Darlington Safeguarding Partnership
Protecting Children and Adults

Child Safeguarding Practice Review

Child J Briefing Paper

Context of the Review

This learning resource has been developed following the findings from a Local Child Safeguarding Practice Review (LCSPR) following the death of a child under two years of age who died from a head trauma consistent with a non-accidental injury.

The Partnership commissioned an Independent Author, Suzy Kitching MBE, to lead the review. The purpose of a review is to identify learning and consider what went well and what needs to be improved. Significantly, it looks to understand what this means for practice and how multi-agency systems and practice can help keep children safe.

The review considered what information was known about the children in this family and explored the importance of knowing and understanding parental mental health history and the impact that had on the wider family, the children's lived experiences and the role of unseen/unconsidered adults and caregivers as well as helping to understand the effectiveness of multi-agency response to identifying and meeting the children's needs.

Understanding the Children

Child J and his parents were White British. Child J lived with his mother and elder half sibling (Sibling D) and at the time of the significant incident, Child J was in the care of Mothers partner. The family were involved with universal and voluntary services in the time leading up to the significant incident.

There had been previous statutory involvement with all of mother's children, including Sibling D and three elder children (now adults) who did not live with her, following significant neglect concerns related to her mental health and to meet the children's needs. Sibling D was on a Child Protection Plan following her birth, this was subsequently stepped down to early help Building Stronger Families (BSF) and then closed to services following positive assessments aged around 12 months. Two more periods of early help were triggered by worries about Sibling D's behaviour and presentation.

Child J was born prematurely and was vulnerable due to his mother's long standing mental health difficulties, her reported childhood trauma, her relationships with at least two males where domestic abuse featured and neglect of her elder children. Child J was not brought (WNB) for a number of health appointments.

Child J had contact with his father, but this stopped a couple of months before the significant incident due to Child J's mother reportedly distancing herself from him.

Five Key Learning Themes

The children's lived experience and what it was like to be a child in this family
Neglect and its impact on child development and wellbeing
The impact of Parental Mental Health and the impact on parenting and family functioning and the extent of the knowledge about mother's history
Unseen/unconsidered adults/caregivers within the household, what was known about them and their role with regard the children
Explored multi-agency working and how it provided the children with help, support and protection

Key Messages

- ⇒ Importance of understanding the significance of vulnerability, harm, adversity, and trauma by exploring and understanding parental history.
- ⇒ Appreciating what it is like to be an infant and/or child in the family. Ensure all family work focuses on the infant/child's lived experience.
- ⇒ Managers and practitioners to regularly reflect on and sense-check the information they have, seek, and share through curiosity and multi-agency critical thinking.
- ⇒ All adults/carers associated with the household should be involved in assessment and planning so support, protective factors, vulnerabilities, and risks can be clearly understood from the child's perspective.
- ⇒ Strengthening knowledge and skills in recognising and understanding neglect and its impact on child development and wellbeing.
- ⇒ Improving understanding of long-term parental mental health difficulties and their effects on parenting and family functioning across adult and child-facing services.
- ⇒ Establishing whole family working that ensures shared responsibility where there are parental mental health difficulties, taking a whole-family approach to risk assessment and support, particularly at critical times such as pregnancy.
- ⇒ Multi-agency assessment and planning meetings must bring together the family, community network and the agencies involved for the whole family to seek and share information.
- ⇒ Enquires should always include an assessment of all adults living and associated with the household and their roles and relationships with the family.
- ⇒ Improve curiosity about all household members and the role of fathers and male caregivers in their interactions with children.

What did we learn?

What was it like to be a child in this family?

Understanding what life was like for Child J and sibling D was an important element of this review. To assess and appreciate the circumstances and individual strengths and vulnerabilities of children, practitioners need to identify why their needs may not always be met and consider why parents/carers may behave as they do.

This means also understanding the lived experiences of parents/carers and thinking about what they may need to help their children thrive, along with an understanding of other factors which may be affecting family life, such as new relationships, mothers' mental health difficulties, impact of additional pregnancy, domestic abuse and financial issues.

Being curious and exploring family circumstances and parental history is critical to understanding parental capacity, risk and safety.

Services didn't fully understand that the family needed help, whilst some practical support was provided to help build resilience for sibling D, there was often too much focus on the adult's problems and was never seen as an indicator of neglect.

Children often communicate through their behaviour and physical presentation, Sibling D's neglect and behavioural needs were well responded to, however there was limited exploration of what could be going on behind the behaviour, meaning its impact was not fully known.

What does it mean for practice and what can you do?

