



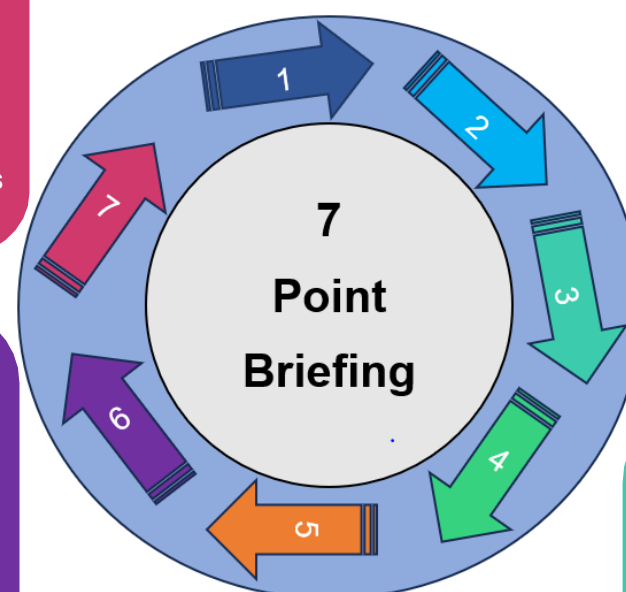
Background

A multi-agency learning review, conducted as a learning circle, took place in October 2024 following a request to the local safeguarding partnership subgroup. The request was made after a young person presented with indicators of significant physical and psychological neglect, as well as trauma-related behaviours that raised concerns among professionals involved in their care.

The review was commissioned to identify learning for agencies that had been involved with the young person while they were subject to a child protection plan.

This practice briefing aims to support professionals across statutory and voluntary sectors by sharing key learning from the review, outlining actions already taken, and highlighting ongoing work by the safeguarding partnership to address these findings. Key learning themes include:

- understanding of the legislation in relation to when a children's parent/carer dies
- Ensuring professionals follow escalation procedures effectively when concerns arise
- Using language thoughtfully when describing family circumstances, being mindful of potential connotations



Theme 6: Professionals understanding and confidence in responding to signs of grooming and co-ercive control, particularly towards a young person

The review identified learning in relation to professionals not effectively acting upon signs of grooming and coercive control from family members towards the young person.

What is being done to address this?

Professionals are reminded to access the [Partnership's domestic abuse toolkit](#) which provides useful information and further guidance around working with coercive control, and this also includes the links to the [multi-agency training offer on domestic abuse](#).

Theme 5: Effectively engaging with the family

The review identified learning in terms of there having been an emerging pattern of uncle and grandmother engaging with professionals and then withdrawing from this, and how professionals could have identified this sooner to try and find alternative ways to engage the family and to understand any potential barriers to them engaging.

What is being done to address this?

Professionals are reminded, as noted in earlier themes in this briefing, to keep a chronology of concerns for a child to help them identify patterns. This should also be shared in professionals' meetings. Please refer to the [Partnership's Engaging Families Toolkit](#)

Theme 4: Professionals' use of language when describing the presentation of a family member

The review identified learning around the way that professionals described the presentation of some family member's and the connotations that words can have and how this can impact the way that these individuals are viewed and assessed in terms of any potential safeguarding concerns.

What is being done to address this?

Professionals are being reminded to be considerate with their use of language and the words that they choose to describe someone in terms of their presentation. Certain words used to describe the physical presentation of a person can have connotations for how this person is perceived in terms of their character. For example, describing someone as 'frail' can depict an image of them being harmless. Professionals should exercise curiosity to understand the context of a description of an individual and the relevance it has to the care of the child or young person.

Theme 1: understanding of the legislation in relation to when a children's parent/carer dies

There was learning identified in terms of professionals' understanding of the legislation in relation to when a children's parent/carer dies, that following this there is not an automatic assessment completed by Children's Services in the event of the death of a parent.

What is being done to address this?

Professionals are being reminded through this briefing to review the [Children's Act 1989](#) to re-familiarise themselves with the rights of the child and where the child will live following the death of a parent/carer

Theme 2: How professionals effectively utilise professionals' meetings to share concerns and follow the escalation procedure where concerns are not resolved for a young person

There was learning identified around the fact that the young person had persistent missed appointments across the multi-agency network and poor school attendance, however professionals' meetings were not held to share these concerns. Additionally, the [multi-agency escalation procedure](#) was not utilised effectively.

What is being done to address this?

All professionals across the multi-agency network who are referring safeguarding concerns for a child or young person who don't receive an adequate response to their referral from Children's Social Care are reminded to follow this up and escalate as per the procedure where required.

Theme 3: Professionals to utilise chronologies within their own agencies to be able to record their concerns about a child or young person to be able to share these for a referral or before any multi-agency meetings involving that child

The review identified how some agencies do not currently provide chronologies in referrals or before multi-agency meetings, and that this would allow for the lived experience and voice of the child to be identified much easier.

What is being done to address this?

Professionals are reminded to formulate their own chronologies within their agencies that can be shared with other agencies as part of our [standard information sharing practice in relation to safeguarding concerns](#).