

Child B and siblings

# Practitioner Learning Briefing

Taking a whole family approach to risk assessment and support.  
Strengthening our response to understanding neglect.

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SUZY KITCHING CONSULTANCY



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# What do you need to know?

## 1. The context

This Learning Briefing has been developed following the findings from a Local Child Safeguarding Practice Review (LCSPR) that considered the multi-agency responses to Child B, who was involved in a near fatal incident of medicine ingestion. The scope of the review was widened to consider harm to Child B's younger siblings after evidence showed that medical substances were also present for them. It explored the known parental history, the significance of parental predisposing vulnerabilities and risks, the role of fathers and a whole family focus.



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 children and keep them safe.

The following themes supported analysis of the experiences and circumstances of the children in the family.

### Learning Themes

Understanding family history, parental needs, and capacity.

Understanding neglect.

Multi-agency responses for managing the children's health and educational needs.

Underpinned by the children's lived experiences.

## 2. Understanding the family

The family is White British. At the time of the incident, Child B, aged five, was awaiting a formal diagnosis of autism. He lived with his younger siblings and their parents; all the children have additional developmental, communication, and health needs.

The family was open to universal and community services and had lived in Stoke-on-Trent for over three years.

Child B, as an unborn baby, was subject to a Protection Plan in a neighbouring authority. Historical concerns related to mother's long-term drug use, associated lifestyle, compromised parenting, and mental health difficulties. Mother's five elder children (now adults) were not in her care. Assessments for unborn Child B showed positive changes and included a new partner who had a learning disability.

Two periods of early help occurred in Stoke-on-Trent and the Early Years Forum <sup>1</sup> then oversaw the children's needs, supported by community and hospital health and education services. Engagement with services to meet the children's needs was poor, although there was good engagement with early help services who provided extensive practical help and developed positive relationships.

Child B was admitted to hospital following a seizure and found to have ingested medicine not prescribed to him. Criminal investigations followed for all the children following substances present for them all.

<sup>1</sup> The Early years Forum is a 'multi-agency meeting that monitors whether the right services are involved to support pre-school children showing special educational needs and/or disabilities.' Stoke-on-Trent Early years forum - [Staffordshire County Council](#)

### 3. Key messages

- 1 Knowing the history and understanding predisposing vulnerabilities and risks.
- 2 The impact of adult issues on parenting and assessment of support needs.
- 3 Consideration of the impact of adult medication on parenting.
- 4 Recognising and understanding neglect across universal and early help services.
- 5 Ensuring information-sharing and recording systems are clear and inform threshold decisions.
- 6 Patterns of attendance for health and education provision, the impact on the child(ren) and the systems in place to identify these.
- 7 Systems to support the coordination of services, support, and information across universal services for children with additional needs.
- 8 Holding the child at the centre of practice and systems and understanding their lived experience.

“Services were identified to support the additional needs of all of the children in both universal and targeted support, and this was a positive practice. However, there were key opportunities where the response could have been more professionally curious and identified neglect. It should have considered more widely the capacity and availability of these parents to meet the needs of their children given what was known about the history, the children’s additional vulnerabilities and the family’s circumstances”.

Stoke-on-Trent LCSPR Child B and siblings December 2024



## 4. What did we learn?

### Theme 1: Understanding family history, parental needs, and capacity.

- There was extensive historical information about mother's history. Information about Child B's additional needs, parental learning ability and mental health needs.
- Although much of the family history was known, it did not inform or support the assessment of the likely level of care needed for the children and subsequent threshold decisions.
- Information was held within systems, agencies, and across authorities. It was not fully shared within the CHAD<sup>3</sup>, and therefore, its significance was not known by all the professionals involved. This included:
  - The significance of analysing and reflecting on new information for open cases.
  - Effective information sharing and seeking between maternity and CHAD.
  - Information held with hospital systems about accidental medicine ingestion by Child B.
  - Understanding what life was like for these children did not understand that the coexistence of adult issues can increase the likelihood of harm.

#### Good practice

Practitioners worked hard to provide practical help to the family and developed positive relationships. Safety planning was completed with the parents following a domestic abuse incident.

#### Key Reflection

Practitioners and managers, including those in universal services working with parents and children, must consider the possible impact of co-existing adult issues on parenting capacity and children's needs. Any support needs must be identified and assessed to enable parents to help their children thrive.

