timely and effective responses to neglect is vital in providing families with the help they need².

¹ At 31 March 2016 the breakdown of reasons for being subject to a CPP was as follows: 46 per cent neglect; 35 per cent emotional abuse; 8 per cent physical abuse; 6 per cent multiple reasons; and 5 per cent sexual abuse.. [How safe are our children? The most comprehensive overview of child protection in the UK NSPCC 2017](#)

1.5 National inspections³ provide strong evidence that developing a systematic improvement programme will lead to better outcomes for this group of children and YP and we will lay this out in our strategy.

2. Purpose and Scope

2.1 The purpose of this document is to set out the strategic aims and objectives of the NSCBs approach to tackling neglect. This strategy also identifies key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to ensure continual improvement within Northumberland's response to neglect.

This strategy has been developed with multi-agency partners working within Northumberland and should be considered alongside other key strategies, policies and procedures, such as the, [Healthy Child Programme](#), [Northumberland Single Assessment Framework](#) [Northumberland Early Help Strategy 2014-17](#) [Assessing Need and Providing Help Guidance](#) and [NSCB Multi-Agency Threshold Document](#).

Northumberland is committed to improving our attempts to effectively tackle neglect. Neglect is relevant to all NSCB and Northumberland Children and Young People's Strategic Partnership and the Northumberland Health and Wellbeing Board priorities

² A report commissioned by three leading children's charities projected that the number of children living in extremely vulnerable families is set to almost double by 2015 (H Reed, In the eye of the storm; Britain's forgotten children and families, Action for Children, 2012; <https://www.actionforchildren.org.uk/resources-and-publications/reports/in-the-eye-of-the-storm-britain-s-forgotten-children-and-families/>

³ In the child's time: professional responses to neglect (March 2014) Reference no: 140059 <http://www.ofsted.gov.uk/resources/childs-time-professional-responses-neglect>

NSCB Priorities 2016-2017

- Improving focus on the child's experience of services and better embedding it in practice
- Further promoting preventative and early help approaches
- Improving partnership working with education on the safeguarding agenda
- Improving support to especially vulnerable children and high risk adolescents
- Reviewing our response to sexual exploitation

The Northumberland Children and Young People's Strategic Partnership's Children and Young People Plan 2015-2018 aims are,

- A journey to independence
- Bringing our communities together and tackling child poverty
- Developing ambition, enjoying life and doing as well as possible
- Being there to help and support when it will have most impact
- Promoting safeguarding

The health and wellbeing strategy focuses on five key priority areas which will make a fundamental difference to the health and wellbeing of those who live in Northumberland:

- focus on those children and families, who without some extra help and support early on, would be at risk of having poorer health, not doing as well at school, and not achieving their full potential in their lives
- focus on tackling some of the main causes of health problems in the County including obesity and diet, mental health and alcohol misuse
- supporting people with long term conditions to be more independent and have full choice and control over their lives

- making sure that all partners in Northumberland work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people
- making sure that all public services support disabled people and those with long term health conditions to stay active for as long as possible

3. Definition of Neglect

3.1 The definition of neglect from statutory guidance, Working Together to Safeguard Children, HM Government (2015)

“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”.

3.2 Determining what constitutes a ‘persistent failure’, or ‘adequate clothing’ or ‘adequate supervision’ remains a matter of professional judgment. Even when professionals have concerns about neglect, research indicates that they may be unlikely to

consider how they can help or intervene, apart from referring to Children's Social Care. Research also indicates that social workers knowledge of child development is not always well developed and that as a result they are less likely to understand the impact of neglect and the importance of timely decision making to avoid significant harm. These factors contribute to neglect not being well recognised and its impact not well understood.

3.3 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'.

These include:

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

3.4 There is an overlap between emotional abuse and many forms of child maltreatment and this is especially true of neglect. So when practitioners are working with children who are experiencing neglect an understanding of emotional abuse is also important. At the year-end (2016/17) 53% (121) of Child Protection Plans were under the category of neglect and 40% (91) were under the category of emotional abuse.

