

## Swindon Safeguarding Partnership Serious Case Review

Briefing: November 2019

Serious Case Review: Child Q  
NEGLECT

[Safeguarding Partnership Multi-Agency Training – to view the calendar and book a course click here](#)

Courses include: Working with Resistant Families, Neglect, Escalating Concerns, Supervision and Management Oversight

**Professional Curiosity:** If no-one questions whether children are receiving adequate nutrition; professionals may assume that weight loss and lack of strength are related to other factors. It might only be apparent that this is the case once children are in a different environment such as foster care and they put on weight and their health improves. Asking obvious or difficult questions upfront and challenging assumptions may mean that neglect is identified much more quickly.

**Supervision & Management Oversight:** a lack of analysis and critical thinking can be compounded by insufficiently robust professional supervision and ineffective management oversight. Management oversight of caseloads and the monitoring of compliance with child protection procedures and best practice is an essential element of effective safeguarding.

[Safeguarding Partnership Training on Supervision & Management Oversight](#)

### Voice of the Child:

Spending time with children, talking to them, and actively listening and taking seriously what they say is an essential safeguarding activity.

Capturing a day in the life of the child within your case notes is good evidence that you have listened to the voice of the child and will help you to assess and plan effectively.

An Ofsted analysis of SCRs in 2011 identified five main messages with regard to the voice of the child. In too many cases:

- the child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings
- agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute
- parents and carers prevented professionals from seeing and listening to the child
- practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child
- agencies did not interpret their findings well enough to protect the child.

[Good Practice in Supporting the Voice of the Child](#)

**Large and Complex Families:** The number of children in a family and the number and range of professionals and agencies involved can pose a considerable challenge to efficient and effective communication especially when coupled with difficulties in assessing the motivation and compliance of the parents.

A 2013 review of Neglect and SCRs carried out by the NSPCC found that serious case reviews tend to feature families of a larger size (with four or more siblings) than found in the general population. This is more pronounced where children had a CP plan for neglect (or indeed in any category) where almost one in five families were large in size.

It is particularly important when working with large families to consider and capture the lived experience of each child as these may tend to be considered more as a sibling group and lead to practitioners losing sight of the individual child.

## Learning from Case Reviews

Severe malnourishment and dehydration in children can be a potentially life-threatening condition.

The presence of other factors such as premature birth, ongoing health problems and developmental delay can mean that it is more difficult to determine whether neglect is the cause of a child's deteriorating health.

This learning leaflet sets out some of the learning for agencies and practitioners that have been identified through recent case reviews.

### Neglect:

**Neglect** is a serious form of harm and is a factor in **60% of national SCRs** (NSPCC). Both families and professionals can become overwhelmed and demoralised by issues of neglect and children may experience repeated attempts by professionals to try and improve the situation. Apart from being potentially fatal, neglect causes great distress to children and leads to poor outcomes in the short- and long-term. [Click here to view the Safeguarding Partnership Neglect Framework](#) which includes information for practitioners on how to work with families where neglect is a concern.

**Nutritional Neglect** is where a child does not receive adequate calories or nutritional intake for normal growth. At its most extreme, nutritional neglect can take the form of malnutrition. Once known as failure to thrive the term used now is Faltering Growth and more information can be found here: [nice.org.uk/pathways/faltering-growth](http://nice.org.uk/pathways/faltering-growth)

The SSP has invested in the **NSPCC's Graded Care Profile (GCP2) assessment tool**, this is currently being rolled out. GCP2 supports practitioners to make a judgement about whether or not parental care is neglectful. This helps practitioners to measure the quality of care given to a child, and make it easier for professionals to spot when sub-optimal parenting is putting a child at risk of harm. [Watch the GCP2 video here](#)

**Did not Attend/Was Not Brought:** Repeated failure to ensure that children receive appropriate medical care can be a sign of medical neglect (Howarth 2007). All agencies should have a procedure for dealing with cases where children are not brought to appointments, where parents do not engage with workers or access to the child is denied.

In your team, watch the Rethinking 'Did Not Attend' animation (<https://vimeo.com/196256529>) and discuss the impact of saying the child 'Was Not Brought' to an appointment, rather than 'Did Not Attend' and review your own approach to this issue.

**Escalation:** learning from reviews has highlighted the need for all practitioners to be clear about their responsibility for professional challenge and to know how to use escalation to raise concerns about decisions made about the welfare of a child.

Disagreements are likely to arise around thresholds, roles and responsibilities, the need for action and communication. For example:

- The referral does not meet the eligibility criteria for assessment by children's social care
- Where one professional disagrees with another around a particular course of action, such as closing involvement with a child or family.
- Where one worker or agency considers that another worker or agency has not completed an agreed action for no acceptable or understood reason.
- Where a member of staff or an agency considers that the child's safeguarding needs are better met by a Child Protection Plan and have requested that a Child Protection Conference be called and feel that this has been refused.

The safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child. All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice. [Click here to view the Safeguarding Partnership Escalation Policy](#)

**Concerned about a child? Contact the Multi-Agency Safeguarding Hub (MASH); 01793 466903**

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