## 5. What does it mean for practice

### The significance of these factors and what was known about the family history matters because:

- Studies into practice with child neglect show that family history is not sufficiently taken into account or adequately considered in relation to the impact of neglect on the child from adult behaviours.
- Knowing the family's history can help us appreciate strengths, needs, and concerns, particularly at critical stages such as referral assessment and intervention.
- Being curious and exploring parental history is critical to understanding parental capacity, risk, and safety. They can predicate difficulties with attachment, relationships, behaviours, and emotional well-being, presenting increased risks to children and compromised parenting.
- Children's age and needs in the context of parental needs require critical thinking from the professionals around the family.
- The current discussion about ACEs supports our understanding of parental vulnerabilities and adversity. It helps practitioners and managers consider the impact of adult issues on parenting capacity and children's needs/vulnerabilities and informs strategies for intervention.
- Support needs for parents should be identified and assessed. This must include the needs of fathers, particularly those with additional needs.
- An additional pregnancy in the context of several risk factors and vulnerabilities needs careful consideration through a pre-birth assessment.

### Models, tools, and guides to support this work include:

The conceptual model 'Pathways to Harm, Pathways to Protection'<sup>2</sup>

The use of multi-agency chronologies

PAMS (Parenting Assessment Manual Software) is an evidence-based parenting assessment tool.

[Overview - Bipolar disorder - NHS \(www.nhs.uk\)](https://www.nhs.uk)

A Practical Handbook on Adverse Childhood Experiences <https://phwwhocc.co.uk>

Graded Care Profile 2 NSPCC

Impact on the Child Chart ref Strengthening Assessment

<https://www.strengtheningpractice.co.uk/>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/869586/TRIENNIAL\\_SCR\\_REPORT\\_2014\\_to\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869586/TRIENNIAL_SCR_REPORT_2014_to_2017.pdf)

<sup>3</sup> Children's Advice and Duty service

## 4. What did we learn?

Theme 2: Understanding neglect; what it was like to be an infant and child in this family.

**This theme explores why the children were not seen as neglected.**

- There were different views about neglect across the partnership.
- Assessment seemed to be related to the quality of the home environment, which was 'clean and tidy.'
- Education services made great efforts to engage and support Child B in accessing nursery and, therefore, additional support services that he needed. Child B was not of compulsory school age, so no challenge was made.
- There were many cancelled / WNB<sup>6</sup> health appointments for all the children.
- The challenges for the family in the number of health appointments required were identified. This seemed to override considerations of the likely impact of WNB on the children's needs. Neglect was not considered.

"Parenting a child with complex needs is, by definition, likely to be more complicated, more time-consuming, less familiar, more anxiety-provoking, and physically harder and/or emotionally more difficult.

(Marchant, R 2019 Making Assessments work for children with complex needs)

"There were significant patterns of non-engagement with services that had been put in place to assess, support, and intervene with the behavioural and communication difficulties Child B was displaying and reported by his parents. Children with complex needs are more vulnerable to abuse and neglect and patterns of failed or missed appointments to attend to their needs are significant and should be viewed in the context of the likely impact on them.

There was huge inconsistency in the parents bringing their children to key appointments, in contrast to their availability to planned home visits by health visiting and early help staff, this appeared to have been viewed episodically by all services involved with the children and family and not sufficiently challenged."

Stoke-on-Trent LCSPPR Child B and siblings December 2024

## 5. What does it mean for practice

**What did it mean for these children**

- The children's individual and cumulative needs were not fully appreciated, and therefore, how these additional needs can make them more susceptible to abuse and harm. All three children had identified developmental, learning, behavioural and communication needs.
- The impact of missed health appointments was not fully appreciated for these children.
- For Child B, a range of support put in place (speech, language, and play) was not fully accessed, meaning his needs were not being met.
- The use of evidence-based tools and guidance (see Theme 1) and, significantly, the patterning of information such as WNB and the use of chronologies can strengthen knowledge and skills.
- Best practice is that information is triangulated and coordinated, particularly where several professionals and specialist services see children.
- Disguised compliance<sup>4</sup> was not considered during involvement with the family.

**Key Reflection**

Studies of neglect in Case Reviews highlights reflects key learning here:

- Parental learning disability means that they find it difficult to manage the demands of their child's complex health needs.
- Difficulties in continuing to attend appointments which could be attributed to an 'overwhelming' number of medical appointments; lack of transport, and work commitments; and
- Change in family circumstances such as a new family member – a new baby or partner resulting in the ill or disabled child's medical needs being neglected.

**What can make a difference?**

The following factors are helpful to support understanding of individual children's needs:

- The practitioner's understanding of children's basic needs.<sup>5</sup>
- The age and developmental stage of the child.
- The parents' or caregivers' intention.
- Whether parents /carers have reasonable access to resources to meet the child's basic needs satisfactorily (Horwath 2007)
- Whether neglect is a one-off incident or episodic and chronic.