4. Prevention of Neglect

4.1 A number of factors (social determinates) increase the likelihood of neglect in some families. Vulnerable families may have a combination of the following risk factors:

- **Child risk factors**

- Disability
- Behavioural problems
- Chronic ill health
- Disability (Parental emotional and physical fatigue)

- **Parental risk factors**

- Poor mental health, especially maternal mental health difficulties
- Chronic ill health and disability, including sensory loss (young carers)
- Drug and alcohol (substance misuse)
- Domestic abuse
- Parents' own exposure to maltreatment
- Lack of experience of positive parenting in childhood
- Poor school attendance

- **Wider Determinants of Health**

- Poverty
- Unemployment
- Poor social support

4.2 The above underlines the importance of a preventive public health approach that focuses on reducing the risk factors that cause neglect.

5. The role of Early Help in addressing neglect

5.1 The impact of neglect of children is often accumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, Health, Schools/Education, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

5.2 Working Together (2015) requires local agencies to have in place effective assessments of needs of children who may benefit from early help services. In Northumberland, agencies should effectively utilise the [Early Help Assessment processes \(EHA\)](#) to assess unmet needs and coordinate appropriate support. The delivery of an effective Early Help offer is not the responsibility of a single agency - it requires a 'Whole-Family' approach owned by all stakeholders working with children, young people and families.

5.3 In order to address the relatively high levels of neglect in Northumberland it is important that all agencies effectively use the EHA to assess and plan services for children and families. Likewise, it is important there is continued longer term coordinated support, post social care involvement, to enable parents to sustain the change in the care given to children.

The Ofsted thematic inspection⁴ on joint working between children's services and adult mental health services highlighted a lack of signposting to early help by adult services and particular delays in considering the impact of paternal mental ill health on children.

6. Guiding Principles

6.1 This Strategy rests on key principles which provide a strategic framework:

- a) Enabling a shared understanding of neglect and the safety, well-being and development of children is the overriding priority
- b) Ensuring the early recognition and identification of the signs and symptoms of neglect and the importance of effective collaboration amongst agencies coordinated through the EHA, (Early Help Assessment)
- c) Early help needs to be of a kind and duration that improves and sustains the safety of children and young people into the future
- d) Children with additional needs such as special education needs and disabilities are potentially more acutely vulnerable
- e) Beneficiary engagement is critical therefore the views of children and young people and their families with regards to 'what works' will inform the development and implementation of effective interventions
- f) Ensuring a 'whole-family' approach is owned by all stakeholders

⁴ What about the children? Ofsted 2012 <https://www.gov.uk/government/publications/joint-working-between-adult-and-childrens-services>

- g) All agencies need to consider historical information to inform the present position and identify families at risk of inter-generational neglect
- h) Ensuring effective information sharing to inform assessments and evaluations of risk
- i) Agencies need to challenge each other about improvement made by families and its sustainability
- j) Work with children and young people needs to be measured by its impact on outcomes
- k) Suitable statutory action needs to be taken if insufficient progress is achieved and methods have been unsuccessful in addressing levels of risk present
- l) Significant regard needs to be given to the overlap between neglect and other forms of child maltreatment such as domestic abuse and substance misuse etc.

7. Strategic Aims and Objectives:

7.1 Northumberland aims to ensure early recognition of neglect and improve agency responses to children and young people affected by neglect through strong and effective multi-agency leadership. To that end this strategy has 4 core objectives.

These are:

- 1). To secure collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.*
- 2). To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention.*

- The Northumberland Safeguarding Children Board Guidance [Assessing Need and Providing Help Guidance](#) and the [NSCB Multi-Agency Threshold Document](#) have been designed with partners to ensure that children's needs are responded to at an appropriate level and in a timely way. The guidance provides clear and robust thresholds.
- Staff across the children's workforce will be expected to undertake training, (basic and advanced level), so that there is consistency of practice and application of thresholds. Each agencies' lead for safeguarding will be expected to ensure that staff within their agency has accessed the training.

3). *To improve the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of assessment tools.*

- The Northumberland EHA (Early Help Assessment) should be used in order to draw agencies together to identify needs and early support for a family. The assessment process for children and young people living in neglectful situations should be timely, robust, multi-agency, child focused and incorporate the views of the child/young person and family. Support should be coordinated by a practitioner (lead professional) with whom the family have an effective relationship.
- Neglect themed assessment tools currently used by Children's Social Care will be reviewed and refreshed to ensure their effectiveness in measuring what has changed in a family over a period of time, and (as appropriate) providing evidence for statutory interventions.
- Information will be effectively shared across partner agencies in order to build up a full picture of the needs of the child or young person and their family, including historical information. This process will also help to identify areas of support which can be accessed at an early stage, for example community and third sector organisations.
- Practitioners will be provided with training that will equip with the skills to effectively recognise, assess and respond to concerns of neglect.

