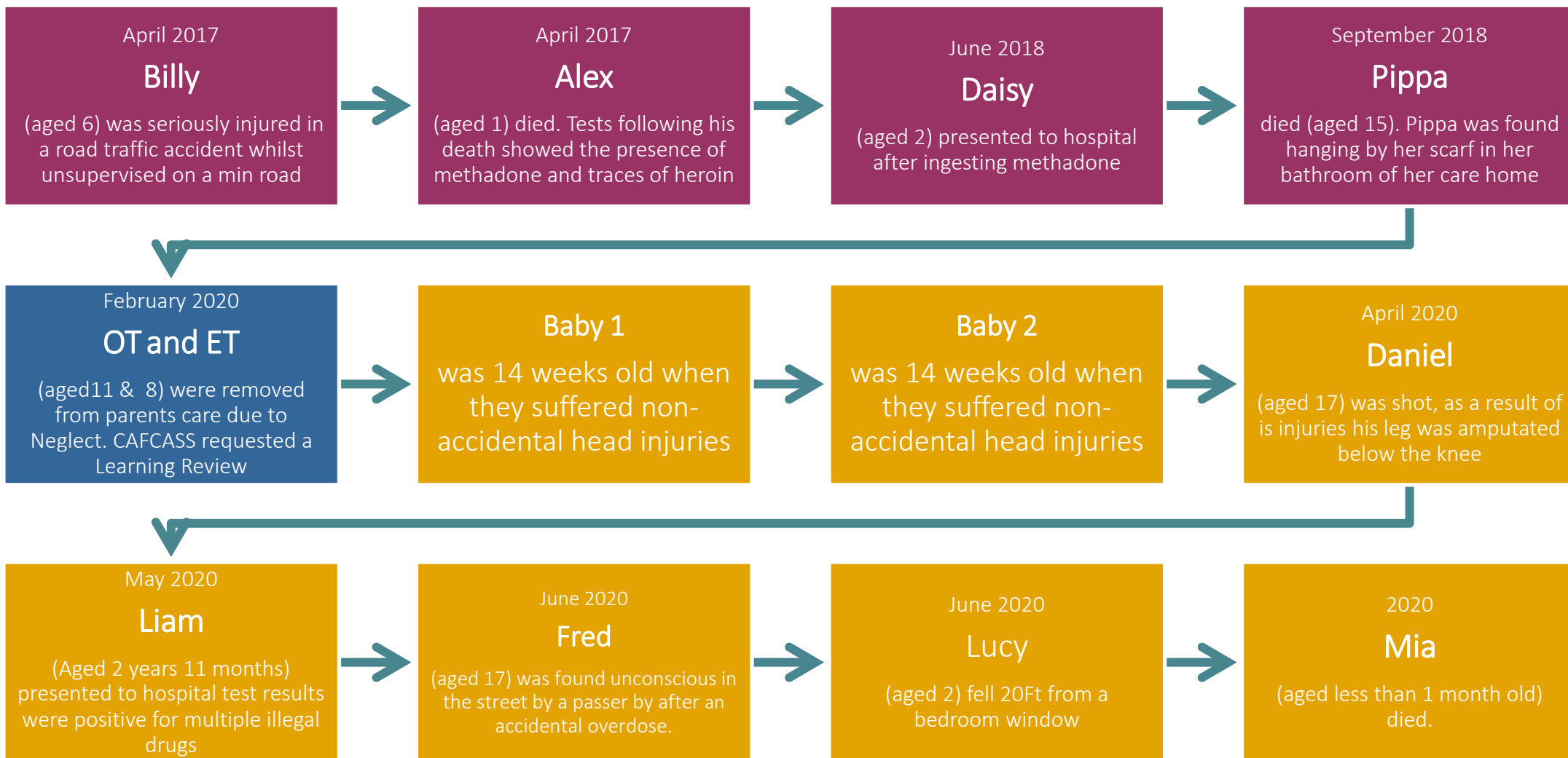




Tees Child Safeguarding Practice Reviews, Serious Case Reviews and Learning Reviews 2017-21

