

## **A Thematic Review of Serious Case Reviews and Multi-Agency Reviews**

### **Introduction**

The continuous identification of learning from Serious Case Reviews and Multi Agency Reviews to drive improvement in policy and professional practice is a priority of the Hampshire Safeguarding Children Board.

A task and finish group of the Hampshire Safeguarding Children Board (HSCB) Learning and Inquiry Group (LIG) has reviewed all of the learning summaries which have been produced by the Board following a SCR or MAR since the beginning of 2015. The purpose of the review was to identify key themes which affect all agencies and professionals working with children and families.

The review has highlighted five broad key themes with a variety of sub-themes which are:

- Voice of the Child
- Communication
- Engagement
- Family Circumstances
- Supervision

The table at Appendix A identifies the detail underneath the key themes and the tools and learning opportunities to support practitioners. Many of these have been developed in response to learning from reviews.

The task and finish group will update this review annually to ensure that local learning is disseminated widely across all services.

### **Analysis**

#### **1. Voice of the child**

The voice of the child is paramount in the day to day working with families. It should be used to inform assessments and promote the wellbeing of children and young people. In more than half of the cases reviewed, the child's voice was not heard as effectively as it could have been. This was evident where the primary child was being assessed or receiving a service, a sibling, or member of the extended family.

This was primarily due to the following three reasons;

- The child was not able to communicate verbally
- Professionals focussed too much on the needs of the parent/ carer
- Access to the child was restricted by those with a caring role by use of aggression, violence or non-engagement

Whilst all three of these issues can cause challenges for frontline staff, solutions must be identified. The most important aspect to consider in an assessment is “what is life like for this child living in this family?”

As part of the review, examples of good practice were considered. Examples included where frontline staff were able to remove the barriers and seek the voice of the child. Examples of these are detailed below under the three themes.

**A. The child was not able to communicate verbally**

- In cases where you are dealing with a baby consideration should be given to their behaviours such as attachment and interaction with family members. Are they presented appropriately with adequate clothing, toys and sleeping arrangements?
- For older non-verbal children, due to a disability again behaviour is key, professionals such as schools who work with children everyday may have noticed a change in behaviour.
- Some children may find it hard to discuss how they are feeling or what is going on at home. In a couple of cases children were asked to draw pictures or write a story which gave frontline staff a glimpse at what life was like for that child.

**B. Professionals focussed too much on the needs of the parent/ carer**

- In many of the cases reviewed parents/ carers had complex needs and could be demanding of professionals’ time and attention. It may be helpful to see the child away from the family in these cases and engage well with practitioners who work with the child on a regular basis to ensure their input, for example teachers and classroom support workers.

**C. Access to the child was restricted by those with a caring role by use of aggression, violence or non-engagement**

- An example might be where a child is living in the household with a very aggressive carer who regularly refuses access to the child and is threatening to staff. Whilst appropriate staff safeguarding can be put in place, consideration needs to be given to what it is like for the child living within this environment.
- Under these circumstances it may be difficult for a child to talk openly about their home environment and therefore arrangements should be made to see the child in another setting such as within their school where they feel safe and supported.

**2. Communication**

Communication is regularly cited as a challenge faced by professionals. There are lots of systems in place to support professionals in sharing information with each other and this is a good opportunity to remind people of some of those systems. For example:

- Talking to colleagues face to face or by phone
- Using the inter agency referral form

- Referring via the Multi-Agency Safeguarding Hub (MASH)
- Attending or providing reports to core group meetings/conferences
- Attending or providing reports Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Public Protection Arrangement (MAPPA) meetings
- Contributing to multi agency planning meetings
- Using formal supervision
- Using the escalation protocol if necessary

All agencies need to take responsibility for seeking and offering relevant information which could enable another agency to safeguard a child more effectively. For example professionals who are in regular contact with the child and family and have information to share, must be proactive in sharing with appropriate managers and other professionals.

Do not wait to be asked even if the information you have does not seem important/ relevant. Every agency has an equal responsibility and importance. Even if the information does not feel relevant it will add to the full picture when shared with others.

Sometimes, professionals who have less experience in safeguarding may feel unable to share this information in a formal conference setting, especially if it is in conflict with the prevailing view of the family. It is important that agencies ensure the right person is supported to attend such meetings and is able to make a meaningful contribution.

