



city & hackney
safeguarding
children board

CHSCB Case Audits

Hackney

2016-17

Special Educational Needs and Disabilities (SEND)

The CHSCB multi-agency case auditing has identified numerous examples of positive safeguarding practice being undertaken by the partnership. Lessons have also been identified that have led to tangible improvements.

Systematic auditing allows the CHSCB to deliver one of the best learning opportunities for front-line workers; directly engaging them in a process that *reflects* upon, assesses and measures the quality of professional practice. The CHSCB operates a consistent and regular 6 monthly multi-agency case file audit process, which is carried out across the City of London and Hackney.

Case 1 (Adam*)

Brief summary of case:

Adam is a secondary aged boy and a Looked After Child. Adam attends a Hackney special school and his statement of special educational needs has been transferred to an Education Health and Care Plan (EHCP).

Strengths:

- The audit evidenced very **good multi-agency care** of Adam supported by the strong stability of his placement in care.
- The audits received (and reflections from front-line professionals at the meeting) provided a real sense that **Adam was well known to professionals** – who he is, his achievements (not just challenges), how his needs are being met and that he belongs to a family unit.
- Adam has **fosters carers who really love him, advocate for his needs, exert efforts to meet his diversity needs and help him maintain contact with his birth family.**
- Hackney has **specific occupational health provision from the Virtual School** for Looked After Children. This case demonstrated that the additional provision allows services or equipment to be put in place quickly for children who have experienced trauma or may have additional needs.

Key Messages:

Access to services

This case highlighted that, due to immigration status, some children are not able to access Short breaks provision. This could have been escalated by frontline professionals to their manager sooner.

Are you concerned about the progression of a care plan or that a child or young person is not receiving the right services? If so, you should escalate this to your manager and seek resolution with the relevant agency. If this can't be resolved, you can escalate the issue to the Independent Chair of the CHSCB by using the [CHSCB escalation policy](#).

Information Sharing and Communication

This case identified that there wasn't clear or direct communication to GPs about the plans developed for Looked After Children (LAC) and GPs are often updated by Foster Carers on the status of the child and progress on the plan. GPs do not attend LAC Reviews so better information sharing between Health and the GP was suggested or sharing of the report.

This issue also serves as a reminder to all professionals of learning from a local [Serious Case Review \(Case FC\)](#) where foster carers become seen by professionals as 'experts' and as in Case FC there is potential for those with ulterior motives to conceal information from professionals.

Do you solely rely on family members or carers to provide you with information? Do you triangulate this with colleagues in other organisations?

Case 2 (Barak*)

Brief summary of case:

Barak is a secondary aged boy who has been diagnosed with a Learning Disability. He has been known to Children's Social Care since an early age and his case recently transferred to the Disabled Children's Service.

Strengths:

- The audit evidenced **good multi-agency working and information sharing** through the child protection process and a strong CSC assessment which captured the issues well.
- A **timely referral** was made by CYPS to the Domestic Violence Intervention Project (DVIP) which engaged the mother to the extent that she later wished to volunteer.
- Assessments at A&E evidenced **Barak's views being taken into account**. There was also a clear sense that the GP knew the family and young person well. The GP was also seen to make use of the HARK (a Domestic Violence) assessment tool and referred in a timely manner to East London NHS Foundation Trust.
- There was evidence of **proactive practice** by the school to support mother in finding the right school for Barak. The audit also showed the schools **awareness of the risks when contacted by father and their need to notify CSC** to ensure mother could put appropriate safeguards in place.

Key Messages:

Case Recording

This case demonstrated that although professionals may get to know a child or young person, it is important to explicitly record their wishes and feelings on file.

Do you regularly record the wishes and feelings of children and young people on file? Do you include the voice of the child in written reports or assessments?

Safeguarding children with complex health needs

This case highlighted that the complex health needs of a child (or sympathy for parents) should not overtake or overshadow safeguarding concerns.

Are you alert to safeguarding concerns, even in complex family situations or with children and young people with complex health needs? Do you focus on needs of the child?

Children who witness Domestic Abuse

This case highlighted need to communicate the services available for children who have witnessed Domestic Abuse.

With parental consent, professionals can refer children who have witnessed Domestic Abuse to the Hackney Play Therapy Service (part of the Nia Project). Families can also self-refer.

