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**7 MINUTE  
BRIEFING****Neglect  
Case Study 1****1****About the family**

The two children in the family were known to multiple agencies over many years due to:

- chronic neglect
- periods of physical abuse
- complex dynamics within the household.

Both parents were known to have learning needs which affected their ability to provide consistent and safe care.

**2****Background**

Concerns included:

- poor home conditions
- repeated missed health appointments
- domestic abuse
- long-standing patterns of unmet need

One child's severe obesity was attributed to neglect, alongside repeated safeguarding episodes.

The other child's behavioural presentation often diverted multi-agency professional focus.

Despite various interventions, the cumulative harm experienced by both children escalated over time.

The children were removed from the home for their safety and wellbeing.

**3****Practice issues  
and gaps**

- Cumulative neglect was not recognised, practitioners focused on isolated harm instead
- IT issues hindered practitioners' views of historic harm
- Neglect assessments did not take place to understand the impact on each child
- The child's voice was overshadowed by sibling behaviour and parental needs
- Child protection processes were missing paediatric input
- Information about missed appointments was not shared by GP
- Parental capacity and learning needs were not adequately addressed
- School professionals experienced pushback when submitting referrals about concerns - this led to schools not raising concerns as they were told thresholds were not met

# Neglect

## Case Study 1

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### Acknowledging good

Consistent social work which benefitted the child.

Recognition and support of a young carer's role.

Strong school engagement, school professionals responded to neglect indicators and good attendance was maintained.

Proactive adult-focused referrals where practitioners made timely referrals for parental support and assessments.

Positive multi-agency involvement in meetings.

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### Key learning

The need to recognise and respond to cumulative harm rather than focusing on isolated incidents of neglect.

Undertaking an assessment of neglect so that agencies have a shared understanding of the impact on each child.

Ensuring that the voice of the child and their lived experience is fully understood and not overshadowed by other factors.

Recognising specific concerns such as severe obesity as a safeguarding concern.

Applying escalation pathways consistently including by schools.

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### Reflective questions – practitioners

- Am I considering the child's history and pattern of concern beyond the latest incident when I analyse risk and progress?
- What would I include if I built a clear chronology first – would my threshold or plan change?
- Have we completed a neglect assessment and used a toolkit to develop a shared evidence-based view?
- Am I using the child's medical condition as an indicator of neglect and considering safeguarding pathways?
- What information is missing from child protection forums and how do I bring them in?

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### Reflective questions – leaders

- How confident am I that our systems enable practitioners to see the whole picture and identify cumulative neglect early?
- Are neglect assessment tools used consistently across the partnership and how do we ensure their quality?
- How do we know that the child's lived experience - and not just the parents' needs or siblings' behaviour - is driving decisions?
- Do our systems support proactive multi-agency information sharing?
- How do partnerships ensure that concerns raised by schools are appropriately considered, so that serious harm is identified and prevented?
- How can we build practitioner confidence in working with families where learning difficulties impact care capacity?