



# Case K

## Case Review



city & hackney  
safeguarding  
children board

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children is everyone's  
responsibility

# Family background

- Siblings: Child 1 (then 8) and Child 2 (then 2)
- Mother
- Absent fathers
- Extended maternal family members – complex relationship

# Why this Case?

- Children known to a number of agencies
- The home had not been visited since 2008
- Following threats to harm her children, Police attended the family home in 2013
- Children were removed due to state of extreme neglect, unsafe and insanitary conditions
- **Chronic neglect, taking into account previous review (Child E) and wider research**

# Scope and Focus

- Reviewed at Serious Case Review sub-group
- A multi-agency case review commenced
- Followed principles in *Working Together to Safeguard Children* 2013.
- Insight into whether:
  - presentation of family should have triggered professional curiosity
  - there were opportunities for earlier intervention / home visits
  - children's disability impacted on judgements of abuse

# Methodology

- Lead Reviewer & Review Team
- Chronology work and agency reports
- Conversations with practitioners (within each agency)
- Conversations with mother
- Final report produced

# Agencies involved

- Hackney Children's Social Care
- East London NHS Foundation Trust
- Hackney Learning Trust:
  - children's centre, school, tier II support and multi-agency team (MAT)
- City and Hackney Clinical Commissioning Group:
  - GP Practice
- Homerton Hospital:
  - Health visitors, school nursing and health staff
- Metropolitan Police

# Neglect

## Neglect (All definitions from Working Together 2015)

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born it could involve a parent or carer failing to:

- Provide adequate food, clothing, shelter, (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

# **Child 1 2007 – 2013**

## **2007**

- Child 1 attends a children's centre
  - statutory assessment of educational needs undertaken
- Centre staff note varying levels of concerns about poor attendance and neglect
- Health and children centre staff make referrals

# **Child 1**

## **2007 - 2008**

- Three recorded visits to the family home
- Home visit in December 2008, two children's centre workers identified concerns around living conditions and referred to CSC

# **Child 1**

## **2005 –2009 (Children Social Care)**

- Five episodes of CSC involvement
- No episode led to a full assessment of needs
- Interventions concluded that needs met by universal services / coordinated without CSC involvement

# **Child 1**

## **September 2009 - 2013**

- Statement finalised and Child 1 attends a mainstream primary school
- Less involved with health workers
- Attendance at school as around 70%
  - referred to attendance service – meeting in school
- Learning assistants referred to designated lead following presentation and hygiene
- Concerns worsened from 2011 but by July 2013 had transferred to special school

## Child 2:

- Born in 2011, out of borough
- New birth visit took place to home of an extended family member
  - no reference to needs of elder sibling
- Mother scored highly on PND questionnaire delivered by GP
  - referred to peri-natal mental health
- Peri-natal assessment did not find evidence of mental health issues or risk to self or children. No further involvement.

## 2012 - 2013

- In 2012, mother moves to her own home following family relationship breakdown
- Referred to primary care psychology services, did not attend
- Attendance pursued but informed GP she felt 'back to normal'
- At 27 months Child 2 seen at the health clinic and concerns noted regarding development
- Referred to specialist services and follow up appointment given

# 2013

- Student health visitor completes a CAF identifying need for referral
- Referred to MAT
- Student health visitor persistent but unsuccessful in attempts to visit Child 2 at home
- MAT considers case of Child 2 on five occasions
  - gradually identifies information on elder sibling and needs of mother
- Threats made by mother in late 2013 and subsequent police visit

# Mothers perspective:

- Described herself as assertive / aware she was labelled as “resistant”
- Did not receive help with bad housing and brought this to the attention of services
- Felt treated less fairly as was a single parent who looked young
- Felt did not receive practical support when her first child was young
- Because of this, when later depressed she was unwilling to seek help
- After 2008, no agency made an effort to find out what the family home was like

# **Key themes and findings**

- Staff engagement in reviews
- Home visits
- Identifying and naming neglect as a potential concern
- Assessment of potential neglect
- Work across children's and adult services – or 'thinking family'
- Arrangements for safeguarding in education settings
- Neglect of children with disabilities

# CHSCB response – Action plan

- Along with learning from Child E, recommendations feed into a wider work programme which has produced:
  - a cross agency neglect strategy
  - an escalation policy
  - a work programme to provide reassurance regarding early help
  - communications focussing on children being seen, heard and helped
  - multi-agency guidance on information sharing and professionals meetings
  - greater focus on neglect within the CHSCB Learning and Improvement Framework e.g case audit work

# **Seen, Heard and Helped**

- Be curious about children
- See children in different contexts, including their home.
- Listen and hear what children are saying about their experiences.
- Act appropriately to help them.

“Put yourself in their shoes” and ask “what is life like for this child?”

# **Escalation**

- All staff are aware of and act on their duty to escalate concerns when they consider that a child is not appropriately protected and/or is suffering from neglect.
- To do this staff MUST be familiar with and use the Hackney Wellbeing Framework / The City Threshold tool

# **Information Sharing**

- Professionals have a clear understanding of requirements for sharing information and communicate with each other when they are worried about children / young people
- If you care...share

# Resources and further information

- Child E lunchtime seminar presentation
- Neglect strategy
- Threshold tool
- Escalation Policy
- Multi-agency training on neglect

All available on the CHSCB website

# Welcome to the City of London & Hackney Safeguarding Children Board

News from the Board



## Seen, Heard & Helped?

The CHSCB is here to make a real difference to safeguard & promote the welfare of children & young people in the City of London & Hackney. [Click here](#) to read more about us.



## Worried About a Child?

Please contact:

Hackney First Access Screening Team (FAST)

# **Questions and Comments**



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