



Thematic Learning November 2020

The continuous identification of learning is a priority for Darlington Safeguarding Partnership and although historically the number of reviews are low, it was clear from the child and adult reviews and audits undertaken over a four year period (2015-19) that a number of key themes were beginning to emerge. This thematic briefing outlines the key issues identified along with details of the learning with signposting to tools and learning opportunities to help improve practice going forward. Whilst this briefing focuses on the key issues highlighted, it has to be recognised there were also many examples of good practice identified across individual cases.

Key Themes

- **Neglect**
- **Self-Neglect**
- **Communication and Information Sharing**
- **Voice of the Child or Adult**
- **Engagement**
- **Family Circumstances**
- **Professional Responsibility**

Neglect

What is Neglect?

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. It can have long term effects on their physical and mental wellbeing. Neglect is not a static, single event but a cumulative process that occurs over time.

What issues were identified?

- Failing to recognise or understand the impact of neglect and accessing historical information
- Failure to identify basic physical needs such as; poor hygiene; cluttered home environment; poor or inappropriate diet; missed health appointments; tooth decay; non-collection of prescription items; threats of eviction; and parenting skills
- Failure to recognise children who have a disability or health issue may also have additional needs and vulnerabilities
- Viewing teenagers as being more resilient than younger children
- Incidences too often considered in isolation, dependent on what is of most concern at the time and therefore cumulative impact not adequately considered

What have we learnt?

- Consider the needs of all children in the family home along with parent's ability to meet the needs of a disabled child
- If a teenager's physical and emotional needs are not met, they may present as aggressive or hostile or be more impulsive than other children and may lead to crisis management
- Consider the cumulative impact of neglect—take a step back and look at previous concerns or patterns of parenting and the impact it is having on children

What will help us to do things differently?

Tools and Learning Opportunities

- [Child Protection Procedures](#)
- [Neglect Strategy and Practice Guidance](#)
- [Neglect—NSPCC Graded Care Profile 2 training](#)
- [Neglect Practitioner Workshops](#) and [Cumulative Harm Training](#)
- [Home Environment Assessment Tool—Health](#)
- [NSPCC website](#)



Self Neglect

What is self-neglect?

Lack of self-care to an extent that it threatens personal health and safety. Neglecting to care for one's personal hygiene, health or surroundings. Inability to avoid harm as a result of self-neglect.

What issues were identified?

Whilst self neglect was a relatively new category of abuse at the time the audit was undertaken, self-neglect has appeared in a number of National Safeguarding Adult Reviews and is identified as a complex area for intervention.

- Self-neglect is not fully understood or recognised as a safeguarding issue requiring intervention
- Failure to consider the risk to other individuals including children who live in a household where there is self neglect and systematically consider the impact of any assessment, intervention and concern for that child, especially if the adult is the sole carer of the child

What have we learnt?

- The importance of effective information sharing between agencies
- The need for a capacity assessment of individual's ability to make a decision or acts in a way which puts their health and wellbeing and the safety of others at risk

What will help us to do things differently?

Tools and Learning Opportunities

- [Safeguarding Adult Procedures](#)
- [Self-neglect and Hoarding Practice Guidance](#)
- [Safeguarding Training—Level 1 & 2 and Formal Enquiry/investigation](#)
- [Social Care Institute for Excellence \(SCIE\) Website— Self Neglect at a glance](#)

Communication and Information Sharing

Sharing great information is good.
Sharing relevant information is great.

Information sharing is a recurring theme that is consistently identified in Serious Case Reviews and Safeguarding Adult Reviews and is crucial for effective safeguarding of children or adults with needs for care and support. Sharing of information can improve decision making to ensure the best outcomes are achieved.

What issues were identified?

- There was a lack of consistent use of chronologies and genograms
- Many reasons for not sharing information appropriately including: lack of time; assumptions that others are already aware; not thinking something is important; confusion on what can/should be shared; consent issues and decisions being made in isolation
- Failure to notify other agencies when services were withdrawing support or closing the case
- Recording of information was not always factually accurate, relevant or up to date
- Failure to share minutes of meetings with all involved with the family, often only shared with those who attended the meeting
- Use of professional language which is not always understood by all



Communication and Information Sharing continued

What have we learnt?

- Being aware of who else is involved and what their roles and responsibilities are and having a conversation
- Appropriate sharing of information will aid decision making and increase opportunity for challenge
- All agencies to take responsibility for seeking and offering relevant information which could enable another agency to safeguard a child or adult more effectively
- Even though information may not seem relevant, it may add to the bigger picture when shared with others
- Consider the value schools have at the heart of communities in passing on intelligence
- Consider family members living outside the household, who may provide support or have a caring responsibility, such as young fathers and step-parents, other significant family members

What will help us to do things differently?

