

The audit of 5th April 2022 reviewed the records of four children who are subject of a Child Protection Plan under the Category of Neglect The aim of the audit was to ascertain whether there were good multiagency standards for managing cases and whether organisations have implemented a robust and consistent response in line with statutory and good practice guidance, and the Children's Partnership policies and procedures. This audit was conducted • under JTAI timescales as a dry run of the audit

The four children chosen for this audit were aged between 4 and 13 years at the time of the audit.

The children have a range of needs including ADHD, exposure to parental substance misuse, domestic abuse, mental health, sibling to parent aggression, physical abuse, self harm, poor school attendance, suicide of a parent.

What we are worried about?

- Lots of moves and lack of permanency and impacting the child
- Lots of partners working well but not joined up
- GP didn't have requests for CP conferences.
- Police and appropriate health professional not at review conferences and referrals to School Nursing Team had not been made
- Connecting Care not up to date duplicate records
- Long term traumatic experiences
- Evidence that professionals are dealing with symptoms and not the underlying cause. Reactive interventions.
- Lack of escalation and challenge
- Neglect continuing for a long time and cycles repeating and lack of change despite intervention
- Low school attendance

Multi Agency Quality Assurance Audit: Neglect April 2022

Beware of a 'refer on' mentality when there is already someone with a good relationship with the child

Themes for Learning – Our Systems

Practitioners need to be reminded what the school nursing team can offer and routes for referral. This audit identified that referrals were not being made to the team when this would have been helpful for the child.

There is information and all the contact details you need on the webpage accessed by clicking this box

When there is a Strategy Discussion attended by hospital staff rather than community, an action needs to be agreed about who will share information with GP, add to Connecting Care, Sirona.

Practitioners from all organisations should make use of the tools in the Neglect Toolkit.

> When you have met with the family consider who else should be updated to maintain good multi agency working

Themes for Learning

What we found: Referrals are sometime made into other services because of practitioner confidence

What needs to happen? Consider asking for advice and support as a practitioner from another professional or organisation rather than referring on, because relationship based work with someone the child knows is important when working with

The School Nursing Team can be contacted at any point including at CP Conference

Resolution of Professional **Differences Policy** (Escalation)

Make the best referral you can for a child when they need another service, and think about including information from more than

one organisation to have the

fullest information

Click here for Resources for working with Neglect

Neglect Bitesize Learning sessions available here

What Good Practice did we see?

- Consistent practitioner who has been able to hear the voice of the child Trauma informed approach
- Clear evidence of family and child voice
- Retained relationship with family despite challenging conversations
- Good communication between school and social care
- Flags on system are evident, minutes shared appropriately and police incident reports shared in a timely way
- Good attendance at Core Groups
- Prompt referrals for health services when needed
- Visits to the child were happening on time

Organisations that audited their involvement with the four children were: GPs, Social Care, Camhs, Sirona, NBT, Police, Education, YOT, EDT and Preventative Services.



process.