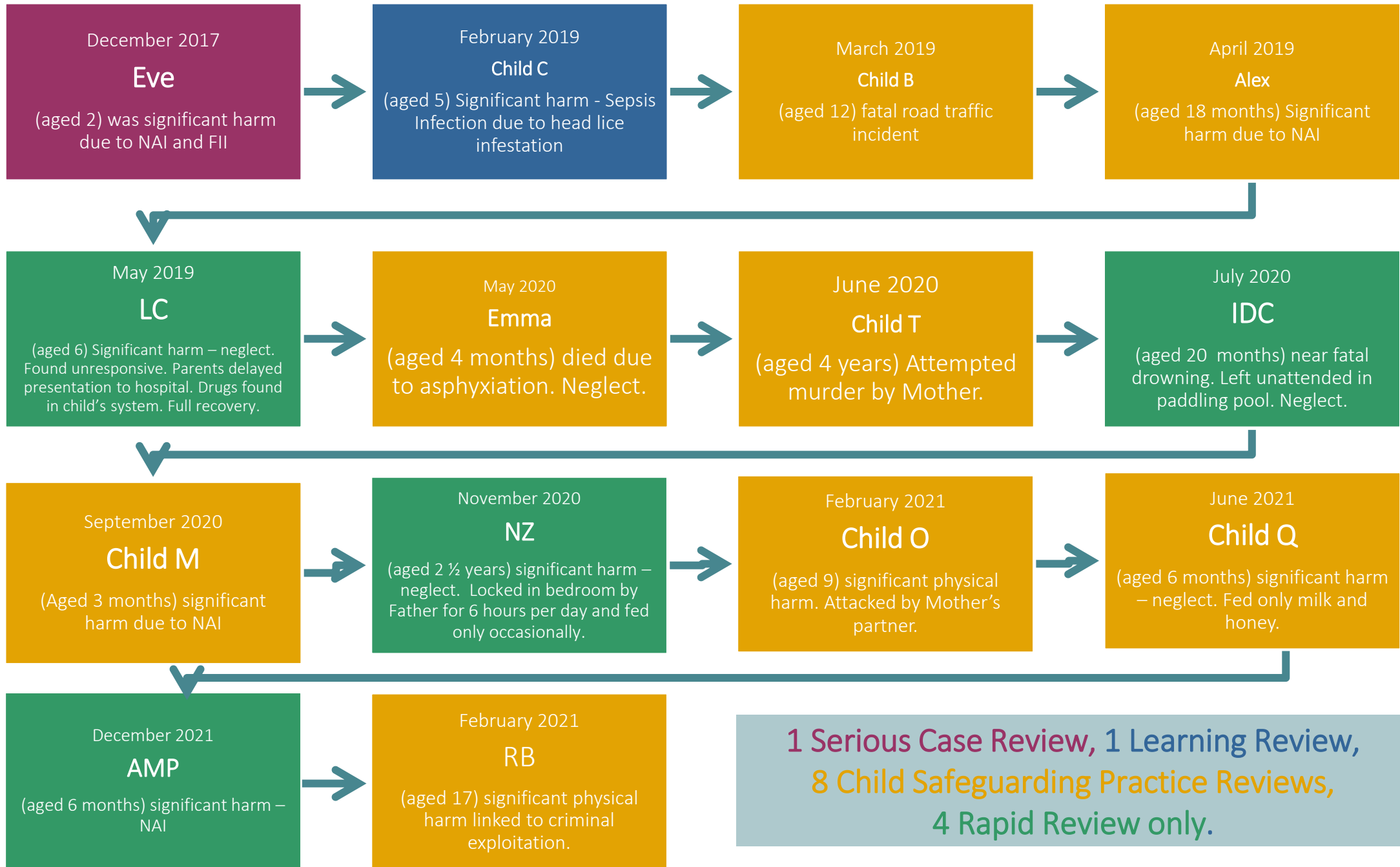
Learning and Themes

South Tees Timeline of Significant Events 2017-21

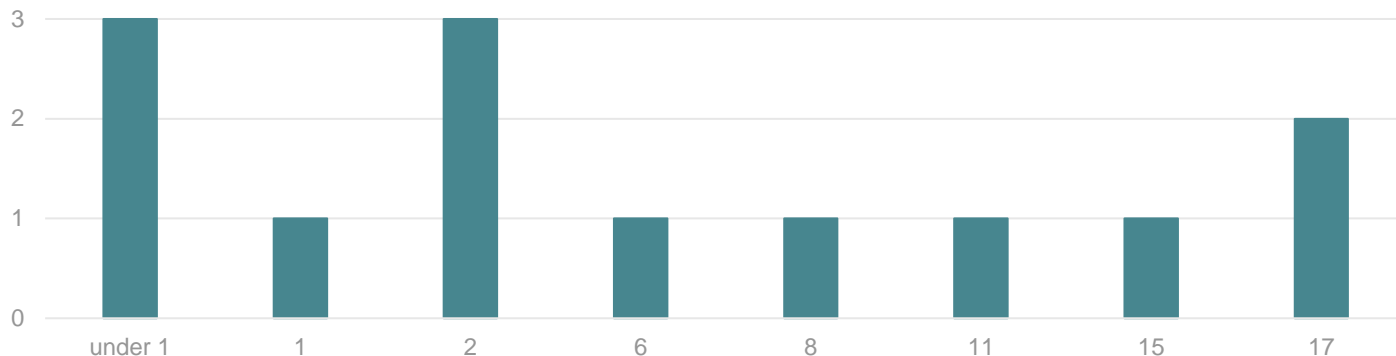


5 Safeguarding Practice Reviews, 4 Serious Case Reviews, 1 Learning Review

North Tees Timeline of Significant Events 2017-21



About our Children STSCP



3 children died
7 suffered significant harm
3 were not recorded

54% were under 2 years

46% male
38% Female
15% not recorded

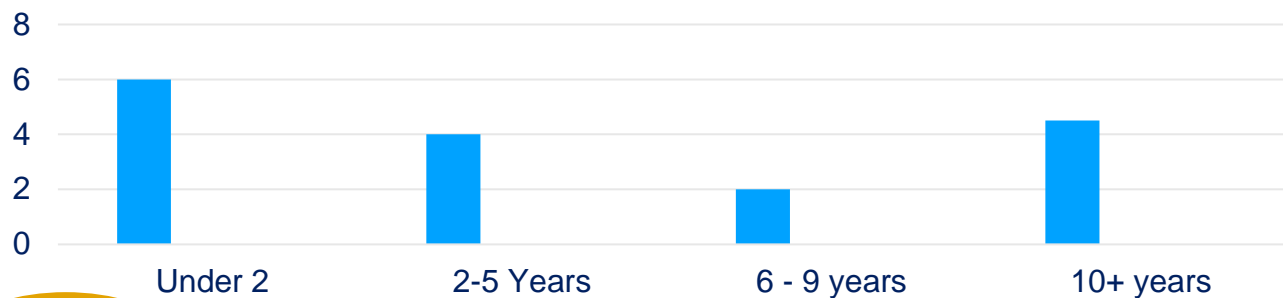
Ethnicity
is not well represented in reviews

54% were living with both parents
23% were living with Mother
15% were living with Mother & Partner
15% were in our care

36% had a CP Plan in place
21% Had a CP Plan and Pre-Proceedings
21% were not known to children's social care
14% were in our care
7% were children in Need



About our Children HSSCP



3 children died
7 suffered significant harm
3 were not recorded

50% were under 2 years

57% male
43% Female

Ethnicity
is not well represented in reviews

57% were living with both parents
21% were living with Mother
8% were living with father
14% were living with Mother & Partner

50% were due to NEGLECT
50% were due to physical abuse / NAI
79% involved Domestic Abuse
79% involved parental mental ill-health
79% involved substance mis-use
7% involved exploitation
14% involved FII

14% had a CP Plan in place
8% Had a CP Plan and Pre-Proceedings
14% were not known to children's social care
0% were in our care
14% were children in Need
50% were recently closed to social care



Themes

The 10 Themes identified are:

1. Understanding the child's world
2. Understanding parents own history and vulnerabilities
3. Engaging the whole family
4. Multi-agency working
5. Safeguarding vulnerable babies
6. Substance misuse
7. Neglect
8. Risks outside of the home
9. Domestic Abuse
10. Parental Mental Health