**Tools and Guidance**

- Impact Chronologies [Impact Chronologies- guidance .pdf \(stoke.gov.uk\)](#)
- Neglect Professionals – [Safeguarding \(stoke.gov.uk\)](#)
- [Protecting children from neglect | NSPCC Learning](#)
- Understanding disguised compliance [learning-from-case-reviews\\_disguised-compliance.pdf \(nspcc.org.uk\)](#)

4 Disguised compliance involves parents /carers giving the appearance of co-operating with agencies

5 [Working with children who have experienced neglect | CoramBAAF](#)

6 Was not Brought (WNB) is the phrase used to record the non-attendance of children for appointments; using the phrase did not attend implies the child is somehow responsible for not attending.

## 4. What did we learn?

### Theme 3: Multi-agency responses for managing the children's health and educational needs

“There is no indication that the deliberate giving of medication to these children could have been known or prevented and universal services provided a range of support and interventions to respond to identified practical needs of the family”  
(Stoke-on-Trent LCSPP Child B and siblings December 2023 )

- The review highlighted how identifying neglect for services was complicated by the different information systems across adult, children, education community and hospital settings.
- Some systems saw the children individually, while others saw them as a family group.
- Professionals and services were highly involved with the family, sometimes weekly, and significant information about these children was held across the Partnership.
- However, there was insufficient focus on the impact of these factors on the needs and lives of these children.

#### Key Learning Thread

Seeking and sharing information underpins effective multi-agency practice. It can undermine the ability of practitioners to fully understand what is happening to children and significantly consider any risk of harm The Child Safeguarding Practice Review Panel 2022/23)

Read [Info sharing advice content May 2024.pdf](#)

- Positive engagement with the family was evident. However, the review found that the services involved showed over optimism and an incomplete understanding of the complexity of the issues.
- There was a gap in involving adult support services to support father's learning disability and mothers' longstanding mental health difficulties.

#### Good Practice

The Early Years Forum identified good practice, which presents a real opportunity to strengthen a multi-disciplinary approach to consider the needs of children and services to support them and their families.

## 5. What does it mean for practice

### PRACTICE PRINCIPLE!

**Understanding the lived experience of the child is especially important when children have disabilities and are not able to communicate verbally what life is like for them. These children had several different practitioners and services involved, so there must be a shared understanding—from the child's perspective—about their experiences and circumstances.**

- The co-existence of parental and child factors combined to increase vulnerability and risk are known risk factors associated with an increased likelihood of neglect.
- Consultation with adult support services, who have the knowledge and skills about adult issues, can support the assessment of family functioning.
- Assessing the impact of adult mental health on parenting and family functioning is complex<sup>7</sup> and studies show it is the family disruption that the mental ill health causes that presents the most significant risk. Duncan and Reader<sup>8</sup> talk about availability and predictability when considering the impact of mental ill health on children.
- It is important that services demonstrate a child centred approach within a whole family focus in line with the multi-agency expectations in Working Together 2023 that supports the needs of all family members and considers how they interact.