4). *To ensure the effectiveness of service provision.*

- Evidence-based practice will be identified and promoted to ensure the use of effective interventions that work for children, young people and their families.
- Work with children and young people will be measured by its impact on outcomes. The views of children and young people (the Voice of the Child) and their families with regards 'what works' will inform the development and implementation of effective interventions.
- Multi-agency audits commissioned by the NSCB will also inform the effectiveness of interventions. The audits will seek evidence that the 'Voice of the Child' has been considered in all assessment, planning and review processes.

8. Governance and accountability

8.1 Governance will be provided by the NSCB and challenge will be provided by Northumberland's Health and Well-Being Board. The NSCB business group will monitor progress against the strategic objectives on a quarterly basis reporting to the NSCB on a six monthly basis and to the Health and Well-Being Board during the annual reporting process.

9. Key indicators for measurement of the effectiveness of the strategy

9.1 It is important that measures of success are established and agreed. The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

- a) Reduction in the number of repeat child protection plans under the category of neglect
- b) Reduction in the number of repeat referrals post single assessment;

- c) Reduction in persistent school absenteeism
- d) Reduction in the number of looked after children
- e) Increase in the number of 'open' EHAs completed per agency

It should be acknowledged that in the short to medium term, through improved recognition of neglect etc. there may be an increase in some of the above indicators.

9.2 The above measures of success continue to be monitored and reported through relevant channels. A reduction in the number of repeat child protection plans under the category of neglect and a reduction in repeat referrals into children's services has been achieved along with an increase in the average number early help assessments registered per month since 2015. Although the number of looked after children has increased rather than decreased, there are valid reasons for this change, see below for details.

a) The number of repeat child protection plans starting under the category of neglect has reduced in Northumberland from 14 in 2015/16 (5.9%) to 6 in 2016/17 (3.6%), April 2017- September 2017 is 16 or 7.4%

b) Repeat referrals have reduced - between April to Sept 2017 15% (229 out of 1,569 referrals) were received within one year of a previous referral, compared to 30% of 5,882 referrals between April 2014 and March 2015.

c) The national measure for persistent absentees has had a new definition in the latest available published data. Since the beginning of the 2015/16 academic year, pupils have been identified as persistent absentees if they miss 10% or more of their own possible session, rather than if they reach a threshold of 15% of the standard number of possible session for the

period. In 2015/16, Northumberland had a persistent absence rate of 10.20, below the England and North East rates which were 10.50 and 11.20 respectively.

d) The number of looked after children has slow increase in recent years until 2016-2017 which demonstrated a drop of 5% to 386.

e) The average number of early help assessments registered on the early help assessment database over a rolling 12 month period is tracked and reported on a monthly basis. The average has increased from 74 in April 2015 to 101 in September 2017.

10. Delivery Plan

Strategic Aim 1: To secure collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.							
OBJECTIVE/ OUTCOME	MILESTONE (by Dec 2017)	MILESTONE (by Dec 2018)	LEAD/NSCB SUB- COMMITTEE	FINAL TIMESCALE	Risks	Mitigations	Progress rating 1 (poor) - 4 (strong)

<p>NSCB partners engage fully with the Neglect Strategy to deliver strategic objectives.</p>	<p>The baseline data for neglect is Apr 16 - Mar 17 referrals with Neglect 340/3296</p>	<p>Milestone (10% reduction to be set based on 2017 baseline)</p>	<p>Business Group</p>	<p>March 2019</p>	<p>Early identification of children with Neglect leads to increase in referrals to CS</p>	<p>Strong and effective Early Help offer. Effective application and monitoring of MA Thresholds document</p>	
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	The numbers of hub referrals are Oct 16 - Mar 17 1147	1375 in 6 months ending Dec 18	Early Help and Early Intervention Sub Committee	March 2019	Early identification of children with Neglect leads to increase in referrals to CS	Strong and effective Early Help offer. Effective application and monitoring of MA Thresholds document	
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	2017 Sec 11 Deep Dive Review completed which will provide assurance from all partners about the strategic objectives of the strategy	None	Business Group	November 2018	Response rate to deep dive review maybe less than 100%	Assurance will be collected via email regarding neglect review via email	
Narrative evidence	<p>The 2017 Sec 11 deep Dive review will provide evidence of how the strategic objectives are being delivered in partner organisations.</p> <p>The data from CSC data team will track numbers of referrals to First Contact and Early Help Hubs</p>						

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Strategic Aim 2: To improve awareness and understanding of neglect across the whole partnership. This includes a common understanding of neglect and the thresholds for intervention.

