

### 1. Background and concerns DRAFT

A line-of-sight meeting was held in relation to three children (including a newborn baby) who were experiencing neglect. During the review, information was shared by agencies relating to concerns over a period of time. In respect of parents, the review highlighted the need for consideration regarding their care and support needs, the need to understand these in relation to potential impact on parenting capacity, and their ability to make informed decisions, along with consideration of the Mental Capacity Act 2005. Concerns noted by agencies were raised in relation to the home conditions and parents were deemed unable to care for their children. Additional factors included a lack of consent from parents for early intervention, and it was noted there was very limited support in their family or wider support network.

**2. Purpose of review** – A review was requested to explore the multi-agency response to the children and whether this has been timely, proportionate, and responsive to their needs. There was consideration given to the effectiveness of ensuring their safety and wellbeing by all agencies involved and whether information was triangulated across all agencies. Consideration was given to the effectiveness of identifying and responding to neglect.



### 3. Why is the early identification and support in relation to neglect important?

Nationally, neglect remains the most common reason for child safeguarding actions being taken. It features in most safeguarding practice reviews as it is consistently a factor in the lives of children who die or who are seriously harmed because of child maltreatment.

Neglect is nationally and locally consistently the most common initial category of abuse for children on a child protection plan. Neglect is often linked to other forms of abuse.

Research shows that neglect significantly impacts on children and young people throughout their childhood. Early identification of neglect and provision of support leads to better outcomes for children and into adulthood.

### 7. Links and resources

- [Threshold of Needs Guidance – Hull Collaborative Partnership](#)
- Information sharing guidance [Information sharing advice for safeguarding practitioners - GOV.UK](#)
- Pre-birth pathway [Unborn Procedures and Guidance \(Pre-Birth Pathway\)](#)
- Neglect toolkit and guidance [Neglect – Hull Collaborative Partnership](#)
- [Training courses – Hull Collaborative Partnership](#)
- [Home – Family Hubs](#)
- [Mental health problems and pregnancy - NHS](#)
- Every Mum Matters website [www.everymummmatters.com](http://www.everymummmatters.com)
- Perinatal Mental Health Team | Humber Teaching NHS Foundation Trust-consultation for any referral queries on 01482 336837.
- Perinatal Mental Health Specialists | PND counselling | House of Light
- [Mental Capacity Act - Social care and support guide - NHS](#)

### 6. Next steps

All key learning is to be shared with services involved in safeguarding.

The 7 minute guide will be shared across the partnership enabling learning, discussion, and further reflections.

The HSCP has updated the threshold of need document that will be published in December 2024.

Working Together conference to be held in January 2025 which will cover learning points in relation to Threshold and information sharing.

A series of briefings will be delivered across the partnership on the threshold guidance throughout 2025.

### 5. Good practice

- Maternity services demonstrated a whole family approach in escalating concerns of neglect to both new baby and parents prior to discharge from hospital. Safety planning was also evident in the midwifery home visit.
- Good communication between CHCP Dietician and Health Visitor evident.
- Intensive support package which included daily visits from supported housing and CSC.
- School staff were supportive in ensuring the children attended school regularly.
- Early intervention was offered despite parents not consenting to this.
- There were TAF meetings taking place to share information and provide support.

### 4. Key Learning DRAFT

**Threshold of need** –Hull’s revised threshold guidance sets out the vision for the ‘right support, right time, right place’. Early intervention is key for achieving better and timely outcomes for children and families. Practitioners should utilise the threshold of need document or seek guidance via the consultation offer when considering making a referral into EHASH.

It is crucial that when making a referral to EHASH, this is with as much information as possible to build a full picture of children and family’s needs, including relevant historical information and what interventions have occurred to address any concerns- including any impact of previous interventions. Should threshold for Children’s Social Care not be reached, it is important that this is reviewed in line with current circumstances, thresholds are not static and where concerns escalate re-refer in.

Practitioners should be tenacious in their efforts to seek consent for early intervention to work with families, however a lack of consent should not be a barrier to sharing information.

**Information Sharing-** Practitioners should familiarise themselves with the 7 golden rules of information sharing (links provided in section 7). Information should be gathered and triangulated from multiple sources. Where appropriate this should be coordinated with agencies providing services to the adults to have a multiagency approach to intervention and support. No single agency can have a full picture of a child’s and families’ circumstances, information sharing is crucial to build a better understanding of any presenting risks, strengths, and safety factors. Sharing information at an early stage can lead to a planned and coordinated approach of services working together as opposed to crisis and reactive intervention.

**Professional curiosity** – is required and needs to be at the forefront of practitioners’ minds when working with children and families. It is crucial to understand individual needs of all children and of each family member. Asking curious questions can help practitioners explore the daily lives of children and understand family functioning including who is in the family. The family dynamics must be explored and for all services to have a good understanding as this can support in assessing the right intervention and the right time. Genograms and eco maps are useful to identify a network of people, who can assist in supporting intervention with the family.

**Understanding barriers to engagement**– There were several missed appointments which highlighted difficulties with engaging parents. It is crucial that information is not accepted at face value, and this is triangulated with other agencies working with the family. It is important to understand underlying factors which may impact on engagement. The review highlighted that mother had physical and mental health needs that were not fully understood and how these potentially impacted on parenting capacity. It is imperative that fathers are included in all interventions to understand the family network. Additionally, this supports with not relying on information from solely one parent. Underlying factors included parental disability, poor parental mental health, and a lack of self-care. When needs are identified for adults, this must be triangulated and shared with adult services to allow for a coordinated approach. The review highlighted there is a need to understand capacity assessments more broadly and practitioners should be accessing mental capacity training. Practitioners need to be mindful that parents and family members may not always understand the role of each service so this needs to be fully explained to parents to ensure meaningful engagement.

**Multi-agency pre-birth pathway-** The pre-birth pathway must be commenced at the earliest opportunity. Pre-birth planning and assessments need to have a multi-agency approach. It was identified in the review that where parental needs are identified, it would be beneficial to have representation from adult services at the panel to consider and respond to the needs of both mother and unborn baby. When concerns are raised in relation to perinatal mental health practitioners can draw upon guidance via consultation from the perinatal team (see point 7 for consultation details).

**Identifying and responding to neglect-** Within the review practitioners had raised concerns in relation to adult self-neglect in terms of hygiene and self-care. Additional concerns were raised regarding home conditions and concerns regarding parents needing prompts to care for their newborn and support via school for children’s educational attendance. It is crucial to identify and respond to neglect at the earliest opportunity. The use of the HSCP neglect toolkit can support practitioners to consider and assess the different types of neglect as well as gather information from varying sources which would triangulate all concerns and build a full picture which can assist in considering the accumulative harm caused by neglect.