



Neglect Case Study 2

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About the family

The children lived with their mother and her partner.

When the mother was admitted to hospital showing signs of domestic abuse and neglect, referrals were made to the multi-agency safeguarding hub (MASH) and adult social care.

The MASH referral was closed because of a lack of parental consent, and no direct concerns were identified for the children.

The partner reassured hospital staff that he could care for the children with wider family support.

The referral to adult social care did not meet the evidential threshold and was also closed.

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Background

Concerns were raised by the children's school and maternal grandmother when the family's whereabouts became unclear.

Police visited the home, found it empty and had significant concerns about the living conditions. The older children were later found with their father in another county.

There was a known history of domestic abuse, mental health concerns and substance misuse in the relationship.

The partner's children from a previous relationship had been removed from his care due to neglect.

The partner was arrested.

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Practice issues and gaps

An over-reliance on parental consent hindered safeguarding of the children

This meant the partner, who posed a potential risk, was relied upon to make decisions about the children's care

The safeguarding hub did not appear to seek broader partnership information that could have led to a better assessment of risk.

Key indicators of neglect - including missed medical appointments, cancelled home visits and poor hygiene — were not recognised or followed up.

The children's own experiences and needs were not explored sufficiently, with adult issues taking precedence.

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Acknowledging good

High levels of pastoral care from primary school.

Smooth handover between health professions.

Professional curiosity from hospital staff.

Self-reflection process by school involved.

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Key learning

The need for stronger and more consistent professional curiosity – there were missed opportunities across agencies because professionals accepted parental explanations.

Understanding the cumulative harm of domestic abuse, the impact of parental ill health, trauma, and substance use on children.

The need for better thresholds understanding so that decisions focus on children's experiences and not on parental engagement or consent.

Better cross-border coordination and robust handovers between agencies required.

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Reflective questions – practitioners

- Am I accepting parental explanations without checking evidence or triangulating with other agencies?
- Am I considering concerns cumulatively rather than in isolation?
- Am I actively seeking relevant information from all other agencies?
- Have I shared my concerns clearly and with sufficient detail to help others understand the risks?
- Have I seen enough of the home environment to make an informed assessment of risk?

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Reflective questions – leaders

- How do I ensure that professional curiosity is consistently embedded across agencies?
- What systems do we have to identify patterns of chronic neglect early, rather than responding to incidents in isolation?
- Are practitioners confident and empowered to challenge other agencies when concerns are minimised or not followed up?
- Do practitioners understand when consent is not required to safeguard children at risk?