When seeking and sharing information it is important that all agencies involved with the family are included this may include services being provided to the adults for example housing and probation. Communications between professionals and families is critical, there is a need to ensure that all adults involved in a child's life are identified and spoken to. This can include family members living outside of the household who have a caring responsibility and non-family members who live in the home. Consideration needs to be given to including individuals who may feel excluded from key discussions such as young fathers and step-parents.

Professionals need to develop skills at talking to adults (and children) where conflict or aggression is a feature. Conversely where families appear to be working cooperatively, the need for a challenging conversation can be missed. Professionals may feel that having such conversations can damage an otherwise 'good relationship' with a family or individual. However, honest conversations have to take place and strategies need to be found to assist with this. Training, shadowing a colleague, carrying out a joint visit with another professional and having good quality supervision can all help with this challenging work.

### **3. Engagement**

Engaging with children and families has been highlighted in nearly all of the reviews analysed as part of the thematic review. The themes which have been identified include professionals being unable to engage with children and parents. This can be in a variety of setting, such as by not being brought to an appointment or not thinking about the impact that other adults living within the home may have on the child and family dynamics. It can include ensuring that children and families are fully engaged in the child protection process, such as engaging with social work assessments and

attending child protection conferences. Engagement can also include how professionals who are working with the child and family contribute to the ongoing assessments and plans for the child and family to ensure that the child is safe.

Practice solutions to engaging with children and families can include going the 'extra mile' to support children, parents and carers to attend appointments and meetings. This can include consideration of:

- Where the meeting is held? Could it be in the home or more local to the family home, such as in a local school or nursery?
- Could the family have support with transportation or child care?
- Could multiple appointments be scheduled for the same day?

Above all else when practice solutions have been considered and attempts have been made to engage with the child and family, practitioners must consider the potential safeguarding implications of not being brought to appointments, this includes health appointments, social care appointment and school meetings.

Every encounter whether by appointment or more informal can potentially add to the picture of the family's day to day life.

Go the extra mile to help adults and families attend meetings and appointments this might include events in school or health appointments. Consider the potential safeguarding implications of a child not being brought to a health or non-health appointment. Keep your eyes and ears open.

#### **4. Family Circumstances**

Of all of the cases reviewed each case contained at least three of the characteristics detailed in Appendix A, and some have many more. This highlights that for every individual family worked with, there will be multiple facets. Risks and circumstances can change during the course of professional contact with a family; professionals have to keep an open mind to ensure that emerging issues aren't missed. Several of the reviews undertaken highlighted that one particular issue became the focus for professional attention masking additional vulnerabilities and the needs of the child.

In almost every case that was reviewed, there was key information that was not taken into account or not given sufficient weight. This then had an impact on the way a family was perceived and the help and support that was then offered. This was particularly evident where the information was historical in nature and related to events that dated back some years, for example to when the adult was a child or adolescent.

Issues of relevance in these cases were, for example, that the adult had themselves been abused or neglected as a child, or had been in the care system. That the adult had self-harmed or had had previous mental health difficulties, or that the adult had been known to threaten a child or harm a child previously (particularly where that event had taken place when the adult was also a child).

Professionals did not always re-assess risk (either formally or informally) when new information came to light or when circumstances changed. For example:

- the arrival of a new partner in a relationship
- the birth of a child
- new information coming to light about historic events such as sexual abuse as a child or young adult
- being subject to domestic abuse in an earlier relationship
- disclosing previous self-harm or mental health issues

In many cases, such information coming to light was often not explored fully and was therefore underestimated.

Another not uncommon feature of cases that were reviewed was frequent moves of main address or moves to access different providers of services. An example might be a parent who accesses maternity services in different hospital or clinic settings or where adults in the same household are registered with different GP surgeries. This might mean for example that the GP for the adult male in the household is unaware when a new baby has been born and cannot then have a discussion about the impact of this when the patient presents with a seemingly unrelated issue such as depression or anxiety.

Where family moves involve changes of address or accessing services across different geographic borders it can be easy for information to be missed. Frequent household moves may be made due to impending or actual homelessness, to live with a supportive adult, or it may be a deliberate attempt to avoid scrutiny of professionals. Consideration needs to be given to all possibilities when frequent moves are a feature so that assessments of need or risk can be amended in light of new information.

## **5. Supervision**

Most agencies recognise the need for regular good quality supervision but this was not always evident in every case reviewed. Supervision should take place regularly and be of a good quality, with the supervisor having the necessary professional experience and offering guidance to the supervisee to reflect on the issues in the case.

