

Multi-agency audit report

Safeguarding Children and Adolescents from Neglect

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Introduction

Neglect is a multi-dimensional concept, covering a wide range of behaviours that can affect children's wellbeing and long-term outcomes, including not meeting basic needs for food and clothing, lack of supervision, lack of support to access public services, and a lack of nurturing and responsive care.

Neglect can have a serious and long-lasting impact on a child's life, causing serious harm and even death. A number of, often inter-related, factors in the lives of parents can impact on the neglect of children and young people, including domestic abuse, substance misuse, no recourse to public funds, learning disability, poor mental health, poverty as well as historic adverse childhood experience.

In 2014, Ofsted published a thematic review of child neglect and found that the practice of engaging parents in Child in Need and Child Protection work was a significant challenge to professionals. Nearly half of assessments in the cases examined by Ofsted didn't take sufficient account of the family history, and some focussed almost exclusively on the parents' needs, rather than analysing the impact of adult behaviours on children. In March 2019, there were 52,300 children subject of a child protection plan in England for which Neglect remained the most common initial category of abuse at 48%.

Key Audit Questions

1. To what extent were the parents and other adults in the child's life past experience and trauma considered in formulating a response to the reported neglect? What impact did this have on the outcome?
2. What is the quality of support offered to families? Were families supported to access services they needed. What were their experiences of these services? What was the outcome and impact on the children? What support worked and why?
3. When children or young people have gone into care due to neglect or come off a plan, are there any lessons to learn about the efficacy of different early responses to referrals for neglect.
4. What is the quality of multi- agency engagement around and shared understanding of neglect?
5. To what extent do professionals have the skills to engage families for positive outcomes?
6. What do professionals and families directly involved think about what works well and what needs to improve?

Methodology

Twelve cases were selected randomly, and these comprised of the following: 4 aged 0-5 years; 4 aged 6-11 years; and 4 aged 12-17 years. As most cases had long histories of involvement with services, it was necessary to examine the siblings' records in order to gain an accurate sense of the overall effectiveness of how agencies help, support and protect children, when neglect is the main cause for concern. Altogether, 37 case records were examined, which included the siblings of the 12 chosen for audit.

Discussion groups were held with a range of professionals. These included a Headteacher, Social Workers, Independent Reviewing Officers, Family Support Worker, Training and Development Manager LSCP, CAMHS, General Practitioner, Lead Nurse (Education) and Community School Nurse.

Five parents and one grandparent also took part either through meeting with the auditor or through a conversation over the telephone. No children were consulted during this audit.

Context: Children needing support due to neglect

In June 2020, there were 89 children in Lambeth on Child Protection Plans because of neglect, and 180 children looked after, with neglect and abuse being the primary reason for being taken into care. Children with mixed heritage are disproportionately represented in these groups. While children with mixed heritage make up 18% of the child population in Lambeth, they account for 35% of Child Protection Plans due to neglect, and 24% of the children who are looked after due to neglect. In Lambeth, black children, including black British and black African children, make up 38% of the child population. They are similarly disproportionately represented in the group of children who are looked after due to neglect, making up 45% of this group. Conversely, white children are underrepresented in both groups. White children make up 37% of the population in Lambeth. They account for 18% of Child Protection Plans due to neglect and 22% of children taken into care because of neglect.

Boys and girls appear to be equally affected by neglect. Although, while girls account for 55% of Child Protection Plans, they make up 43% of the children taken into care due to neglect.

Children placed on Child Protection Plans for neglect are overwhelmingly likely to be young: 35% of children on these plans are aged 0-4 while a further 26% are aged 5-10. This is in contrast to the numbers of children who are looked after due to neglect, where 17% are aged 0-4 and 14% aged 5-10. Older children account for 68% of those in care because of neglect, with 29% aged 11-14 and 39% aged 15-18.

This contextual detail is reflected in the cases which were randomly selected for audit, with the marked exception, that out of the 12 children's cases selected, only three were girls.

It is impossible to read the results of the audit and not be struck by one overwhelmingly concerning connection: of the 12 cases reviewed, 9 involved histories of domestic abuse. This correlation needs further exploration to inform operational and commissioning decisions.