Understanding the Child's World

- **Children's voices must be clearly sought and stated.** All assessments must consider the **child's world and lived experience**, those undertaking assessments must **meaningfully engage with children**. We should ask ourselves, what does a day in the life of a child look like?
- All children within a family need to be considered individually in assessments and plans, this means considering the impact of a significant event from the **point of view of each child separately**
- We need to be more creative and improve the way **we engage, safeguard and support teenagers**. Professionals allow children and young people some **flexibility**, in recognition of the difficult time they are experiencing.
- We must reflect on any **contradictions between the child's expressed wishes and their lived experience**
- Professionals need to be **curious** about information held by other agencies and proactive in sharing and analysing the information to improve the understanding of a child's lived experience. This should be included on the agenda for core groups and other multi-agency meetings
- In neglect cases, professionals must avoid being **reactive to individual incidents and consider the child's lived experience over time**. Neglect is damaging to children as its impact is cumulative
- It is important to always consider the **parent's history and on-going vulnerabilities and the impact on the children's lived experience**
- We must always **consider all available information**, including multiple referrals. A Chronology will offer an understanding of the long-term view. We need all agencies to contribute to Chronologies to give a richer picture.
- Professionals are reliable and create a safe space for children and young people to overcome nervousness in speaking with professionals to gain their views.

