Local Child Safeguarding Practice Review

"Iman"

EXECUTIVE SUMMARY REPORT

Independent Reviewer: Alex Walters

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1. Introduction

1.1. Kent Safeguarding Children Multi- Agency Partnership (KSCMP) undertook a Rapid Review process as required by Working Together 2018 following notification of serious harm in May 2022. The outcome was a decision to undertake a Local Child Safeguarding Practice Review (LCSPR), which was agreed by the National Child Safeguarding Practice Review Panel. It was felt that the circumstances met the criteria for an LCSPR because a child was thought to have been seriously harmed and abuse was suspected. Both parents were teenagers, one parent was a Care Leaver and previously an Unaccompanied Asylum Seeking Child (UASC), there was a cross boundary context in that services were provided by the City of London and Medway agencies and it was recognised that there were opportunities for further agency and system learning. Although the KSCMP commissioned the review as the incident occurred whilst parents were living in Kent there was no involvement by services within Kent other than universal health services.

1.2 Iman[1] is the only child of the relationship between Mother and Father. Iman was admitted to hospital with seizures at the age of 8 months following rolling off the bed. Iman was found to have bifrontal sub arachnoid haematoma, tests were undertaken with the most likely diagnosis deemed to have been non accidental injury. The family were receiving universal services at the time of the incident following Child and Family assessments undertaken by Medway Children's Social Care (CSC) on both Iman and Mother in February 2021. Father was however still in receipt of services as a Care Leaver, a Former Relevant child, from the City of London (CoL).

1.3. The time period of this practice review includes the period of the Covid 19 pandemic and the second full national lockdown from December 2020. This context is important as many of the processes used by agencies became virtual and will have impacted on the practitioners and family. Most practitioners worked from home, however with this family, the Midwife, Health Visitor and Social Workers continued to undertake home visits. The pandemic also impacted on overall recruitment and retention in agencies and for some practitioners, access to supervision and covering for absent colleagues resulted in increased demand/higher caseloads.

1.4 The Care Proceedings concluded in February 2024 and the outcome was no order. Iman had already been returned to his parents at the direction of the Family Court in April 2023 as the injury was felt, on the balance of probabilities to have been accidental. The criminal proceedings process concluded in February 2024 with no charge as it was decided non accidental injury could not be proved beyond reasonable doubt.

1.5 The purpose of a LCSPR, as confirmed in the current statutory guidance, "Working Together to safeguard children 2023" is clear that the focus is on learning for agencies and practice to secure improvement and not to hold individuals or agencies to account. It is also highly important to recognise effective practice of which there is much evidence in this review.

2. Process for conducting the LCSPR

2.1. KSCMP recognised the criteria for undertaking a LCSPR were fully met and there was potential to learn lessons from this review regarding the way that agencies work together to safeguard children both within and across boundaries.

2.2 The Partnership commissioned an Independent Reviewer, Alex Walters, an independent safeguarding consultant, experienced Partnership Chair and SCR/LCSPR Independent Reviewer,

[1] "Iman" is a pseudonym chosen by Mother and Father.

fully independent of KSCMP and its partner agencies. The first Panel meeting was held in August 2022 and included the relevant senior leads from agencies across the three Local Authority areas. It agreed the scope, the Terms Of Reference and that the time frame of focus for the Review would be January 2019-May 2022. The methodology was a hybrid model including 17 agency reports, access to key documents and discussions with multi-agency practitioners, managers and with the family.

3. Brief history/chronology of the family and agency involvement.

3.1 Father travelled to the UK to seek asylum at the age of 12 from Asia. Father has no contact with his birth family and became a looked after child by the City of London LA and lived in foster placements in Kent between the ages of 12 and 18. The final placement was a planned ending once Father was matched to a suitable semi-independent accommodation in 2020. Father required treatment for an injury sustained on his journey to the UK and also surgery requiring extracting hip bone marrow. Father had been reporting pain in his hip/leg since April 2021 and stated that the pain prevented him from being able to walk or stand for long periods of time.

3.2 Father's mental and emotional health needs had been understood and the finding from a psychological assessment was that he was significantly traumatised, but Father declined all offers of counselling and encouragement to accept psychological support. There were allegations of sexually harmful behaviour against Father from a previous girlfriend, which did not pursue to charge.