Summary

When agencies suspect children are suffering neglect from their parents or carers, they act promptly and, in most cases, they make appropriate referrals to Children's Social Care. Most of the children and their families had been known to professionals over long periods of time and through a series of repeat interventions. Referrals reflected a range of concerns in relation to the poor home environment, children's health and development, parental non-engagement and children's behaviour. Domestic abuse and/or coercive control was evident from the outset in most cases and often accompanied by children's behavioural difficulties in school and at home. There were also concerns about adolescents being criminally exploited. Parental emotional wellbeing and poor mental health appeared, at times, to have been symptomatic of such issues, and the everyday pressures of inadequate housing and financial hardship were significant in terms of the impact on parenting capacity.

Single parent mothers made up the majority of cases in this audit most of whom had separated from abusive and/or controlling partners. Professionals often experienced challenges in effectively engaging families in plans and in agreeing shared goals to promote change and solutions to problems. Whilst in some cases, wider family and friends were providing help or offering support, there was not a consistent, constructive approach to involving them in plans or them being a part of a plan to achieve the desired outcomes for the children. Family Group Conferences were mentioned but none were evident in the records. Risk of criminal exploitation and involvement in local gangs was a real issue for some of the children as they grew older into adolescence.

Findings and case reviews

1. It is vital to understand how the structures and environmental contexts that children and families live within, impact on neglect

- Most of the families consisted of single parent mothers who had separated from violent and/or emotionally controlling partners.
- Parents' past experiences and trauma was considered in most cases but not used effectively in formulating a response to reported neglect.
- Short term task focussed interventions on the cleanliness of the home, imposing boundaries on behaviour and attending parenting courses were common.
- Often, when concerns were mainly about environmental neglect, the children were reported to be attached, happy and healthy.
- The wider contextual issues such as poverty and financial hardship was rarely a key component in plans or viewed as a significant factor impacting on parents' ability to care for their children.



'Many of our cases are about patterns of neglect over long periods of time. We get the houses cleaned up but what is really going on for the parents? The solution is not as simple as cleaning the house.'

Professional

Case study: The importance of understanding a parents' context to improve outcomes for children

The mother in one case, first became involved with services in 2008 when she had two young children and was living with various friends and relatives due to having no recourse to public funds. She reported that that she was staying on buses and in bus shelters during the day until her friends were ready for her to go to their homes. Her mother died when she was 14 years old, and she was estranged from her father. When she gave birth to her second child, professionals had concerns about her use of cannabis, alcohol and her mental health.

"Sometimes we struggle to have conversations about poverty, low income, foodbanks, low self-esteem and self-worth.....it feels that sometimes we are not compliant, for example, not doing the basics of helping and engaging and honouring what we are supposed to be doing to help people struggling"

Professional

Subsequently, the home she obtained for herself and the children was described as *'extremely messy and dirty'*. Concerns about the children's school attendance and lack of engagement with health services for the children's immunisations resulted in the children being placed on a Child Protection Plan (CPP). When improvements were made, the children were removed from plans and then placed back on again when home conditions deteriorated. Whilst all professionals involved remained child-focussed and didn't allow the mothers needs to eclipse those of the children, her own past adverse experiences were not sufficiently considered in planning for change. Her two-bedroom top floor flat for her and now 6 children, continues to pose pressures on keeping the home clean and tidy. The cramped home conditions and financial hardship could have had more focus and understanding in terms of the impact on the parenting task. The mother shared her fears that her children would be taken away from her; she felt blamed, rather than supported. She reported that she wanted help to be rehoused and had been seeking this over the past 8 years. Support and interventions were primarily aimed at getting her to impose routines and boundaries and keep the home clean for the children. This case evidences a parent who was struggling with inadequate housing, financial hardship and lack of supportive family networks.

"When almost all the families are experiencing financial hardship, it can become 'the wallpaper of practice' - so familiar that it is not discussed as a factor affecting parents' ability to care for their children"

Morris et al 2018

In this case, the mother felt she had always tried to make it known that she needed a better home and to be listened to. She talked about being a shy and private person who didn't feel "equal" when she attended Child Protection Conferences, Child in Need meetings and Core Group meetings, and felt she was being blamed and shamed from the beginning. She explained that 'they had their targets and I had to hit them'.