Tools and Learning Opportunities

- [Child Protection Procedures](#)
- [Safeguarding Adult Procedures](#)
- [GOV.UK—Information sharing: advice for practitioners providing safeguarding services to children \(2018\)](#)
- [SCIE—Safeguarding adults: sharing information](#)
- [DSP—Multi-Agency Information Sharing Protocol](#)
- [Safeguarding Training— Level 1 and 2](#)

Voice of the Child/Adult



The voice of the child or adult is paramount in safeguarding processes to obtain an understanding of their lived experiences and to ensure their voice has influenced decision making.

Making Safeguarding Personal aims to develop an 'outcome focus' to safeguarding work and a range of responses to support adults with needs for care and support to improve or resolve their circumstances.

What issues were identified?

- Capturing the voice of the child means more than seeking their views
- Professionals often focussed too much on the needs of the parent/carer
- Failure to evidence that the child's voice has influenced decision making or obtaining an understanding of 'what is life like for this child living in this family'
- Not considering the additional vulnerabilities of children with learning/physical disabilities
- In adult safeguarding, professionals did not always formally consider a person's capacity to make a decision if they chose to act in a way which placed their health and wellbeing at risk

What have we learnt?

- Obtain a view through a child's actions and seek to understand their lived experience and their view of their situation
- Speak to children on their own where possible
- To ensure the voice of the child is included in assessments and plans
- Consider the needs of all children in the family
- Pay attention to non-verbal communication, their feelings can often be displayed through changes in their behaviour at home or at school
- Access to a child can be restricted by those caring for the child, try to seek an opportunity to speak to the child alone
- Recognise there may be times when it is appropriate to override a child's views if their wish is to remain in an unsafe situation
- Discuss an adult's capacity to make a decision with other professionals who are involved and discuss possible consequences of their actions with the individual if they do not take professional advice

Voice of Child/Adult continued

What will help us to do things differently?

Tools and Learning Opportunities

- [Child Protection Procedures](#)
- [Safeguarding Adult Procedures](#)
- [Safeguarding Training— Level 1 and 2](#)
- [Safeguarding Disabled Children Training](#)
- [NSPCC Guidance—Safeguarding Deaf and Disabled children and young people](#)

Engagement

Engagement is often a feature in Serious Case Reviews. Non-engagement can arise from a number of circumstances which include; previous negative history, not understanding professionals concerns, cultural differences, genuine fear children may be removed, anti-authority stance, lack of communication from professionals and having something to hide, including disguised compliance. Parents may present in a number of ways from hostility, threats and violence through to superficial and ineffective engagement. It is always important to consider what impact the non-engagement may be having on the life of the child.

What issues were identified?

- Failure to follow up on a number of 'was not brought' events (missed medical appointments)
- Failure to challenge families when improvements were not sustained
- Ensuring assessments include details of strengths and risks posed by absent or disengaged fathers or caregivers
- Professionals did not always acknowledge clinic allocation for those with complex needs

What have we learnt?

- Non-engagement should always be considered and evaluated as a potential risk
- Parental cooperation can often improve when professionals become involved with a family
- Be consistent even when you are getting a negative response
- To record and evidence that father's views and wishes have been sought
- Having an awareness of other significant adults living in the household and the impact/risk and role they may have
- Use of the 'was not brought' policy which in turn will help with the analysis of incidents and issues and enable them to be appropriately challenged
- Being flexible to support children, parents and carers to attend appointments and meetings
- Consider co-ordinating and synchronising appointments for those children with complex needs who may attend multiple clinics

What will help us to do things differently?

Tools and Learning Opportunities

- [Child Protection Procedures](#)
- [Safeguarding Training— Level 1 and 2](#)
- [Was Not Brought Policy—Health](#)
- [Was Not Brought Guidance NHS England](#)



Family Circumstances

Professionals have to understand for every family involved there may be multiple issues to consider such as family violence, parental drug and alcohol use, parental mental illness or disability which may impact on parents/carers ability to provide the right supervision, nurture and care for their children.

What issues were identified?

- Professionals often too trusting of parents self-reporting of their drug consumption
- Failure to challenge parents when there was evidence that substance misuse was impacting on the children who were often tired or reported disruption to meal times
- It seems there was a degree of acceptance by professionals of the way parents chose to live
- Professionals did not always consider safeguarding issues when a child had a disability often assuming their issues were as a consequence of their disability and not parental neglect or abuse
- Failure to consider what life was like for a child living in that environment and often professionals focussed on the adult issues
- Professionals were not always familiar with the main prescription medications that could impact on parenting abilities
- Being aware of the full picture of parental mental health and the impact this can have on their parenting ability and the potential signs of relapse.

