



PAQA Multi-Agency Audit- Neglect

Laura Clements
Head of Service
Family Solutions Plus

Agencies Involved

Health – Oxford Health/MASH strategic lead

Education – Education Inclusion Manager

Police – CAIU strategic lead

Children's Social Care Operational Leads

Children's Social Care Quality Assurance Leads

Children's Social Care Specialist Adult-Facing Practitioners;
Mental Health, Domestic Abuse & Substance & Alcohol Misuse

Audit Scope

Whether the first plan ended prematurely and if so, whether and how this contributed to the need for second/subsequent plan?

Whether the decision for second or subsequent planning was proportionate to tackle the impact of neglect on the child to date

If not, whether there was any challenge from the involved multi-agency network, and the impact of this.

Whether CP plan actions were relevant to current concerns, including any adult vulnerabilities and needs.

Whether and how the second/subsequent plan was duplicative of previous plan/s and if so, whether this impacted on the family's progress.

The extent to which core group members engaged with the core group and contributed to plan progression

Whether the core group refreshed/updated the CP plan to reflect progress/new issues in a timely way

Whether and how the work undertaken with the family was restorative

Whether the CP plans were SMART, accessible, and written with the family in mind

Methodology



Desktop audit with all agencies working together, sharing their agency's information about each child



The Children's Social Care lead representative present shared a chronological summary of CSC involvement to date, to provide background context. Partner agencies then shared their agency's information on the subject child, and all information was then considered together to evaluate the impact of agencies' intervention overall, within the context of the audit's focus.



The quality and timeliness of intervention provided to date, and its impact, were discussed by the audit group collectively



This audit was limited to a "deep dive" into agencies' files in relation to only **two** children. As such, examples of good practice and identified barriers to good practice noted here are informed by the experience of two children. These findings

What we found – examples of good practice

The recent introduction of adult-facing practitioners offering targeted interventions to help parents address their own unmet needs in relation to substance & alcohol misuse, domestic abuse and mental health, have, for both families, begun to facilitate the kind of changes needed to improve the children's lived experience.

Both families are currently responding positively to motivational interviewing, which supports meaningful change work by enabling internal change alongside relevant interventions, rather than the imposition of expectations that parents will be unable to achieve without specialist help.

What we can do better ...

Language in plans is not yet consistently aligned with strengths-based practice

Initial interventions with families were focused on practical issues and parental compliance

How written agreements are used

Understanding the impact of multiple changes of family structure and composition

Child protection plans were ended when “first-order” changes had been made, such as an improvement in attendance at appointments. Without sufficient focus on the key adult difficulties that were causative of such difficulties, these changes are not sustained.

Language used to describe children’s behaviours attributable to neglect and emotional harm is not yet consistently trauma informed.

Next steps