3.3 Mother is from a large family and was born in the UK and is of white heritage. Mother moved in with Father in 2020 resulting in his eviction evicted from the semi-independent accommodation. They moved in initially with maternal grandparents (MGM and MGF) and then maternal uncle and family in Kent just prior to the birth of Iman, but had to leave this property due to flooding and moved back in with maternal grandparents in the same area in Kent and were living there when Iman was hospitalised.

Agency involvement

3.4 Kent ICS had had involvement when Mother was a child and she and her siblings were subject to S.47 assessments and Child in Need plans for a short period until 2018 due to concerns of DA and CSA. Father has been continually involved with CoL Children's Social Care since 2014 as a child in care and then as a care leaver.

3.8 In 2020, the CoL Social Worker informed Kent and Medway CSC of Father's relationship and then made a referral to Kent ICS when Mother's pregnancy became known in January 2021. Kent ICS referred this on to Medway CSC as the parents were living in Medway. Mother was 17 and Father 18 and a Pre Birth Assessment by Medway CSC was undertaken of unborn Iman and a separate assessment of Mother as a 17 year old child. The outcome of the assessments was a recommendation for Early Help, however this was refused by both parents who felt they had sufficient support from Father's social worker in CoL, midwifery and Mother's large family and the case was closed to Medway Children's Social Care.

3.4 From March 2021 the family only engaged with universal services- midwifery, health visiting, hospital outpatients, the GP surgery and Education. The family were unable to access the Family Partnership Programme enhanced health visiting service due to the service's capacity issues.

4. FAMILY VIEWS

4.1 The Independent Reviewer and the KSCMP Practice Review Manager met with both parents and Iman who is clearly thriving in their care. They presented their views clearly and constructively. Their main learning point was the impact of Iman's removal on them as parents and the lack of any support/advocacy services for parents in that situation. They felt that without the advice and practical support provided to Father from CoL care leaving social workers and his Independent Visitor they would have found the process even more challenging.

4.2 They also felt communication was poor between agencies, mainly Kent CSC and the Police and often felt they were left acting as the conduit in information sharing. They were however very positive about the Midwifery and Health Visiting support provided and extremely positive about the care and support received over the years from CoL's Children's Social Care services. Father described feeling "very proud of them" and clearly had developed trusting and meaningful relationships, which had had a significant impact.

Recommendation 1.

5. KEY PRACTICE THEME ONE- ASSESSMENT OF RISK AND DECISION MAKING:

Pre Birth and Children and Family Assessments in January/February 2021 by Medway CSC.

Learning

5.1 With hindsight, although thorough, the analysis of risk in the Medway CSC assessments was limited and some key historical information relating to both Father and Mother was not analysed in relation to how either would cope with the demands of a new-born baby, and any strategies that could mitigate the potential risks.

Recommendation 4 and 5

Learning

5.2 Following the assessments and the decision to close the case by Medway CSC, key universal services were not aware of any concerns that they might need to be considering as part of their engagement with the family and ongoing risk assessment. Although there were no additional safeguarding concerns identified by the Midwife, Health Visitor or GP that would require referral to CSC, more information might have helped these practitioners to explore some discussions with the parents in more depth.

5.3 This is due to the Midwife, Health Visitor and GP not receiving the Medway Children and Families assessment, as this is the practice if the case is closed, or Early Help or Child in Need is the recommended outcome. The impact of this is that universal services are not aware of the background history or the detail of the concerns and are therefore not informed in their ongoing engagement and risk assessment with the family.

Recommendation 2

Learning on practitioner understanding of CSA

5.4 The historical CSC assessments by Kent did not fully address the cumulative number of concerns and risk presented by a family member and the fact that this behaviour was denied by the alleged perpetrator and partner. This outcome may have influenced how the risk from these

allegations was understood in relation to the assessment and decision making undertaken by Medway CSC in 2021. It was not given weight within the pre-birth assessment, which identified Mother's parents as a protective factor for Mother and unborn Iman.