What have we learnt?

- Mental Health Professionals need to think more broadly about the needs and risks and involve other professionals who may be involved or have more knowledge about the family
- To be wary of making assumptions about the resilience of families
- Always look beyond a child's disability when they are showing particular behaviours
- Disabled children with behaviour or conduct disorders are at the highest risk of abuse
- Obtain an understanding of the dangers of some prescription medication and the risks it may pose in a household

What will help us to do things differently?

Tools and Learning Opportunities

- [Child Protection Procedures](#)
- [Safeguarding Adult Procedures](#)
- [Safeguarding Training— Level 1 and 2](#)
- [Safeguarding Disabled Children Training](#)
- [NSPCC Guidance—Parents who misuse substance](#)
- [NSPCC Guidance—Parental mental health problems](#)
- [NSPCC Guidance— Safeguarding Deaf and Disabled children and young people](#)



Professional Responsibility and Practice

Practitioners have a professional responsibility when working with children and families to ensure appropriate action is being taken and should be aware that parents and carers may present in a number of ways which may cloud your judgement in decision making the best decisions for the child. **Disguised compliance** is a feature in many serious case reviews and involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement, often resulting in practitioners being unaware of what is happening in a child's life and any potential risks they face, maybe unknown. **Professional Curiosity** is a combination of looking, listening, asking direct questions and checking out and reflecting on information received. It means not taking a single source of information and accepting it at face value. Professionals should use their communication skills to explore and understand what is happening within a family rather than making assumptions. **Professional Challenge** is a positive activity and a sign of good practice and effective multi-agency working, there is often a reluctance to challenge interagency decision making which if followed can often alter professional response and outcomes for children.

What issues were identified?

- Parents were minimising concerns raised by practitioners which were never challenged.
- Professionals believed parents were being compliant when in fact they were providing false assurances that they were being open and honest which contributed to the risks for children not being identified.

Professional Responsibility/Practice continued

What issues were identified? (Continued)

- Families were presenting as credible and confident in their views and guarded their privacy which limited the personal information they were willing to volunteer, this was never explored or corroborated.
- Parents and carers often develop good relationships with professionals which in turn can make professionals feel uncomfortable to challenge explanations provided
- Practitioners admitted there were times when they did not recognise the need to challenge
- Practitioners often felt they lacked the confidence to challenge decisions by colleagues or other agencies which often resulted in being contributory factors to incidents

What have we learnt?

- Professionals need to clearly articulate to parents when disguised compliance is a feature and identify the consequence their behaviour may have on the child
- Professionals need to be confident to challenge parents about their behaviours or when improvements are not made
- Consider unannounced visits when disguised compliance is a feature.
- Be alert to what other professionals are saying as often families hide reality from those working closely with them
- All agencies should promote a culture which encourages constructive challenge
- Professionals to ensure there is reflective practice in place and they receive effective supervision
- Professionals to seek outcomes of referrals, copies of minutes or relevant information if not automatically provided
- To understand and know when to apply the multi-agency Professional Challenge Protocol.
- Try to understand the nature and seriousness of an individual's mental ill health and think more broadly about the needs and risks in the family home
- Be wary of making assumptions about resilience in the family home, consider wider family and who may be able to provide support

What will help us to do things differently?

Tools and Learning Opportunities

- [Child Protection Procedures](#)
- [Safeguarding Adult Procedures](#)
- [Safeguarding Training— Level 1 and 2](#)
- [DSP Professional Challenge Protocol](#)
- [NSPCC briefing— disguised compliance—learning from case reviews](#)

Conclusion

Darlington Safeguarding Partnership is committed to a culture of learning to ensure everyone working with children, young people and adults with needs for care and support, have the right skills, confidence and knowledge in the work they undertake to protect them from abuse and harm. Learning and improvement is important and the continued development of multi-agency training, policy, procedure and practice guidance will further support those working on the front line with both prevention and early intervention.

Darlington Safeguarding Partnership will continue to invest in it's children, young people and adults with needs for care and support and their families and this can only be achieved by the commitment of all agencies working collaboratively to address and strengthen existing practice. Work will continue on seeking assurance on how the learning has been embedded within organisations.

There is a range of additional information, policy, procedure, practice guidance and training opportunities to support you in your work, which can be accessed via the DSP website:

[Darlington Safeguarding Partnership Website](#)

Please feel free share this briefing with colleagues within your organisation.

