

# Multi-agency Neglect Strategy

# Practitioners have told us that improving outcomes for children experiencing neglect is difficult, and as a partnership we need to help you work together more effectively.

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# Agencies across the partnership have worked together to produce a Neglect strategy which sets out how we will all work together to identify, assess and tackle neglect in West Sussex.

The strategy includes an agreement that all agencies will:

* **use the same four categories when working with neglect in order to build a common language**
* **apply the same key principles to our work with neglect**
* **Review the tools, guidance and training available on an annual basis to ensure they are fit for purpose**

# What does this mean for you?

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* All practitioners working with children and families are asked to familiarise themselves with the Howe four categories of neglect and use them in their work and communication around children
* All practitioners are asked to reflect on the 11 best practice approaches and consider how they can apply them to their work

# How do I get involved?

We want your help in reviewing the tools, guidance, and training available.

* Complete the neglect practice survey which will be sent to you shortly
* Work directly with the WSSCB to make improvements by joining our practitioner working groups

If you want to be involved in the work to improve tools and guidance please contact the WSSCB Business Team [**here**](mailto:lscb@westsussex.gov.uk)

**How do I find out more?**

To read the Neglect Strategy in full click [**here**](http://www.westsussexscb.org.uk/professionals/helping-you-work/neglect/)

**The Howe four types of neglect**

**Emotional Neglect**

* **This ranges from the child being ignored to being completely rejected**
* **There is persistent ill treatment of the child**
* **The child feels worthless and inadequate**
* **Families may keep the child silent, scapegoat the child or, withhold affection or emotion and may not do things for the child**

**Depressed/Passive Neglect**

* **Parents or carers are unmotivated or do not understand the child’s needs**
* **Parents or carers do not believe that anything can change and feel passive and helpless**
* **Frequently there is a failure to meet the child’s emotional and physical needs**
* **This may sometimes be due to parental mental health issues**

**Disorganised Neglect**

* **This ranges from inconsistent parenting to chaotic parenting**
* **Families are frequently coming into contact with services and are often characterised as “problem families” or “crisis ridden” families**
* **There is often little hostility towards professionals and a willingness to engage**
* **Frequent change in family life**
* **Parents’ feelings dominate behaviour**
* **Children display demanding or attention seeking behaviour**

**Severe Deprivation Neglect**

* **This can range from a child being left to cry to a child being left to die**
* **The children and their home can be dirty and smelly**
* **Children can be completely deprived of love, stimulation, emotional warmth, or completely ignored**
* **Children can be left unattended or let out inappropriately by themselves**
* **In the most extreme cases prognosis is usually poor.**

**11 Best practice approaches**

* **Take a long term view**; think about the family now, in the past and in the future
* **Address underlying causes**; including the impact of neglect on adolescents
* **Hold the child at the centre**; challenge and change how we work if the child needs you to
* **Hear the child**; seek to understand their lived experience
* **Know the children we work with** across our diverse community
* **Consider a range of interventions**; tailor the response to the family
* **Whole system approach**; consider the impact of parental issues on children
* **Promote best practice**; challenge and escalate concerns about drift and delay
* **Support early help approaches**
* **Collaborate**; use best practice in information sharing
* **Escalation**; Championing the child and challenging decisions that won’t improve outcomes