Child Safeguarding Practice Review

The Child Safeguarding Practice Review in respect of 'Iris' was concluded in 2021. The findings of the Child Safeguarding Practice Review were accepted by the Pan-Dorset Safeguarding Children Partnership in November 2021. This Synopsis of Learning will be used to disseminate the findings from the Child Safeguarding Practice Review as widely as possible.

Background

Iris (not her real name) was a 17-year- old white British girl, who took her own life in August 2020. At the time of her death, she had been in the care of Dorset Council for approximately 3 years.

Concerns about Iris's emotional wellbeing and her safety in the community developed after she moved to secondary school. The review refers to a turbulent home life, repeated missing episodes, and incidents of harm outside the home. The review also identified that Iris showed an unusually high level of interest in suicide during her childhood, but this information was not collated or known to the workers who were supporting her at the end of her life. There were some difficulties in services being able to offer Iris access to all the support she needed. This is partly explained by the fact that some agencies found it difficult to build a relationship with her. The review also identified concerns about work between agencies, including a lack of shared assessment and planning, with key information not always being shared.

During her 3 years in care, Iris experienced a number of placement moves and changes of Social Worker. Prior to the global Covid-19 pandemic, Iris had been living in the same placement for about 18 months and had started an apprenticeship which was going well. At the start of the pandemic, she was placed on furlough. During the lockdown period, a sexual relationship developed between Iris and the other young person in the placement, named Barry for the purposes of the review. This relationship was marked by conflict and mutually harmful behaviour. Immediately before Iris took her life, she had been given notice to leave her residential accommodation where she had expected to live after she turned 18.

Findings

- Persistence is important when working with psychologically traumatised children. Attempting to develop a profound assessment and understanding of their needs and the causes of their distress, even if the child rejects such attempts, is important if care is to be an opportunity to address the underlying issues that a child faces.
- Critical knowledge about events in a child's life can be very quickly 'lost' when a child has several moves or changes of worker or when this knowledge is held by several agencies.
- There is no substitute to actual, in person, case discussion when several agencies are working with a child to share all relevant knowledge and agree a common approach to engagement with the child and her family. This is particularly important in respect of children whose needs have not met the section 47 threshold and where a less prescriptive framework for 'case management' and multi-agency discussion exists.
- The participation of older children in safeguarding meetings is a clear objective of the Pan-Dorset Safeguarding Children Partnership, but it can bring with it several practical challenges. If these potential challenges are not described in guidance, or addressed in the planning of such participation, there is a risk that the value of such meetings can be lost
- All references to suicide made by children, both actual attempts and accounts of suicidal ideation, need to be taken seriously. Information should be recorded, analysed, addressed with the child, and used to inform risk-management plans.
- Covid-like restrictions present adolescents, especially those living in care, with a new set of challenges, and these need to be considered explicitly both at the onset of the restrictions and at regular intervals thereafter
- The full impact of domestic abuse and unhealthy, damaging, relationships between children needs to be acknowledged and prioritised when planning work with children.
- Children in Care should not be subject to blanket and/or unilateral 'notice to quit' policies and practices
- Children need to be allocated a Personal Advisor from age 16 years to enable a supported transition into leaving care post 18 years. This should be someone whom they have met and had time to get to know, and who can actively oversee the 'leaving care pathway'.
- There was no effective long-term plan for working with Iris for the first two and a half years that she was in care (June 2017 until possibly October 2019). In the absence of any long-term view such plans as did exist were usually reactive and at times very short lived
- Reflective supervision was not used consistently by the agencies working with Iris and her family, and consequently opportunity to take stock and change approaches that were not working appear to have been missed
- When and if Children in Care must be placed in, or remain living in, unregulated placements, specific consideration needs to be given by the child's Corporate Parent to what additional resources are needed so that the unregulated home can meet not only the standards that would be expected of a regulated children's home but also the child's identified needs