Understanding Parents own history and vulnerabilities

“The connection between the past, present and the likelihood of future risk for children is about understanding the patterns of problems and needs in families that require something to change. Unless assessments are robust in exploring a child’s history, their needs may not be as well understood as they could be and this may leave some children vulnerable.”

(Daniel, May 2021)

- We must always **consider parents own history and vulnerabilities** in any new assessment undertaken of the child(ren). We must complete holistic assessments incorporating wider family history and information
- Unless professionals are skilled in building **relationships, being directive, supportive and non-judgemental** in their work with parents, they are more likely to face resistance, ambivalence and disengagement and this is likely to limit the effectiveness of any family work
- When there are several incidents of domestic abuse and/or adult substance misuse or overdoses, **these should be considered cumulatively as well as in isolation**
- Professionals need to be **curious** when assessing the impact of harm i.e. domestic abuse, and how this affects relationships in the family and with the children. **Curiosity and inquisitiveness should be part and parcel of professional practice.** Unless professionals maintain a questioning and curious response to what they are told or what they see, opportunities for exploring the unthinkable or opening up conversations will be limited and children/young people may be left vulnerable
- We need professionals too feel confident in **addressing intimidating behaviours from parents**
- It is difficult for professionals to maintain a healthy scepticism about what parents are saying and doing when it might damage their relationship with the family and the need to improve the child’s situation. It is difficult to get the required **balance between support and challenge** when engaging with families. This is particularly the case when a family has successfully engaged and made positive changes in the past.
- Professionals must have an **open mind** and must **not make assumptions** about how a family will cope

Engaging the whole Family

As well as posing a potential risk to children, fathers can also be a protective factor
(Stork 2021)

- **Fathers** need to be seen as an equal parent
- When working with children, practitioners need to proactively assess and engage with **all significant men in a child's life**, recognising that some may pose risks, some may be assets to the family and some may incorporate aspects of both.
- The role of **Father/parents needs to be fully understood** in assessments so that we can clarify potential risk and protective factors. By not fully involving fathers/partners we miss opportunities to share information and provide interventions at that may prevent risk to the child escalating
- **Universal services** also need to meaningfully engage with fathers, including those who do not live with the child.
- Professionals need to be aware of research on the impact of having responsibility for a new baby on fathers as well as mothers
- **Vulnerabilities – Professionals need to** reflect on the context for parents to be able provide effective parenting, including an understanding of the support networks. Would parenting be compromised if these networks were not in place?
- **Challenging disengagement** / inconsistent engagement / disguised non-compliance
- We must be mindful if there is a **language barrier**

Multi-Agency Working

- Effective multi-agency working requires **information sharing, recording and involvement of all partners**. Agencies need to be able to confidently share information in various ways across force and partnership areas so plans to protect children are based on up to date and relevant information. Particularly in relation to missed (not brought) appointments with different agencies
- **Assumptions** must not be made across the system without checking them out. **Triangulating information** provided by parents is essential. We should not rely on what other parts of the system said or what is recorded
- There needs to be **collective oversight and joint decision making**, particularly where there is cumulative harm
- Where substance misuse is a concern, **drug treatment professionals should be present** in key meetings such as core group meetings.
- **Communication and coordinated support is essential** where a parent is/was in drug treatment and there are historical concerns about parenting in the past
- In order for core group meetings to be effective and **plans to be updated and shared in a timely way**, the meeting should be based around reviewing the plan and making required changes during the meeting. The updated plan should then be circulated to all involved, including parents and professionals unable to attend, such as the GPs for both adults and children
- We need to make it a priority to obtain **information from GP records** about adults involved in children's care, particularly when undertaking child protection enquiries and assessments
- When **we record** we need to be clear about whether we are reporting fact, opinion, professional judgement and parents self reporting
- We need to robustly transfer information across all service areas and across different Local Authorities