5.5 Increasingly research has evidenced that CSA is highly difficult to evidence and frequently does not reach the threshold for criminal prosecution. Children are unlikely to disclose abuse within the family at the time and victims rarely want to pursue prosecutions. There is little weight given to the response and denial by the alleged perpetrator and by the other parent and the impact in relation to keeping children safe and this needs to be overtly factored in to the assessment of risk.

Recommendation 3

Impact of Trauma

5.6 With hindsight the opportunity to consider Father's trauma and the potential impact on his parenting was not fully explored by Medway CSC as recognised by agency authors. There were incidents of additional stress following the birth due to Father becoming NEET, chronic pain, the threat and reality of eviction, moving three times and living in overcrowded properties with a new born which might have impacted on parenting.

Recommendations 4 and 5

Impact of physical ill health

Learning

5.7 The impact of chronic pain needs to be recognised as an inevitable stress factor as well as the impact on overall mental health. The pain appears to have stopped Father from continuing with his studies, his apprenticeship and work and this should perhaps have been considered further by practitioners in relation to the impact on his parenting.

Recommendation 4 and 5

Engagement with specialist services

Learning

5.8 Father did not access specialist support despite this being offered by CoL. It is recognised and understood that children cannot be made to address their trauma or behaviour until they are willing to do so but practitioners are left trying to support children with unmet needs. It is therefore important that the potential risks from parents not accessing specialist support are recognised in the assessment of their parenting and ongoing engagement by universal services.

Recommendation 4 and 5

Learning

5.9 Unfortunately the family were unable to access the Family Partnership Programme (FPP) service due to capacity issues as the service can only take on 2/3 families per month. In addition the agency author set out as the parents had recently declined Early Help services this would need to be considered as part of an eligibility assessment but did not negate a service. However, the criteria for residence in Kent was not met as it was not stable as parents said their accommodation could be flexible in terms of location.

The benefits of the FPP service are that this is an intensive and structured health promotion programme, which aims to provide early intervention and advice to vulnerable families with children under-one-year. The FPP service provides a far more comprehensive and intensive service, which may have identified potential stresses and identified needs and support if it had been available, but it is also recognised it is dependent on family agreement.

Recommendation 6

6. KEY PRACTICE THEME TWO - ACCOMMODATION OPTIONS FOR CARE LEAVERS

Learning

6.1 Under the Leaving Care legislation, Care Leavers have rights to be supported to access independent accommodation. However that corporate parenting responsibility remains with the "home" Local Authority. For Father this meant that he was offered council accommodation in London. However he had lived in Kent for 8 years since arriving in the UK and all his support networks were in Kent and Medway. CoL CSC engaged extensively with their local housing colleagues and those in Borough Council Area A and did formally consider privately rented accommodation. However practitioners in the discussion with the Reviewer were very clear that the differential between rent and benefits are often significant and the family would have invariably accrued debts.

6.2 This is a national issue for Care Leavers as many are placed out of their home authority when looked after and therefore wish to remain in the area they are placed. It is clear that the rights of care leavers to accommodation are not well understood or known. In discussion with Borough Council Area A, Father could have applied to the Housing Register as he had a local connection but this requires 2 years continuous residence. Given that many Looked After children move placement for reasons not of their choosing, this becomes a challenging criteria to meet.

Recommendation 7

7 KEY PRACTICE THEME THREE - CULTURAL COMPETENCE

Learning

7.1 Overall, although the issues of difference between parents were acknowledged, notably in relation to Father's religion, country of origin and experiences as an UASC, there appears to be a lack of curiosity in terms of the significance of this. The Medway Children and Family assessment in 2021 and the ongoing involvement of universal health services appeared to show no exploration of the impact on the parents' relationship of their very different backgrounds, how they had discussed culture, religion and family values in relation to their roles as parents, and any tensions or issues arising from this.

Recommendation 8

8. KEY PRACTICE THEME FOUR- CROSS BOUNDARY COMMUNICATION AND INFORMATION SHARING

Learning

8.1 Father's social worker informed Kent and Medway CSC that Father and Mother were in a relationship and appropriately checked their knowledge of Mother. Once Mother's pregnancy with Iman was known it was notified swiftly to CSC in January 2021 and the social worker provided detailed information of the historical concerns. CoL CSC state that they had requested a strategy discussion be held but this request does not appear in the Medway CSC or Kent ICS records and was not escalated by COL Social Workers with Medway CSC. Information was however shared by both CoL and Kent CSC and the Police to inform the assessments but some of the historical information around both parents known by CoL and Kent were not shared in the level of detail that might have been afforded by a strategy discussion and would have informed the risk assessment.

