1. Neglect can have a serious impact on a child, particularly if chronic (long term). In some situations, neglect can be fatal, but generally will affect a child's health and overall development, having far-reaching implications for the child throughout their life. Following a number of reviews involving neglect, the DDSCP conducted a multi-agency audit to establish how well the partnership identifies and responds to children suffering from neglect.

Derby Neglect Strategy
Derbyshire Neglect Strategy

2. Most of the cases audited had several risk factors particularly Cumulative Harm and parental ACEs. A key factor in addition was parents own experience of being parented and previous involvement with services. In the most positive cases those working with the family had a clear analytical understanding of these issues and how they affected engagement and capacity to make changes.

7. Multi-agency support networks should consider how to improve planning and decision making around step down/closure to improve the support offered to families after step down/closure to improve sustainability and prevent repeat involvement. In cases featured challenges around decisions to step down or close a case to children's services, but there was limited evidence of use of the Dispute Resolution and Escalation Policy. It is important that practitioners utilise the escalation policy in these cases to ensure the best outcomes for children and their families.
Multi Agency Dispute Resolution and Escalation Policy Template

3. The Graded Care Profile supports the identification and assessment of Neglect and identify strengths and concerns in the quality of parental care to target interventions and monitor progress. The audit found limited use of the GCP and recommended that all agencies should strengthen use of the GCP including multi-agency engagement to ensure those working with the family have a holistic overview of the concerns.

GCP Practice guidance
GCP template

6. Children's services, health visitors and schools are routinely gathering the voice of the child, and children are supported by practitioners across the partnership that know them well. The impact of the child's voice and understanding of their lived experience on plans is less clear; in some cases, there is a need to strengthen the impact of the child's voice and lived experience plans and reviews.

5. Dental neglect was a particular feature of this audit with several of the children undergoing multiple extractions under general anaesthetic. Work is underway locally to improve the flow of information between dentistry, the children's ward and multi-agency safeguarding teams.

Dental Resources for Professionals

4. It is important that all agencies recognise health needs in children and are able to refer appropriately. In cases of complex or chronic neglect, this should include consideration of a neglect medical to ensure healthcare needs of the child are fully identified and arrangements made to meet these needs.

Child Protection Medicals (including neglect)

We hope you found this 7 Minute Briefing useful. Please complete the feedback form here.