"When it all started years ago, I was doing my best with 2 children. After being homeless, I got a two-bed flat with 5 kids. The mess was too much for professionals, but I was doing my best. I tried to make it known it was my surroundings, but they used the word 'declutter'. They just wanted my kids to have a clean home and they couldn't see any further. I wanted to work with them at the beginning; they wouldn't listen to me."

[Mother]

It appears, that if interventions are to achieve the very best outcomes for children and their families, professionals need to know how best to engage and form meaningful, non- collusive relationships with parents and carers whilst remaining alert and curious about risks to the children. When building an intervention through Early Help, Child in Need or Child protection plans it is important to distinguish between:

“Inadequate parenting skills and inappropriate expectations of children – versus - Inadequate parenting because of social, environmental and other difficulties (such as parental depression, anxiety, problematic substance misuse, financial difficulties, homelessness or mental ill health)”

Scott and Daniel 2018

Case study: The need to address family trauma

In another of the cases reviewed, a mother with three children moved into Lambeth 4 years ago and who had been known to services in a neighbouring Local Authority for many years due to having been a survivor of domestic abuse. The children had been on Child Protection Plans before their mother took them to a refuge with her after having been a victim of financial, emotional and physical abuse from the children’s father. The children had been previously on a child protection plan due to them witnessing their father physically harm their mother. The case was referred to Children’s Social Care in Lambeth by the eldest child’s school.

The main cause of concern was the child’s disruptive and violent behaviour, both in school and at home, towards his mother and siblings. Early help plans were originally put in place to help the mother manage the child’s behaviour but was subsequently referred for a statutory assessment due to escalating concerns about the child’s violent behaviour towards his mother. The child and family assessments concluded that the eldest child’s challenging and violent behaviour towards his mother and siblings was mirroring that which he had witnessed from his father.

There is evidence that the school had put in place behaviour management strategies, provided counselling, talking therapies, and tried to work with the family to resolve the difficulties. The mother was described as having become socially isolated and had low self -esteem and ‘fragile mental health’. During these challenging times for the family, the children’s father came in and out of the children’s lives, after having completed a Domestic Abuse Intervention project. However, he was subsequently arrested for criminal damage at the mother’s home. The mother reported that father had continued to emotionally abuse her during this time. The children and their mother were offered a range of services from the school, school nurse, GP, Children’s Social Care, including Early Help, CAMHS, and parenting programmes, as part of the support within both Child in Need and Child Protection plans. However, the mother’s needs as a survivor of coercive control and the pressures of debt and financial hardship, low self-esteem, social isolation, low mood and depression, appear not to have figured large in the interventions.

The multi-agency approach worked well in terms of strategy discussions and core group meetings timely reviews of Child in Need and CP plans. The Child and Family assessment was timely, and child focussed. Assessments show evidence of direct work with the children, using the Signs of Safety tools and the 'How it looks to me' interactive tool developed by CAFCASS, to help vulnerable children describe how any continuing significant harm they have experienced is affecting their life. However, whilst the mother's resilience and social isolation was acknowledged, those internal and external stressors on the mother appear to have been overshadowed by the professional focus on task-centred work and on imposing routines and boundaries on the eldest child's behaviour. Whilst task-centred interventions can be extremely effective as a short-term problem-solving approach, arguably, in such cases, it needs to be used alongside contextual and psycho-social approaches.

2. Interventions should be based on good relationships and long-term change

- A wide range of services and support from the children's safeguarding partnership is made available, but it is evident from records and from the families who spoke with the auditor, that they often felt their needs were misunderstood.
- Many children had been subject of repeat plans and numerous assessments with the same type of intervention repeated over time.
- Most of the children and families had been known to services for many years and plans and interventions were often task-centred and problem-focussed in regard to parenting.
- Most of the mothers who spoke with the auditor were fearful, particularly when they first became involved with services that their children would be removed from their care.
- The family's first encounter with professionals was an important factor in how well they responded and engaged in all subsequent interventions.
- Parents reported that they often felt misunderstood, ashamed and not listened to and their struggles with housing and financial hardship was not acknowledged.
- Parents who did not keep health appointments for their children was a common reason for referrals to Children's Social Care. This raises questions about the quality engagement and understanding of the family's context.
- Children's challenging behaviour in school was the main reason they were referred to Children's Social Care from schools. Whilst a wide range of engagement strategies are employed in schools it is worth examining how well they incorporate the family's wider contextual issues.