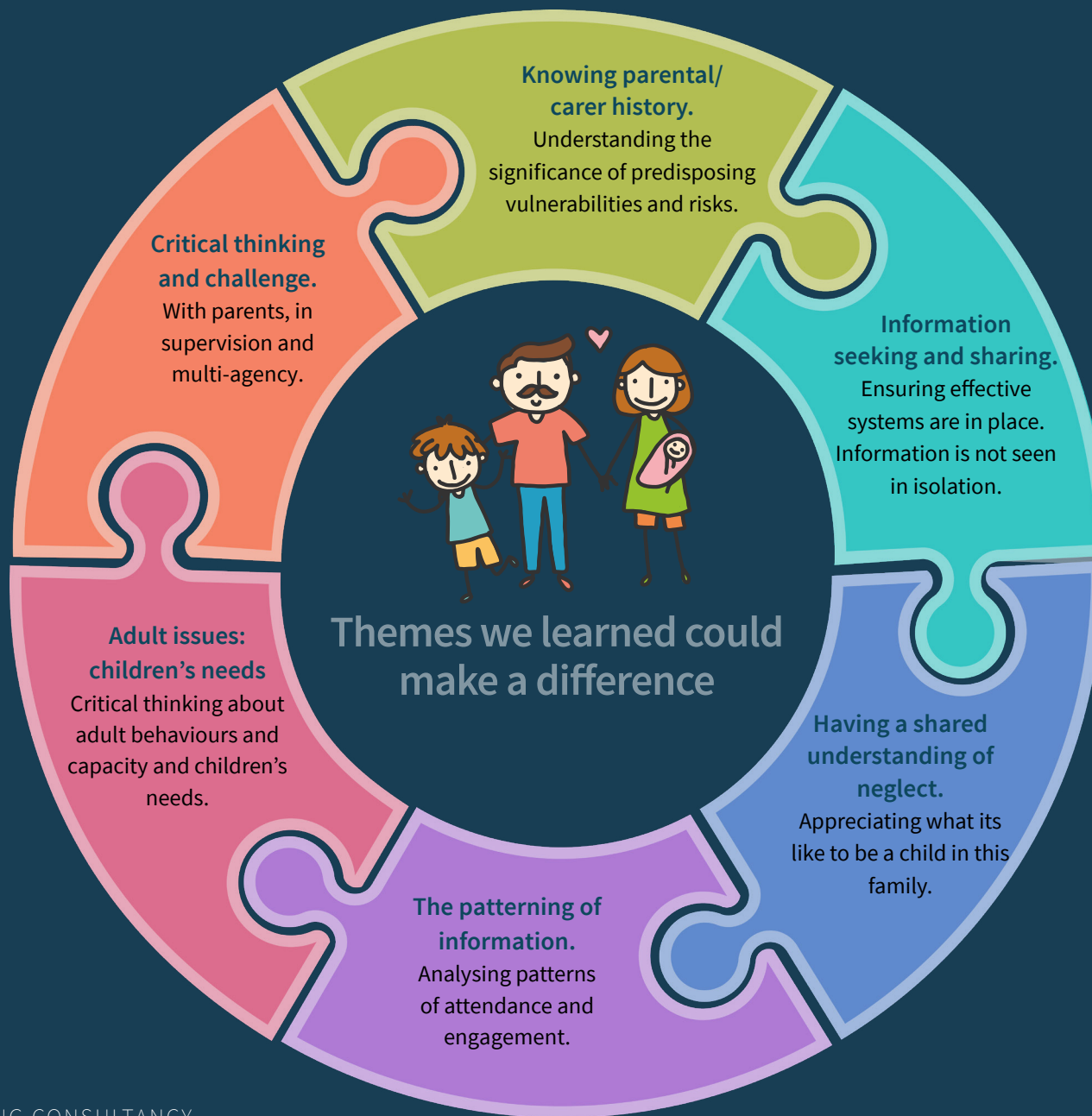
**Critical thinking and challenge** must happen across all parts of the safeguarding system to challenge attitudes, and assumptions and encourage reflection. Critical thinking and authoritative enquiry<sup>9</sup> are key components of good multi-agency working. This can occur

- With parents/carers
- In supervision and in
- Inter-professional challenge

This is supported by reflective supervision and skilled practice leadership

7 Murphy M Rogers, M 2019) Working with Adult -orientated issues  
8 Duncan , Reder (2003)How do Mental health problems affect parenting  
9 Child Safeguarding Practice Review Panel 2021

## 6. Key practice themes we learned could make a difference.





## 7. What can you do?

- 1 Recognise the importance of knowing and understanding parental history, experiences, and circumstances and using evidence-based tools and approaches to help assess parenting capacity.
- 2 Strengthen your knowledge and skills in recognising and understanding neglect and how this can present, especially for children with additional needs. Develop confidence using evidence-based tools to support assessment, analysis, and intervention.
- 3 Appreciate the lived experience of infants and children, especially when they have disabilities and cannot verbally communicate what life is like for them.
- 4 Understand your responsibilities in seeking and sharing information and its critical importance in understanding what is happening within a family.
- 5 Consider and reflect on the co-existence of adult issues, what the adults may need to help their children thrive, and the likely impact on parenting and children's needs.
- 6 Strengthen your knowledge and understanding of the procedures for safeguarding the unborn baby.
- 7 Collaborate with adult service colleagues who have the knowledge and skills to support adults with complex needs, and support risk assessment and safety planning.
- 8 Use critical thinking and respectful challenge in interactions with parents/carers, in supervision and through multi-agency discussions to challenge assumptions, biases, and attitudes, support curiosity, and facilitate reflection.
- 9 Access training, resources, and tools to evidence what helps and to reflect on and improve your own practice, skills, and knowledge. **It's okay to ask for support and help in navigating the complexities of working with vulnerable adults, infants, and children.**
- 10 Read and reflect on knowledge from learning reviews locally and nationally to support practice.