Recommendation 9

8.2 Midwifery practitioners also raised the issue around their ability to request information from a Father's GP at antenatal booking without consent as opposed to the current practice with mothers where routine requests are made for information from the GP. This issue was highlighted in the National Safeguarding Practice Review Panel's report published in 2021 into NAI in Under 1s and is not resolved. It would require consent from the father to make contact, but would target 'invisible fathers', facilitate a think family approach and also aid in safeguarding children and families.

Recommendation 10

9. Effective practice

9.1 The focus of this Review is to learn and improve services. As such, it is important to learn from practice that is considered effective and supports good outcomes for children. Good practice from professionals has been recognised throughout this review process and this includes**:**

9.2 Two assessments were undertaken by Medway CSC, which reflected the recognition and understanding that Mother was also a child. All visits were undertaken by social work and health practitioners despite the impact of Covid. Antenatal communication between the health visiting providers was particularly good following the family's move from Medway to Kent. The quality of the work undertaken by the CoL social worker with Father was of a very high standard and is an exemplar for the level of support to LAC/Care Leavers.

9.3 All practitioners involved with the family engaged well and made significant efforts to work sensitively, constructively and transparently to support this family to care for Iman.

10. CONCLUSION and RECOMMENDATIONS

10.1 There is much effective practice to be celebrated by those involved with the family but there is clearly learning identified through the review process where the current systems and processes could be improved.

10.2 The Review concludes with recommendations to the Kent Safeguarding Children Multi-Agency Partnership (KSCMP), Medway Safeguarding Children Partnership (MSCP) and CoL and Hackney Safeguarding Partnership (CHSCP), which build on the recommendations and actions already identified for learning by single agencies during the process of researching their involvement in this case. In a number of cases, actions have already been taken to improve arrangements/systems.

Theme One-Risk Assessment and Decision making

1. KSCMP request Kent ICS consider the availability of support/advocacy services for all parents following removal of their children and during care proceedings.

2. KSCMP and MSCP request Children's Social Care review the effectiveness of the current processes for sharing background information on families with universal services when the decision is to close the case to Children's Social Care following a Children and Families assessment.

3. KSCMP, MSCP and CHSCP review their multi- agency training and request partner agencies consider their single agency training offer to ensure practitioners understand and are informed on recent research in relation to child sexual abuse and the risk associated with cumulative concerns and denial by perpetrators.

4. MSCP and CHSCP ensure practitioner's understanding of trauma informed practice and the risk of specialist services not being taken up by a parent and factor that in to their risk assessments and ensure practitioners consider the impact of chronic pain on a parent in any risk assessment.

5. MSCP undertake and review quality assurance activity around supervision arrangements to ensure that practitioners are supported/challenged and have sufficient skill and understanding of trauma informed practice, sexual abuse, physical ill health and cultural competence factored into their direct work and assessments.

6. KSCMP request and monitor the outcome of an ICB review of the commissioning of the Family Partnership Programme to assess capacity to meet the need of young vulnerable families in Kent.

Theme Two- Accommodation for Care Leavers

7. KSCMP on behalf of the three Safeguarding Partnerships, raise with the National Child Safeguarding Practice Review Panel the national issue of the fragility of legislative support and local housing practice to support care leavers as they move into independence.

Theme Three- Cultural Competence

8.MSCP and CHSCP ensure through quality assurance activity that universal service practitioners understand and are confident in their understanding of cultural competence and this is overtly visible in the work undertaken

Theme Four - Cross Boundary communication

9. CHSCP ensure that practitioners are encouraged and supported to escalate concerns where children are placed in another LA area and there is local service involvement.

10. KSCMP on behalf of all three safeguarding partnerships raise the national issue with the National Child Safeguarding Practice Review Panel of the barrier of needing to obtain the consent of Fathers before obtaining information from their GPs at the ante natal stage.

Alex Walters – 4/4/2024