Case study: The importance of consistency to avoid episodic task-focussed intervention

In another case, the parents were referred to Children's Social Care by the Police in 2004, after the 3-year-old child was found wandering the street. In 2007, the children were not collected from school, and in 2010 the 9-year-old child alleged that he had been hit with a belt by his father.

Strategy discussions were held due to the parents' lack of care of the children. Section 47 enquiries were undertaken, and timely assessments completed. Concerns about the children's behaviour and the parents being unable to impose routines resulted in the children being made subject of a Child Protection Plan. At that time, the parents and their five children, aged 10, 8, 6, 5 and 4, were living in a two-bedroom flat. The home was described as overcrowded and a long-standing problem during the first five years of multi-agency involvement with the family.

The mother was a victim of domestic abuse and separated from the children's father. Interventions consisted of repeat Child in Need and Child Protection Plans, up until the most recent ICPC in 2018. Back in 2008, the mother had asked for help with the overcrowding, but interventions largely consisted of referrals to CAMHS and assessments of the children for Attention-Deficit/Hyperactivity Disorder (ADHD), and the mother being offered a parenting programme. School offered free access to after school clubs. The children attended a community programme and the mother completed work with a specialist charity as a survivor of domestic abuse.

In 2014, care proceedings were commenced due to a lack of sustained changes whilst on Child Protection Plans, particularly around poor school attendance, the children's challenging behaviour and the mother's struggle to impose routines for the children. Whilst the eldest child was accommodated in Local Authority Care due to challenging behaviour, the court made supervision orders on the four other children. The decision of the court to make supervision orders appears to have been due to a specialist independent assessment that recommended further work with the children's mother around parenting.

The teenage child in the family, who was one of the 4 children made subject of a supervision order, is now vulnerable to criminal exploitation, gangs and county lines. He has learning needs and is subject of an Education, Health and Care Plan. Specialist provision has been provided and home tuition for 15 hours a week put in place following his exclusion from school. However, no decisions appear to have been made about current school provision which leaves him without structure during the day. While exclusion from school is a last resort, as most schools in this audit tried a range of strategies in responding to challenging behaviour, exclusion adds yet more pressure on parents already struggling to engage in plans and keep their children safe.

The young person told his Youth Offending Service (YOS) worker that he was selling cannabis when he is not in school. YOS are undertaking work based around preventative approaches as part of the Young People's Safety Plan, to divert from criminality, whilst his mother agreed to complete work on parenting. The case is overseen at the Reducing Serious Youth Violence meetings.

Whilst it is evident from case records, Core Group Meetings, updated assessments and Child Protection Plans that a similarly wide range of services were being offered to the family, the impact of interventions was still limited, particularly in preventing criminal exploitation. The requirements placed on the parent to continue to engage with MST, social worker, convene a Family Group Conference, understand the harmful effects of cannabis and ‘develop insight to put boundaries in place for the children’ have been repeated over years.

There is little evidence in the CPP of work between agencies to disrupt suspected suppliers of cannabis to children or better understand the ‘push and pull factors’ into gang association and criminal exploitation. There is evidence that professionals have awareness of contextual safeguarding regarding older children and the Young Person’s Safety Plan (YPSP) are a key part in this. However, the YPSP in this case didn’t fully address the wider contextual risks and there was no evidence of consistent Multi-Agency Criminal Exploitation meetings to plan effective interventions.

‘It feels like sometimes we just watch families and don’t take time to befriend and look into the individual needs of the family – almost like we just sit in judgement.’

Professional

This, and other cases in the audit, show similar patterns of episodic interventions over years. Plans that are task focussed and compliance oriented bring about short term change. Each new episode of concern, usually around the challenging behaviour in school, the home environment or adolescent criminality and vulnerability to exploitation, result in more assessment and similar interventions around parenting.

“Neglect can often be framed in compliance. If families don’t engage, we become focussed on the non-compliance. What do we really mean by non-cooperation and being resistant? It’s when parents are not doing what professionals want them to.”