Every professional who works with complex and challenging family's needs time to reflect and needs to understand their professional accountabilities. It is the responsibility of each organisation to ensure that up to date and relevant procedures are available and to ensure that staff know where to find those.

In some agencies there are specific separate arrangements for supervising on safeguarding matters. Each participant in the supervisory process should be clear about when such specialist supervision should be accessed. However, all supervision should be child focussed in its approach.

Working with challenging and complex families has an emotional impact on professionals which needs to be recognised both in formal supervision and more widely within each organisation.

Professionals need to be confident about seeking specialist advice. Where such a need is identified, and becomes part of the formal plan, the responsibility to progress this lies with the multi-agency group, either in ensuring that the actions are progressed or challenging where progress is not being made.

## **Conclusion**

It is widely acknowledged that the recommendations coming out of case reviews both nationally and locally are often neither unexpected nor surprising. The Learning and Inquiry group has identified key themes that impact on all professionals working in the front line in order to enable practitioners to understand the challenges and work effectively across the partnership.

The items listed in the right hand column at Appendix A can be shared within training sessions to ensure that practitioners are aware of the policies, protocols and tools currently available. There are links within the document to the Board web-pages which provide additional information and support.

**Appendix A - Key themes identified from SCR's and MAR's**

Theme	Useful tools and learning opportunities
<p>Voice of the Child</p> <ul style="list-style-type: none"> <li>• Listening to children and analysing the information and impact.</li> <li>• Young carers/siblings</li> <li>• Engaging children in imaginative ways</li> <li>• Assessing every child in their own right</li> <li>• Seeing life from the point of view of the child</li> <li>• Professionals being observant of nonverbal communication/ behaviours</li> <li>• Vulnerabilities of unborn babies/ new babies</li> <li>• Vulnerabilities of children with complex health needs</li> <li>• Vulnerabilities of children with learning/ physical disabilities</li> </ul>	<p><b>Link to HSCB guidance:</b></p> <p><a href="#">Unborn Baby Protocol</a></p> <p><a href="#">Non mobile Baby Bruising Protocol</a></p> <p><a href="#">Practice advice on Safeguarding Children Exposed to Domestic Violence and Abuse</a></p> <p><a href="#">Self-harm Pathway</a></p> <p><b>Learning opportunities:</b></p> <p><a href="#">Working with Hostile Families and Disguised Compliance</a></p> <p><a href="#">Listening &amp; Responding to Children Safeguarding Disabled Children</a></p>
<p>Communication:</p> <ul style="list-style-type: none"> <li>• Core group actions</li> <li>• Best professional to attend conferences/MARAC</li> <li>• Escalation of concerns <ul style="list-style-type: none"> <li>○ Non-compliance with information sharing protocols</li> <li>○ Understanding of own responsibility in relation to safeguarding</li> </ul> </li> <li>• Discharge summaries</li> <li>• Verbal and non-verbal cues</li> <li>• Information sharing systems and records <ul style="list-style-type: none"> <li>○ Chronologies</li> <li>○ Household composition</li> <li>○ Importance of historic information</li> </ul> </li> <li>• Report writing</li> <li>• Difficult conversations between professionals and children and their families</li> <li>• Multi-disciplinary meetings for vulnerable families</li> <li>• Understanding the contribution of Community support</li> </ul>	<p><b>Link to HSCB guidance:</b></p> <p><a href="#">Professionals info sharing</a></p> <p><a href="#">Child Protection Planning template</a></p> <p><a href="#">Child Protection Report template</a></p> <p><a href="#">4LSCB Escalation Policy</a></p> <p><a href="#">Joint Working Protocol</a></p> <p><a href="#">Adults Disclosing Historic Sexual Abuse</a></p> <p><a href="#">S47</a></p> <p>Information leaflet 'Bruising in young babies'</p>  <p>WHCCG Bruising Protocol Leaflet</p> <p><b>Learning opportunities:</b></p> <p><a href="#">Working with Hostile Families and Disguised Compliance</a></p> <p><a href="#">Working Together</a></p>