Multi-Agency Working – When we do it well

- There is a **significant amount of information available to all agencies** involved with the child, this was shared in assessments and through various multi-agency meetings (Early Help, Strategy, ICPC and Core Groups).
- **Multi-agency meetings are well attended**, this means all professionals involved are aware of the family history, new and ongoing concerns. When an agency could not attend, they provided their update in writing.
- **Professionals worked closely together the manage risk**
- When children and their families need increased oversight and support, it worked well when there was a **multi-agency arrangement to ensure that children were receiving welfare calls**.
- When risks to staff exist and professionals visit in pairs, **making use of joint visits for practitioners from different agencies**.
- When new professionals start working with the family, **being introduced by someone who the family know, that person can also make sure they know the family history and any unmet need/risk**.
- Professionals make **prompt referrals** for children and young people, such as a referral made by Police to the Youth Offending Service to provide early intervention and prevent further offences.

Professional Challenge

Many serious case reviews identify an apparent reluctance to challenge interagency decision making. The serious case reviews have often identified professionals who are concerned with a decision made by another agency; however their concerns have not been followed up with robust professional challenge which may have altered the professional response.

Professional challenge is a fundamental professional responsibility. All agencies and services should promote a culture which encourages constructive challenge within and between organisations; acknowledging the important role that challenge can play in safeguarding children.

Effective 'working together' depends on a culture of open and honest relationships between agencies; where different professional perspectives are welcomed and given serious consideration by professionals who want the best outcomes for children and young people.

Safeguarding Vulnerable Babies

11 out of 27 children (9/24 reviews)

Referral

Who/when/how?

Concealed pregnancy

Terminations/late bookings

Assessing Parents own history and vulnerabilities

Assessing Siblings individually

Professional Curiosity

Timely information Sharing

Key Learning Themes

- **Making a referral is the responsibility of all professionals working with an unborn/newborn child.** It is not just the responsibility of the Midwife.
- All SAFER Referrals should be **made in writing** as per the Tees Child Protection Procedures.
- If there are concerns about an unborn baby and there are older children in the household, **timely consideration should be given to all of the child.**
- A pre-birth social work assessment should be undertaken in cases where there are predisposing risks and vulnerabilities that warrant involvement from children's social care. This includes **if there is involvement with the parent or other children in the immediate family..** If no assessment is to be undertaken when the parent is receiving a service for Care Leavers, as could be appropriate, there needs to be clear reasons recorded about why this is the case.
- Without **information being shared directly** when the responsibility for a new baby transfers to a health visitor, it cannot be guaranteed with current systems that potentially important information will be known by them.
- Advice in key areas such as **safe sleeping and safe handling needs to be provided and reinforced to both parents**, including parents who do not live with the baby if they are to have contact.
- There is a need for **professional curiosity**, professionals should have an open mind to ensure they do not make assumptions about how a family will cope.
- When professionals are aware of even a small bruise on a very young child, they need to recognise it **might be a warning injury.** They need to take action and make appropriate referrals, explaining to parents that they have to do this and follow the Bruising in Non-Mobile Babies policy.
- **Family members should not have unsupervised contact with their child in hospital if a non-accidental injury** may be the reason for the attendance.

Substance Misuse

Substance misuse was a feature in 14/24 reviews, which included 15/27 children

Identification

Working Together and quality of information sharing

Quality of Assessments

Evidence Based Practice

- Professionals need to consider the possibility that parents who misuse drugs or who are on a drug treatment programme **may use drugs on their children**, and these parents should be educated and engaged with on the danger of giving drugs to children to pacify them
- Professionals should be aware of the **potential impact on parenting of the misuse of prescription or over the counter drugs**, particularly when a parent has a history of substance misuse
- Professionals need to know **how to recognise and work with 'manipulative parents'**
- Professionals need to understand and consider the **day to day life of all family members through the child's eyes** when working with parents who misuse substances. This will enable effective support, interventions and challenge
- Lack of **professional curiosity** in identifying, assessing and responding to parental substance and alcohol abuse and ensuring a safe environment for children within their care
- Professionals working with parents on drug treatment programmes should be **active members of core groups** for relevant children
- There is a need for **robust and continuously updated assessment** of the capacity of the parents to change and maintain those changes. Relying on a parent's self-report should be avoided
- Professionals should **avoid over-optimism because a parent is in drug treatment**, including over-reliance on the results of drug testing
- Challenging parental denial of drug misuse is difficult when there is limited evidence to support practitioner's suspicions. However prompt attempts should be made to explore **how drugs are used, obtained, and stored** to assist harm reduction for children of the household

Neglect

Neglect was a feature in 13/24 reviews that involved 15/27 children

Of the 8 children 7 were subject to a Protection Plan under the category of Neglect and 1 child (Lucy – Stork) was Child in Need.

