SANDWELL CHILDREN'S SAFEGUARDING PARTNERSHIP
7 Minute Briefing – Neglect Audit

For further 7 Minute Briefings please see… https://www.sandwellcsp.org.uk/quality-assurance/learning-from-audits/

01 – Overview of Audit:

The overall audit had four key elements:

- Deep dive review of 5 cases currently open to Children's Social Care
- A questionnaire was sent to Frontline Practitioners in Sandwell
- Statistical data
- Evidence from partner agencies related to how they identify and respond to Neglect within their organisation.

02 – Learning from Audit:

- Practitioners were concerned about involving Police for fear of criminalising parents, however, the Police are a statutory safeguarding partner and along with Health and Children's Services are jointly responsible for keeping children safe, which must be clearly communicated to parents.
- Father's role within the family structure was often ignored and they were not included in assessments.
- Practitioners were not always responsive to the impact of parent's mental ill health on the lived experience of the child.
- Concerns about the lack of lateral checks and poor communication between Children's Services and GPs.
- Single Assessments not undertaken as a multi-agency process/document with input from all agencies involved with the family.

07 – Recommendations for Frontline Practitioners Cont.:

1. You should be involving the Police, where appropriate, in cases of Neglect. Police involvement allows other areas of support and enforcement to be explored.
2. You should be aware of the impact of parental mental health issues on children, and not allow the focus of interventions designed to safeguard the child to be overshadowed by a parent's mental health concerns.

03 – Learning from Audit Cont.:

- Previous non-engagement and disguised compliance need to be highlighted in risk assessments. Over-optimism of practitioners caused drift and delay of cases.
- There were inconsistencies with capturing child's lived experience, with only some practitioners were recording the child's voice.
- Inconsistent interventions, with work being started and re-started when workers changed with little progression or change of behaviour of parents. Many interventions were based on single-agency involvement and only tackling part of the concerns rather than a holistic approach.

06 – Recommendations for Frontline Practitioners:

1. When working with families establish a baseline measurement that identifies the level of Neglect, so you can track if there is any improvement to the child's lived experience.
2. Father's views need to be sought during assessments, their level of risk need to be assessed, and they need to be involved in interventions.
3. You need to be aware and able to capture the child's voice in non-verbal and pre-verbal children through environmental factors, recording the child's lived experience, and their interactions with caregivers.

05 – Recommendations for Seniors/Managers:

3. Senior practitioners and managers need to ensure that there is an adequate system of support for frontline practitioners when working cases where Neglect is a factor.
4. Ensuring the voice of the child is captured consistently through regular discussion of the voice of the child is built in to supervision, including non-verbal and pre-verbal children through and identifying training needs where this is a concern.
5. Where educational needs are not being met and a child is not in school, frontline practitioners need support and effective management oversight/challenge to ensure that they are not working with complex cases on a single agency basis.

04 – Good Practice:

- Case Two – the Social Worker, Elaine Kirkland, was heavily praised by the parent and the school for her work with this child. It was noted that she was very non-judgemental and worked well with the family. She also worked well with other professionals and communicated consistently with other professionals and the family.
- Case Four – the Social Worker, Esha Mustafa, was praised by the parent in this case for her non-judgemental attitude and support in making changes to improve lived experiences of both the parent and child.