OBJECTIVE/ OUTCOME	MILESTONE (Dec 2017)	MILESTONE (Dec 2018)	LEAD/NSCB SUB- COMMITTEE	FINAL TIMESCALE	Risks	Mitigations	Progress rating 1 (poor) - 4 (strong)
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<p>Practitioners and their managers across all services and partner agencies provides awareness raising training in neglect to improve recognition of neglect</p>	<p>NSCB Thresholds Document agreed by all partner agencies by July 2017</p> <p>Communications undertaken with all partner organisations.</p>	<p>Audit undertaken into the use of the Threshold document by May 2018 as part of the MASH audit</p>	<p>Policies, Procedures and training Sub Committee and NSCB Business Manager</p>	<p>March 2019</p>	<p>Introduction of revised thresholds document and increased awareness of professionals through training may increase referrals to CSC and early help hubs.</p>	<p>Effective application and monitoring of MA Thresholds document</p>	
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<p>Training provided for front-line practitioners and managers (including adult focused services) enables access to contemporary research and best practice in working with neglect.</p>	<p>Training reviewed by NSCB Training Sub-Committee to include disguised compliance and working with resistant families By July 2017.</p> <p>Incorporate messages from new thresholds document into multi agency training by July 2017</p>	<p>Training reviewed and kept up to date with the incorporation of finding from audit and SCR</p>	<p>Policies, Procedures and training Sub Committee and NSCB</p>	<p>March 2019</p>	<p>Due to service contraction training numbers may reduce.</p>	<p>Bi-annual training reports and data will report on the number of frontline practitioners undertaking neglect training from specialist services</p>	
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<p>Narrative evidence</p>	<p>Training offer adjusted by the Policies, Procedures and Training Sub Committee, with basic child protection training and specialist focusing on non-compliance and disguised compliance.</p> <p>All NSCB training offered includes the use of the threshold document.</p> <p>Training provided for front-line practitioners and managers (including adult focused services) enables access to contemporary research and best practice in working with neglect</p> <p>A communication strategy and the development of seven minutes guides into neglect have been undertaken across all services and partner organisations, GPs via their monthly update and Schools via termly newsletters.</p>
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Strategic aim 3: To improve the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of assessment tools.

OBJECTIVE/ OUTCOME	MILESTONE (Dec 2017)	MILESTONE (Dec 2018)	LEAD/NSCB SUB- COMMITTEE	FINAL TIMESCALE	Risks	Mitigations	Progress rating 1 (poor) - 4 (strong)
NSCB understands the numbers of children for whom neglect is a feature, the prevalence of parental factors and the effectiveness of the safeguarding system in reducing the	Introduction of Action for Children Neglect Toolkit in practice following training in March 2017, programme of training for trainers introduced in March 290018 for Early help and health Visitors	Toolkit used in practice across early help and within Health Visiting	Adele Wright/Mary Connor	March 2019	CSC may not be able to identify families where the use of the toolkit is helpful.	Audit undertaken to understand impact of the toolkit	