Professional

Case study: Professionals should seek to create a positive cycle of relationships across the family

In another case, an adolescent male who was arrested by the police for possessing cannabis with intent to supply. He was suspected of being criminally exploited and at risk of significant harm from older males. There were concerns also that his younger siblings may also be vulnerable. The family had been involved with services on and off for ten years. They came to the attention of the police in 2010 due to domestic abuse reported to be due to financial problems. The mother received a 12-month community order for assault on the father. The family received help with debt counselling and involvement with Relate. Problems with benefits and temporary accommodation along with mother's mental health, alcohol and drug misuse resulted in Child in Need plans for the child and two siblings.



Early assessments and Child in Need planning focussed on parenting skills and encouraging insight into the impact of the parent's problems on the children's emotional welfare. At that time, the process of referral, assessment, planning and review was good and the focus on the needs of the children were not eclipsed by the need of the parents. However, it appears that the family viewed the intervention as having to comply with professional worries about their behaviours rather than those external pressures around debt. Records indicate both parents had suffered childhood trauma, but this didn't appear to be part of building an intervention.

As parents' experiences of past involvement is important in terms of how well they accept and engage with subsequent involvement, it is crucial that once risk is managed, that we work to align professional goals and family goals. Developing a collaborative, authentic relationship is a key starting point. Coming to feel that a worker is someone they can trust and who listens and understands their circumstances can mark a turning point in moving forward together to safeguard children. The recent intervention with this young person resulted in a strategy discussion being held due to the young person refusing to engage with an assessment. The family were said:

“Not to trust Social workers and won't work voluntary or accept services about worries around likely criminal exploitation.”

The families' first encounter with agencies when the need is first responded to, is a key factor for almost all families in this audit and certainly was for those who spoke with the auditor. As most of the children and their parents had experienced a range of interrelated troubles and stresses that resulted in both statutory and non -statutory assessments, the first encounter whether with schools, Health services, Children's Social Care or the Police is crucial in all subsequent meetings with professionals.

Parents and carers spoke of feeling ashamed, blamed and misunderstood from the outset.

Case study: The importance of the first meeting

In one of the cases reviewed, the mother said that when professionals were first involved with her and her son, they thought she didn't care about his behaviour, but they didn't understand her feelings of shame and sense of failure. She said she was still suffering from the mental control she suffered from her ex-partner but could not explain this to the professionals.



3. Contextual safeguarding approaches need to be employed to safeguard young people at risk of criminal exploitation

- Older children were vulnerable to criminal exploitation, gangs and criminality. The Young People's Safety Plans were overly focussed on the home and not equally the 'push and pull' factors of contextual safeguarding.



Case study: The importance of understanding harm outside the home

In another case, the mother of a teenage boy is another survivor of coercive control from the child's father, which is highlighted in assessments and in the detailed family history. She described suffering:

"10 years of torture before I managed to separate from him. My son saw his father undermine me, dismiss me and distance me from family and friends. I was controlled and afraid and I couldn't tell anyone about this"

Mother

This case was referred in 2008 due to the 7-year-old child's behaviour in school. He was reported to be violent to peers and at risk of exclusion. The child had alleged he had been hit by his mother with a shoe which his mother did not deny. Child and Family Assessments were undertaken, and the school put in behaviour support plans to help modify the child's behaviour at school and at home.

Subsequent concerns from the school about threatening behaviours towards teachers and the child being hit by father led to a strategy discussion and a joint police/children's services Section 47 enquiry. The case was closed to Children's Social Care after assessment as CAMHS, family therapy and parenting support were being offered to the family. The child also received a statement of Special Education Need.

The mother said she got offers of help in trying to manage her son's challenging behaviour from schools, CAMHS, MST, a community organisation and YOS but neither she, nor the agencies offering help and support, could get her son to engage. The offer of a male Mentor to work alongside the young person appeared to work well. Her son engaged with the Mentor in cooking and other activities and during that time made progress. However, when the Mentor left Lambeth her son did not engage well with his replacement. One wonders whether the young person's interest in cooking could have been given more scope in plans when building the intervention. His mother told the auditor that the Mentor was the best thing they had been offered, and that she wished he could have stayed supporting and working with her son. She felt his Mentor helped her son with his anger and that that he missed him when he had to leave. However, most of the time she said she felt that she was to blame and that no-one understood her anguish and suffering. Assessments record that mother had suffered anxiety and depression in the past, but the focus was on the challenging and violent behaviour of the child and her capacity to manage it. CAMHS appear to have remained involved, offering work with the mother and short-term medication for the child, until he refused to access the service and school provided specialist therapeutic and pastoral approaches.