<p>Engagement:</p> <ul style="list-style-type: none"> <li>• Non-engagement <ul style="list-style-type: none"> <li>○ Capacity to consent/ not taken at face value.</li> <li>○ Recognising and responding to non-engagement appropriately</li> </ul> </li> <li>• Was not Brought to appointments <ul style="list-style-type: none"> <li>○ Practical support to attend appointments</li> </ul> </li> <li>• ‘Think Family’ – awareness of significant adults living in the household and the impact/risk and role they have</li> <li>• Understanding risk/protective factors</li> <li>• Ensure all key agencies are involved in assessments and planning</li> <li>• Ensure effective child protection planning <ul style="list-style-type: none"> <li>○ Ensuring unannounced visits are used effectively</li> </ul> </li> <li>• Continuity of care <ul style="list-style-type: none"> <li>○ Transition between agencies and professionals</li> </ul> </li> </ul>	<p><a href="#">Child and Family Engagement Guideline for secondary and primary care.</a></p> <p><a href="#">S47</a></p> <p><a href="#">Link to You Tube was not brought</a></p> <p><a href="#">Joint working protocol</a></p> <p><a href="#">Thresholds Chart</a></p> <p><a href="#">Thresholds Guidance</a></p>
<p>Family Circumstances:</p> <ul style="list-style-type: none"> <li>• Impact of parental health issues. Mental health issues, physical health issues <ul style="list-style-type: none"> <li>○ Historic or current</li> <li>○ Significance of threats to harm children</li> </ul> </li> <li>• Domestic abuse <ul style="list-style-type: none"> <li>○ Historic or current</li> <li>○ Understanding of risk analysis</li> </ul> </li> <li>• Parental suicide</li> <li>• Fabricated Illness</li> <li>• Dynamic assessment at times of increased vulnerability and risk</li> <li>• Additional vulnerabilities <ul style="list-style-type: none"> <li>○ Homelessness</li> <li>○ Sexual Exploitation</li> <li>○ Financial difficulties</li> <li>○ Cross border working</li> <li>○ Transient families</li> <li>○ Frequent moves</li> </ul> </li> <li>• Neglect <ul style="list-style-type: none"> <li>○ Recognising Neglect</li> <li>○ Neglect masking other risks</li> </ul> </li> <li>• Sexual abuse <ul style="list-style-type: none"> <li>○ Historic or current</li> </ul> </li> </ul>	<p><a href="#">DASH assessment guidance</a></p> <p><a href="#">MARAC guidance</a></p> <p><a href="#">JWP</a></p> <p><a href="#">Thresholds Chart</a></p> <p><a href="#">Practice advice on Safeguarding Children Exposed to Domestic Violence and Abuse</a></p> <p><a href="#">Mental-health-in-children information</a></p> <p><a href="#">CHAT Health School Nurse text service</a></p> <p><a href="#">Neglect Strategy</a></p> <p><a href="#">4LSCB Protocol for Protecting Children who Move Across Local Authority Areas</a></p> <p><a href="#">4LSCB Policy Domestic Abuse</a></p> <p><a href="#">4 LSCB Policy Adults who Disclose Childhood Sexual Abuse</a></p> <p><a href="#">4LSCB on MET / CSE</a></p> <p><b>Learning opportunities:</b> <a href="#">Impact of Domestic Violence</a></p>

	<p><a href="#">Child Sexual Exploitation Training</a></p> <p><a href="#">Parental Mental Health, Substance Misuse and Child Protection</a></p>
<p>Supervision:</p> <ul style="list-style-type: none"> <li>• Children and adults services supervision             <ul style="list-style-type: none"> <li>• Frequency</li> <li>• Quality</li> <li>• Focus on the child</li> </ul> </li> <li>• Professional’s responsibility for practice improvement and awareness of procedures             <ul style="list-style-type: none"> <li>○ CP Procedures</li> <li>○ Cross border procedures</li> <li>○ MARAC guidance</li> </ul> </li> <li>• Professionals to understand when and how to seek specialist assessments</li> <li>• Recognising the impact on frontline practitioners of working with complex/ challenging families</li> </ul>	<p>A 4LSCB Supervision Policy is currently being produced.</p> <p><a href="#">4LSCB Protocol for Protecting Children who Move Across Local Authority Areas</a></p> <p><b>Learning opportunities:</b>  <a href="#">Managing Staff who have a Responsibility for Safeguarding Children</a></p>

All published SCRs and MARs are accessible via the HSCB website;

[www.hampshiresafeguardingchildrenboard.org.uk](http://www.hampshiresafeguardingchildrenboard.org.uk)