Sandwell Safeguarding Children Board

Multi-agency audit; The effectiveness of interventions for cases of Neglect

About the audit?

As part of the SSCB multiagency audit calendar for 2016-2017 an audit took place on Monday 13 June 2016. The Focus of the audit was on 'the effectiveness of interventions for cases of Neglect' as this is a priority for the SSCB.

The overall goal was to identify:

1. Did all agencies have the same knowledge of the risks of neglect?
2. Did all agencies understand the impact of these risks of neglect for this child?
3. Did all agencies have the same view on the strengths for this child?
4. Were cultural needs met by all agencies?
5. Did things get better for the child following assessment/intervention?
6. Did things get worse for the child following assessment/intervention?
7. Were all agencies effective in the work undertaken with this child/family?
8. Could things have been done better by any agency?
9. Does anything need to happen right now for this child/family

What did the audit tell us?

- In the cases audited agencies focused on the process rather than the impact of neglect for the child, however the audit identified that there was one case in particular where an agency had clearly articulated the impact of neglect for the child.

What did the audit tell us continued

- In all cases it was clear that COG meetings have played a part in aiding cases of neglect to be stepped up
- In a number of learning points from the audit there was an uncertainty whether practice or recording failed to identify the needs of the child in relation to experiencing neglect
- The complexity of a case has an impact on the practitioner's understanding of multiple risks of neglect
- The audits did not evidence strengths for the child as much as they could have done
- The audits identified the need for agencies to demonstrate they understand individual culture and identity of the child and their family
- The audits highlighted that, assessments and intervention for children experiencing neglect appeared to be measured in terms of process, i.e. meetings have/have not taken place rather than improvements/ what had got worse for the child
- As the majority of the cases audited did not evidence what has got better for the child it was difficult to determine meaningful improvements for the child and family

Audit recommendations

1. All future SSCB multi-agency audits to thoroughly explore the full case history and current care for both a child and their family
2. For agencies to ensure that their processes and procedures outline the current risks strengths and safety and the impact for the child
3. All agencies to explore if their staff understand individual culture and identity and what that means for children and their family

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Following on from the audit recommendations; what can we do now?