<p>impact of neglect.</p>	<p>Milestone: key agencies (CSC, education, PH, NTW, NHFT & Police) share their data on neglect proxy indicators September 2017</p>	<p>Periodic audits of early help to establish if recognition, assessment and response prior to statutory intervention are improving. March 2018 then six monthly</p>	<p>Alan Hartwell and QIP Sub - Committee</p>	<p>March 2019</p>	<p>As audits are inevitably based on a sample, there is a risk of skewed results</p>	<p>We will not solely use the audit results but will ask senior practice experts such as the PSW and Designated nurse to triangulate the findings with their experience of practice.</p>	
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	Update JSNA section on prevalence of parental factors in Social work cases by August 2017	The peer review will identify further milestones	Alan Hartwell and QIP Sub - Committee	March 2019	Under recording on information systems and / or lack of a place to record such information per se	Run exception reports to ensure relevant fields are completed when appropriate	
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	Periodic audits of early help to establish if recognition, assessment and response prior to statutory intervention are improving. October 2017.	The peer review will identify further milestones	Alan Hartwell and QIP Sub - Committee	March 2019	As audits are inevitably based on a sample, there is a risk of skewed results	We will not solely use the audit results but will ask senior practice experts such as the PSW and Designated nurse to triangulate the findings with their experience of practice.	
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	Audit of neglect April 17 to set baseline: % cases answering positively re use of a) research; b) Analysis; c) tools	Re-Audit of neglect April 17 to set baseline: % cases answering positively re use of a) research; b) Analysis; c) tools	Alan Hartwell and QIP Sub - Committee	March 2019	As audits are inevitably based on a sample, there is a risk of skewed results	We will not solely use the audit results but will ask senior practice experts such as the PSW and Designated nurse to triangulate the findings with their experience of practice.	
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	MASH fully operational by Dec 17.	x % reduction in referrals resulting in no further action	Alan Hartwell and QIP Sub-Committee	March 2019			
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Narrative evidence	Specialist services undertaking Action for Children Neglect Toolkit training, to establish if the model could be widely used across Northumberland						
Strategic aim 4: To ensure the effectiveness of service provision.							
OBJECTIVE/ OUTCOME	MILESTONE (Dec 2017)	MILESTONE (Dec 2018)	LEAD/NSCB SUB- COMMITTEE	FINAL TIMESCALE	Risks	Mitigations	Progress rating 1 (poor) - 4 (strong)

<p>NSCB scrutinises the level of understanding of the effectiveness of interventions in reducing the impact of neglect on individual children; and to identify and support further areas for development</p>	<p>Multi-agency case audit to be undertaken to identify if multi-agency support, at all levels of the continuum of need, lead to a reduction in risk/ need associated with neglect. Sept 2017</p>	<p>Multi agency audit repeated and findings reported to the Health and Wellbeing Board / Family and Children's Trust Board on the effectiveness of services and interventions on reducing the impact of neglect on children's lives.</p>	<p>NSCB / Business Group / Early Help and Early Intervention Sub Committee</p>	<p>March 2019</p>	<p>Availability of multi agency audit group may be difficult to sustain</p>	<p>investigation other methods to duplicate the audit</p>	
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	Report analysis of s11 audit and multi agency neglect audits to NSCB November 2017.	Reported action plan followed up and actions for all organisations complete	Alan Hartwell Quality Improvement and Performance	November 2018	Actions not completed in line with targets	Report 6 monthly to NSCB to ensure completion	
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	Each agency member of QIP to produce a report on development of proxy neglect indicators every 6 months starting September 2017	Number of EHAs increase in line with CSC service statement target by March 2018	Alan Hartwell Quality Improvement and Performance	March 2019	Under recording of EHAs	Include data on EHA by agency in performance reports to EH sub group	
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	Partnership working across Adult / Children safeguarding boards supports more effective outcomes for families.	Numbers of referrals to the Hubs that are tagged as 'neglect' to increase by x% compared to Nov 15 (baseline)	Alan Hartwell Quality Improvement and Performance	March 2019	Lack of facility to record referrals to the hubs as 'neglect'	Ensure that such a facility is in place to record referrals as 'neglect'	
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	NSCB contributes to the development and scrutiny of services that support families to reduce the impact of neglect upon children's lives.	NSCB reports to CTB and HWBB by January 2018 on effectiveness of service provision and the hubs in particular CTB and HWBB produce responses by April 2018	NSCB provides ongoing reports to CTB and HWBB on an annual basis	March 2019	Reduction in NCC Data team may impact on quality of data being provided to the CTB and HWBB	QIP group to provide these reports.	
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	NSCB to continue to monitor and scrutinise the development of the MASH and progress of early help hubs	CTB and HWBB receive monitoring reports to evidence reduction of impact of neglect every 6 months starting January 2018 Report on development of the MASH to NSCB and HWBB and their assurance that they assess it as operating effectively	Alan Hartwell Quality Improvement and Performance/ NSCB	March 2019	MASH development delayed	Multi Agency MASH team to report progress to LSCB six monthly	
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Narrative evidence	
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Neglect Strategy objectives are achieved through implementation and completion of actions / Challenge is made to partners by NSCB to effect delivery of strategic objectives.

Overall impact of the Neglect Strategy and Delivery Plan should be seen in a reduction in the percentage of referrals to CSC social work teams that are tagged neglect and a reduction in the percentage of child protection plans that are registered under the category of neglect alongside an increase in referrals tagged neglect that are dealt with by the Hubs.