- Professionals need to use specific **neglect tools** and ensure that they understand the root causes of neglect and the impact on a child over time
- The use of a specialist neglect assessment, like the Graded Care Profile, should be undertaken after neglect concerns emerge, and certainly after a child is made the subject of a child protection plan in this category.
- There were missed opportunities in **identifying indicators of neglect**, dealing with incidents in isolation and not recognising the cumulative picture or contextual risk factors. We need to be cautious about over optimism and the role of professionals in parenting neglected children.
- In neglect cases, professionals may become reactive to incidents rather than considering the child's lived experience over time. **Neglect is damaging to children as its impact is cumulative.** This should also be clearly explained to parent.
- **Children's voices** must be clearly sought and stated. Professionals both individually and in **multiagency meetings should consider and analyse the child's lived experience.**
- Emotional abuse and neglect of adolescents tends to be less readily recognised by practitioners than for younger children
- **Good quality plans and reflective supervision** is key to effectively recognising and challenging neglect
- **Engagement with services and Support** – be alert to families saying they will engage with Early Help and other agencies to avoid Child in Need and then not engaging. This is a recognised pattern associated with Neglect.
- **Supervision of children** – parents should be directly supervising must not assume a level of supervision in the community to be an acceptable alternative because it is seen as a community norm

Risks Outside the Home

4/24 reviews (4/27 children)

- Where CSE is suspected, it is essential that risk assessments take into account not only the presenting risk factors but also those risks, which emerge from **vulnerabilities arising from past experiences such as abuse**, loss and trauma.
- It is important that professionals consider how **childhood experiences** can impact on the behaviour and vulnerabilities of troubled adolescents so that work focuses not only on presenting issues but also addresses the visible and hidden complexities of childhood trauma.

Domestic Abuse

16/24 reviews (22/27 children)

- Professionals must consider the impact of domestic abuse, neglect, substance misuse or parental mental health on the lived experience of the child(ren)
- The nature of the impact of domestic abuse on children of all ages should always be considered, especially when a child is directly affected.
- Professionals should consider the **presence of the perpetrator and how it may restrict conversations** with professionals about what life is like
- **Meetings must always include key partners or parents**, to allow an informed assessment of risk or challenge substance misuse or challenge domestic abuse.
- Agencies should **readily challenge** each other (following Tees Child Protection Procedure) when there are disagreements about decision making
- Professionals should consider how domestic **abuse and substance misuse is affecting parental mental health**
- Effective information sharing within and between agencies will provide **a fuller picture of escalating concerns**, particularly around substance and alcohol misuse, domestic abuse and mental health and could potentially improve support for children.
- When there are several incidents of domestic abuse and/or adult substance misuse or overdoses, these should be considered **cumulatively as well as in isolation**.

Parental Mental Health

17/24 reviews (18/27 children)

- **Assessments must consider how mental health impacts on the children** . Assessments should consider **parents coping strategies** and how this affects the likelihood of asking for professional support
- **More effective information sharing** within and between agencies may have given a fuller picture of escalating concerns around mental health and potentially improved support for the children and a better understanding of the impact on the children
- Assessments must not have a **disproportionate focus placed upon parental issues** i.e. mental health rather than the lived experience and voice of the children.
- All professional assessments must consider the link between **poor mental health and substance misuse** and how it may be a consequence of enduring significant ongoing domestic abuse and the cumulative **impact of this on parenting capacity**
- Assessments **must consider information from GP records** about adults involved in children's care
- The nature of the **impact of overdoses on children** of all ages should always be considered, especially when a child is directly affected.
- When there are several incidents of overdoses, these should be considered cumulatively as well as in isolation.
- Responses by GPs to **overdoses of prescription medicine not prescribed to the person who has taken it** are not supported by any local or national guidance, neither are GP responses to overdoses by young people.
- All assessments should consider changes to parenting capacity takes into account **historical information** and the impact of impact of mental illness