The child was made subject of a Child in Need plan due to his behaviour and high risk of criminal exploitation and involvement with local gangs. All the services outlined above worked with the child and his mother and he was diagnosed with ADHD and Oppositional Defiant Disorder (ODD). The case was stepped down to Early Help and then stepped up again due to him being at risk of contextual harm from gangs.

He was placed on a Young Person Safety Plan and CP plan on the grounds of neglect due to contextual harm. The outline plan from the ICPC put together a range of support in the form of positive organised activities, with the stated outcome to have a better understanding of family dynamics, and his mother's insight into her parenting and her capacity to meet his changing needs.

Again, wider contextual risks don't appear to have been addressed in terms of disruption and prevention through, for example, Multi-agency Criminal Exploitation meetings. The young person told his YOS worker that he felt trapped in the gang lifestyle as he believed it was the only way of protecting himself in the community. The desired outcomes of the plan had no multi-agency actions to attempt to tackle contextual risk and likely harm. The mother told the auditor:

"I took the blame for everything-I suffered harm as a child but have tried to sort myself out-I ask for a break and for respite, but this only happened when things got really bad."

Mother

Throughout professional involvement with this family and others in the audit many extended family members came in and out of the mother and child's life offering episodic support but there is little evidence that they were encouraged to be part of a plan.

“Multiagency partnerships need to intervene with social contexts that albeit beyond the traditional remit of child protection, facilitate peer-on –peer abuse and undermine the capacity of parents to keep young people safe”

C Firmin, 2017

4. Reflective supervision works

- It was evident that when purposeful reflection took place on how better to engage by adopting a solution focussed and persistent strengths-based approach, it helped bring about good outcomes for the child and family.
- Reflective management oversight and supervision should be evident across the children's partnership when in all cases were professionals are struggling to engage with families.



Case study: reflection leads to development

Another case reviewed, involved four children who live with their mother in a 2-bedroom house which is described in records as “not large enough for the family”, with the mother having to sleep in the same bedroom as the 3 youngest children.

The 3-year-old had poor vision and was partially blind. The family were referred to Children's Social Care for not taking their child for specialist health appointments. The Multi-agency Referral Form contained detailed information about the child and concerns about medical neglect. The parents had previously engaged with treatment but were described as being ‘opposed to and non-compliant with medication’. There is evidence of effective multi-agency information sharing and communication, detailed assessment, and direct work with the children.

The parents wished to pursue natural remedies for their son and reported they had no faith in the medical treatment he had previously received. Following assessment, a strategy discussion involving health, school, police and Children's Social Care agreed to go straight to an Initial Child Protection Conference (ICPC) due to the child's medical needs being neglected and the parents refusing to comply with treatment. The child's father who lives separately from the children and their mother, was described as ‘argumentative and sarcastic’, but both parents felt it was no one else's business how they provide care to their son. The child was made subject of a Child Protection Plan. There were no concerns about the health and development of the other children.

Records indicate that the mother said she felt disrespected and dismissed for using alternative remedies to treat her son. Following the ICPC, there is evidence of reflective supervision and a conciliatory letter from a social work manager to the parents in seeking a collaborative way forward. The letter acknowledged the parents' views and the strengths they had as parents. The parents began to engage and resumed treatment for their son who underwent a successful operation.

Whilst practice rightly focussed on the child's needs and professionals communicated concerns and shared information in a timely way, it appears that it was only after the ICPC that reflection on how best to engage the family really took place. Supervision records following the ICPC were less about what's not working well and more about what could be done differently, to engage the parents, with more emphasis on what they were doing well. Joint visits between Health Visitor, Social Worker and Education Welfare Officer, when the children were not attending school, acknowledged that the children's mother was feeling overwhelmed and struggling to manage the school run. The father's illness that limited his involvement was also taken into account.