- Understand the child's lived experience, using professional curiosity and critical thinking to holistically consider a family's circumstances and explore parental history and adult issues and needs and how this may impact on children in the family/household and work with a 'whole family focus'.
- Work collaboratively with Adult Social care colleagues where appropriate.
- Observe interactions between children and their parents/carers and through direct work to help understand that children communicate through their behaviour and physical presentation.
- Keeping an open mind and not making assumptions through observation, listening, understanding through questions, triangulating information, and noticing differences. This can be supported through reflection in supervision, with peers and the family.

What did we learn?

Neglect and its impact on child development and wellbeing

There had been previous statutory involvement with all mother's children with issues relating to her mental health and significant neglect concerns and her ability to meet their needs. There was evidence of neglectful home conditions.

It is unclear what mother's fluctuating moods meant for Sibling D, there appeared to be a level of optimism, meaning professionals tended to be incident-led, there were clear factors that got in the way of recognising cumulative neglect.

It is unclear why neglect was not explicitly considered and how it was understood by services involved with the family. There appeared to be a lack of clarity about what neglect looked like, and mothers' frequent requests for help seemed ambiguous.

Effectively assessing child neglect requires a holistic approach that considers all family members' needs and the roles they hold.

Critical thinking about neglect was missing, recurrent and historical themes tended to focus on the adult's needs and not recognising indicators of harm and overoptimism about parental capacity in difficult circumstances.

Financial difficulties were a consistent feature from before Child J was born, practical support and guidance were provided several times, however it was not seen as an indicator of neglect.

Sibling D was a young carer which was evident from what she shared with practitioners, considering her needs as a young carer was a gap in identifying her needs.

What does it mean for practice and what can you do?

- Being curious and exploring parental history is critical to understanding parental capacity, risk, and safety.
- Increase your understanding of the impact of Adverse Childhood Experiences (ACEs) and strengthen your knowledge and understanding of the impact of parental mental health difficulties and what this can have on the care of children and family functioning.
- Using chronologies as a tool to support analysis, particularly where neglect is being considered. They help identify patterns that can help understand the family's situation and history, highlight gaps and inconsistencies.
- Strengthen knowledge and skills in recognising and understanding neglect and its impact on child development.
- Consider the potential impact of an additional pregnancy where there are prior concerns around maternal mental health and significant neglect to coordinate a plan for the whole family.
- Access training, resources and tools including those available on DSP website to increase your knowledge of neglect and assist with pathways of support and intervention and to reflect on and improve your own practice, skills and knowledge. Ask for help when dealing with complex issues.

What did we learn?

The impact of Parental Mental Health and the impact it has on parenting and family functioning— the extent of the knowledge about mother's history

There were some good strength-based approaches evidenced that supported mother's mental health difficulties from services involved, however the focus was all too often on her needs with limited understanding of the child's experiences.

Not all practitioners involved with the family had full knowledge of her long-standing mental health history or what her mental health difficulties meant. She was often open about her difficulties and mental health diagnosis and proactively sought help when she felt her mood dipping.

There was limited reflection and curiosity about mother's family functioning and whilst there was a range of adult service responses and assessments to her mental health needs, they were not widely shared or used to inform family assessments.

Sibling D's anxiety and behaviours were directly linked to what was happening at home, mothers fluctuating moods and who was providing care and this was not picked up by those agencies involved.

There was evidence of neglectful home conditions and whilst practical support was provided the underlying reasons were not fully appreciated or assessed, meaning improvements were short-term.

Mother's mental health crises were often dealt with episodically with no reflective and holistic multidisciplinary assessment of her mental health needs and the impact on the children.

What does it mean for practice and what can you do?

- Strengthen your knowledge and understanding of the impact of parental mental health difficulties on the care of children and family functioning.
- Practice 'whole-family' working where parental adult issues impact the wellbeing of children.
- Increase your understanding of the impact of Adverse Childhood Experiences (ACEs) and how they can influence parental ability to respond to children's needs over time.
- Understand your responsibilities in seeking and sharing information and its critical importance in understanding what is happening in a family which will help to support analysis to ensure help and support can fully meet the children's individual needs.
- Consider the potential impact of an additional pregnancy where there are prior concerns around maternal mental health and significant neglect needs to ensure there is a coordinated safety/support plan for the whole family.
- Ensuring children's needs as young carers are fully considered when there are parental issues, and that appropriate support is put in place.

What did we learn?

Unseen or unconsidered adults/caregivers within the household, what was known about them and their role with regard the children?

The review explored the men and caregivers involved with the family and what was known about them and their role with the children, they were not unseen but unconsidered.

There were males involved with the children's lives and referenced as supporting and caring for the children at various times but limited professional curiosity to explore more about them.

There was often an over reliance on mothers' narrative and practitioners should be curious about all household members or those involved in the care of children.