Pan-Dorset Safeguarding Children Partnership

Dorset Council · BCP Council · Dorset Police · NHS Dorset

Recommendations from these findings

- The Pan- Dorset Safeguarding Children Partnership should seek assurance from all members that summaries of significant events in a child's life are retained as 'living' documents, so that they can be used for future assessment and planning purposes.
- The Pan-Dorset Safeguarding Children Partnership should review policy and practice in respect of the convening of early, 'child in need', multi-agency case discussions to assure itself that the importance of such case discussion is acknowledged and that they are a regular feature of current practice in relation to children and families. Where the 'child in need' threshold has not been reached, the importance of case discussion should be acknowledged in respect of other forms of early help, including 'Team around the child' or 'Family' meetings.
- The Pan-Dorset Safeguarding Children Partnership should issue guidance to all relevant staff on the participation of children in safeguarding meetings and ensure that such guidance addresses the issues that arose in Iris' case. The Partnership should ensure the guidance is disseminated and implemented.
- The Pan-Dorset Safeguarding Children Partnership should ensure that the workstreams on suicide prevention work together and complement each other and that this includes consideration of teenage suicide.
- The Partnership should also review the adequacy of the awareness training currently available to all staff within the partnership in respect of working with children who are describing suicidal thinking or who have attempted to take their lives.
- The Pan-Dorset Partnership should give consideration as to how its members respond when assessing risks to individual children when there is a significant change of circumstances in this case Covid lockdown but equally it could relate to other societal/individual changes, e.g., loss of job, change of home, significant illness or injury, bereavement.
- The Pan-Dorset Safeguarding Children Partnership should review its current guidance in relation to domestic abuse amongst children, and in particular question how widely this guidance is understood, and how adequate is the awareness training to support this guidance.
- The Partnership should satisfy themselves that a clear protocol about how they intend that all agencies, including their respective Police forces, should cooperate when there is concern about domestic abuse between children.
- The Partnership should satisfy themselves how children not in school can nevertheless access the relevant material available for school children as part of the Personal, Social, Health and Economic syllabus
- The Dorset Corporate Parenting Board should consider how effective the ban on blanket and/or unilateral 'notice to quit' policies are proving to be in practice.
- The Dorset Corporate Parenting Board should consider how effective the new Leaving Care policies of the Council are proving to be in practice.
- The Dorset Corporate Parenting Board should consider whether there are still children in their care without a long-term plan.
- The Pan-Dorset Safeguarding Children Partnership should consider what part it can play to encourage the development of reflective supervision, both within partner organisations and amongst multi-agency groups of workers engaged with specific children and their families
- The Dorset Corporate Parenting Board should scrutinise the future use that its children's services make of unregulated accommodation for children in care.

Conclusion

We acknowledge that there is much good practice in Dorset and many children are protected through the inter-agency working that is established. Several agencies already have improvement plans that will be addressing some of the issues identified in this CSPR.

Learning from this CSPR is focused on professional practice and how practitioners and managers can use their skills to really consider each child's individual situation and to understand how intervention should be targeted to make a real difference to the child.

What next?

Please think about these findings; discuss them in your teams and take forward this learning. If you want an opportunity to explore these issues in more depth, please look out for training opportunities on the PDSCP website Pan- Dorset Safeguarding Children Partnership - Pan-Dorset Safeguarding Children Partnership (pdscp.co.uk)

Pan-Dorset Safeguarding Children Partnership

Dorset Council · BCP Council · Dorset Police · NHS Dorset

What PDSCP have done in response to this CSPR

- Work to include teenage suicide in the partnership's Suicide Prevention Strategy is underway and led by Dorset CCG
- CDOP Suicide Learning Event took place in 2021 (following publication of the Suicide Prevention Strategy)
- Guidance to be strengthened to include young people to register with a GP locally when they move placements
- Dorset Children Thrive Practice Framework implemented
- Local Authority Practice Standards developed – with standard that all children's records have case summaries
- Chronology training has taken place for all Social Work staff and a further focus on Impact Chronologies has taken place
- Dorset's Multi-Agency Domestic Abuse toolkit has been developed, launched, and associated training has taken place
- Training has been commissioned for all Family Support Workers in Early Help and Children's Social Care to risk assess and provided specialist intervention relating to unhealthy behaviours between adults and young people
- Local Authority assessment standards have been developed which include, timeliness of assessments, review of assessments, and partner involvement in assessments
- New SMART plan template implemented and supported with SMART Planning training for Dorset Council staff
- Early Help Hub is in place where professionals can seek support and guidance
- Partnership Early Help Strategy in place
- Guidance for the participation of children in Child Protection Conferences is currently being developed with the support of the Child Protection Chairs and children and young people
- Tracking is in place to ensure that all children in care are allocated to a Personal Adviser before their 16th birthday and will be included in the Children in Care Dashboard from September 2022

Summary of learning points

- To include teenagers in the development and refresh of a Suicide Prevention Strategy
- A Personal Advisor to be offered to children in care before their 16th birthday to support a smooth transition into leaving care at 18
- An understanding of unhealthy relationships with more focus on the impact when living in the same placement
- The importance of relationship-based practice and tenacity in building and maintaining relationships
- Knowledge and impact of traumatic life events including poor attachment on the outcomes for children and young people
- The need to ensure multi-agency involvement in the child in need process including both reviews and planning

Pan-Dorset Safeguarding Children Partnership

Dorset Council · BCP Council · Dorset Police · NHS Dorset