The Child protection plan was discontinued due to improved parental engagement and no evidence of on-going concerns about any of the children. The conference chairs report states that the parents didn't engage earlier due to 'misunderstanding' and that the current positive outcome was partly due to the persistence of the lead professional social worker who engaged positively with the family. Maybe if this had been the approach prior to going down the ICPC route the family may not have felt so misunderstood and resistant of services. An internal audit of Health records for this audit concluded that Health professionals could have shown more curiosity about the family's reasons for declining the service and better understanding their reasons for pursuing alternative medicine. Prior to this, the family had always cared well for their children and had a good relationship with the GP Practice. The internal audit calls for more understanding and appreciation of why families often adopt a fight or flight mode;

"We are excellent at referring families, but we need to get better at having positive regard when challenging them. We need to understand the context of their lives and the circumstances otherwise we might be spending a lot on interventions that don't work".

Professional

5. We should harness the power of supportive networks

Many of the cases seen in this audit have consisted of a single female carer, the mother, trying to parent children, often after surviving domestic abuse, including emotionally controlling behaviours from ex partners. Most live in accommodation that is not conducive to the family's needs and they don't appear to get consistent, constructive and coordinated support from within their own family networks.



Family networks are often referred to and Family Group Conferences (FGC) are recommended in assessments and plans but there was no evidence in any of the cases of an FGC having taken place. In one case the Child and Family Assessment concludes that an FGC to be arranged to bring together family members to ease some of the strain in the family. Another recommends an FGC to be held to explore networks of support and respite. The Child protection Plan in a third case recommends completion of a genogram and consideration of the need for a family meeting, whilst the CP Plan in two further cases recommended convening a FGC. The Review Child Protection Conference Chairs report concludes:

“It is evident that the children have family members who love and care for them a great deal and are committed to them to be well looked after children. Precise arrangements and who can consistently offer support remains unclear. The Chair felt it useful to explore this further and suggested a referral to FGC to facilitate this process.”

Reasons for not progressing FGCs appear mainly due to the parents refusing the offer and in one case due to difficulties engaging the parent. All twelve cases examined in this audit have other family members or friends offering support or caring for the children temporarily and usually at times when problems become acute. While frequent references are made to the fact that relatives and friends are involved, there is little evidence that they have either a key role in the plans for the children or that they, together with parents, can offer a safe family plan of their own.

Further analysis and understanding are required to understand why cases such as these appear not to result in an FGC when problems first arise. Is it that the role and purpose of FGCs are not effectively communicated or understood by professionals making the offer to families? More help with this and fewer repeated assessments of parenting may facilitate better interventions from within the family's own resources.

Recommendations



- 1 The children's partnership to consider how they can best promote a more relational style approach to engaging with families when neglect is a factor. This should build on the already existing effective practice of identifying and responding to the risk, or likely risk of significant harm to children, with the aim to bring about the development of more truly collaborative and relational approaches to helping and protecting children. As families in this audit often felt misunderstood, ashamed and undervalued; the engagement process and authentic relational practice should be a key priority for the partnership.
- 2 More focus is needed through strategic planning, professional development, and workforce training on how the structures and environmental contexts that children and families live within, impact on neglect. If the constraints placed upon parents by financial hardship, poverty and inadequate accommodation are not acknowledged and addressed both strategically and in day-to-day practice, then it is apparent from this audit that professional involvement may well be experienced by families as reinforcing feelings of shame, powerlessness and stigma.
- 3 Promote the use of Family Group Conferences by ensuring the role and purpose is clearly understood across the children's partnership. Examine the capacity of the service and the fidelity of the approach to ensure it promotes and supports families making their own family plans. Also ensure that professionals have the skills and understanding to work using 'good authority' and that they have the motivation and confidence to form meaningful, collaborative partnerships with relevant significant others in the family network of relatives and friends.

References

Firmin, C: Contextual Risk, Individualised Responses: An Assessment of Safeguarding Responses to Nine Cases of Peer-on–Peer Abuse. Child Abuse Review Volume 27, Issue 1 [2017]

Hooper CA, Gorwin S, Cabral C, and Dyson C: Living with Hardship-The Diverse Experiences of Families in Poverty in England. NSPCC London [2007].

Morris K, Mason W, Bywaters P, Featherstone B, Daniel B, Brady G, Bunting, Hooper J, Mirza N, Scourfield J and Webb: Social Work, Poverty and Child Welfare Interventions. Child and Family Social work. 23 [2018.]

Scott J, Daniel B: Tackling Child Neglect IN Scotland. Stirling University [2018]