Child J father's relationship with Child J's mother was limited and difficult to manage, weekly contact with child J was always led by mother and father remained anxious that she would stop contact, as she has done before.

Child J's father was not aware of professional involvement during his son's life, mother's narrative of who was involved remined the overriding one.

There were missed opportunities for exploring information and support from wider family members/care givers.

There was limited knowledge of mother's current partner and whilst police checks were made, there was no indication that he presented any risks to the children however further exploration of his role in the family was missing.

The mother's report that her partner did not stay overnight was not challenged and accepted at face value. There should have been greater curiosity about him and some exploration of his role in the household, knowing who is involved in a household is important when providing help and support to families and considering risks, vulnerabilities, and support they could provide.

What does it mean for practice and what can you do?

- Ensure that all individuals in a household, or who have care of the child are identified and considered in an assessment of risk (including men and women who visit the household or are connected to the child) and work collaboratively with colleagues in Adult Services where appropriate.
- Do not always rely on mother's narrative, be more professionally curious and challenging about the role of fathers or those adults involved in the children's care.
- Consider opportunities for fathers or male caregivers to be actively engaged as this may help identify their needs and any protective factors they could contribute.

What did we learn?

Multi-agency working and how it provided the children with help, support and protection

It was evident that professionals worked hard to engage with the family and provided a wide range of support and help and positive relationships were developed.

The range of services was extensive from across child and adult services, including specific voluntary services who mother chose to support her.

There appeared to be over confidence that the range of services meant the family's situation was fully supported, however the support was intermittent and there was a lack of clarity about who was doing what, when and with whom.

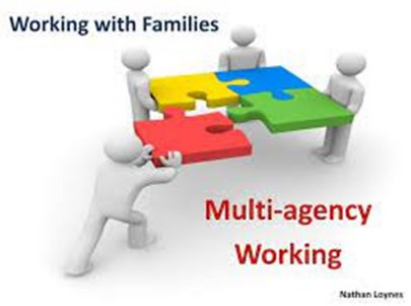
There was significant involvement from voluntary agencies which provided a high level of practical and emotional support, however no sense they formed part of a multiagency community support network.

Many services did not know the full background and often relied on mother's narratives.

Mother sometimes failed to take child J to health appointments, these were not patterned or viewed in context of Was Not Brought policy (WNB) and wider neglect factors for both children. Mother often sought support and failed to engage, and disguised compliance was not considered as a factor.

There was evidence of multi-agency meetings and services, however this was limited or only involved one or two agencies, meaning information was seen in isolation.

There were opportunities to reflect and analyse the family's history, circumstances, needs, worries and protective factors which were missed and a coordinated multi-agency interdisciplinary response that attended to both the adult and children's needs could have benefitted the family.



What does it mean for practice and what can you do?

- Importance of seeking and sharing information - the whole multi-agency system must be actively engaged in triangulating information to ensure help and support can fully meet the children's individual needs, ensuring information is not seen in isolation.
- Multi-agency meetings are key - when adult issues are identified with the appropriate adult or children's services, multi-agency collaborative discussions need to take place – responsibility must be shared
- When adult mental health difficulties are identified - assessments and mental health screening should not be undertaken in isolation – it should be a shared responsibility
- Adult mental health services and GP's must be curious and collaborate to support a wider understanding of mental health diagnoses and its likely impact on family functioning
- Develop your responsibility to respectfully challenge practice and challenge assumptions, bias and attitudes and use critical thinking skills to inform professional challenges.

Summary

The review sought to understand the circumstances that led up to the sad and tragic death of Child J. Its purpose is not to investigate or apportion blame but to understand from a multi-disciplinary safeguarding perspective to support learning and understanding and identify good practice to support all to consider other vulnerable children preventatively.

The review reflected on the broader family circumstances and the vulnerabilities and needs of the children and how services worked together to support the family and help the children thrive. Practitioners and services worked hard to engage and support the family over time, however, there are important improvements that will need to be considered to support change that can make a difference in practice.

A number of multi-agency recommendations were identified to reflect the areas deemed as priority areas for improvement which will be taken forward by the Partnership.

What can you do?

Review the embedded links and ensure all team members are familiar with where to access the policies and information referenced in this briefing.

Darlington Safeguarding Partnership Website

Child J LCSPR Report Child J Executive Summary Report

Partnership briefings

Adverse Childhood Experiences (ACE's)

What we should know, what we don't know and what should happen next—Early Intervention Foundation

Neglect

DfE—Missed opportunities: indicators of neglect—what is ignored, why and what can be done—Research Report 2014

Professional responses to neglect: in the child's time—GOV.UK

Working Together to Safeguard Children 2023— Chapter 3 Providing help, support and Protection