Professionals can contact the Nia Project on: 020 7683 1270, info@niaendingviolence.org.uk / www.niaendingviolence.org.uk. More information on Domestic Abuse and Violence is available [HERE](#).

Holding difficult conversations

The case highlighted the need for professionals to engage parents in difficult conversations, routine enquiry and challenge where necessary. Support is available via the CHSCB training programme.

Have you accessed the CHSCB multi-agency training programme? The 2017-18 training programme will be released from April 2016 and is available [HERE](#).

Do you record any unconfirmed family issues on file, in supervision or with the relevant partner agencies?

Transitioning into Adulthood

This case highlighted the need for early transition planning for young people who will be accessing adult services.

Are you alert to young people you work with who will be transitioning into adult services?

Are you speaking to your young people / partner agencies about what their adult life will look like?

Case 3 (Caryn*)

Brief summary of case:

Caryn is a young adult who has a rare condition and during her minority has been subject to Child Protection Plans and Looked After episodes. Caryn has transitioned into Adult Services where a support plan is currently in place.

Strengths:

- This case evidenced **close links between CSC and CAMHS and transition into adult services** where a care package of support is currently in place.
- Professionals had a **good sense of Caryn** and were **aware of vulnerabilities** and issues around boundaries.
- This case highlighted use of CAMHS **child protection supervision**.

Key Messages:

Disguised Compliance and Chaotic Families

The case highlighted patterns of engagement and non-engagement (or disguised compliance) from the parents which could continue with Caryn's siblings.

Chaotic families can often be mirrored by professionals and although the family appeared to be engaged with services, professionals in this case never fully understand the dynamics of behavior.

Think about patterns of engagement and non-engagement – do you challenge the pattern or escalate if families are not engaging as you would expect? Find the CHSCB Escalation Policy [HERE](#).

Do you flag disguised compliance in supervision?

Are you confident in challenging parents around engagement with services?

Do you re-refer families to CSC when they are not engaging with universal services?

Chronic Neglect

This case highlighted the need for professionals to remain alert when working cases of chronic neglect especially if the case is closed to CSC.

Do you remain alert to identify any new concerns? Are these then flagged in supervision?

Do you use chronologies to document changes in wellbeing and provide evidence to step cases back up to CSC? A sample chronology template can be found [HERE](#).

Keeping focus on safeguarding despite complex health issues

This case highlighted that since diagnosis, interventions had been focused on Caryn's disability. Diagnosis can be a distraction and professionals need to focus on the needs of children and young people and keeping them safe.

Do not let disability mask abuse in children - sexualised behaviours are not a feature of any disability.

Case 4 (Deshawn*)

Brief summary of case:

Deshawn is a college aged young man who has Learning Difficulties and is non-verbal. He attends a specialist college and his Education, Health and Care plan (EHCP) was recently finalized.

Strengths:

- The case demonstrated that the GP service had **good communication** with secondary care services and also a long standing registration of family meant they were well known to the surgery.
- Hackney GPs were noted as becoming more **proactive in engaging patients** not just when they are sick and this case provided evidence of proactive attempts to engage Deshawn for assessment.
- There was **good engagement** with Hospital Services who were able to support the transition into adult services.
- The case highlighted the **strengths in the use of Wiki** (an online multi-media advocacy programme) by the school to share communication profiles with professionals.

Key Messages:

The voice of the child or young person

This case highlighted that although health needs were being met, there was not much sense of DeShawn's voice or whether Makaton was being used to inform his assessments. This highlighted whether young persons like Deshawn are seen as young men or women and in control of their experience?

How are views expressed for your young people?

Professionals working with non-verbal children and young people should contact schools to enquire about available communication profiles or preferences. Do they have a [Wiki](#) profile which can be shared?

Transition planning

This case highlighted that a holistic view is needed when transition planning for young people moving into adult services. Professionals should consider both medical and social elements.

Prior planning is particularly important due to a change in dynamics between the parent and young person e.g. adult services will focus on the young person and address them directly.

When transition planning – do you consider both health and social elements?

Case 5 (Erika*)

Brief summary of case:

Erika is a primary aged girl who was referred as her SEND assessment could not be completed as she had not been seen. Erika now attends a special school.

Strengths:

- Once concerns were noted, there was **timely engagement of professionals** with a Team Around the Child (TAC) meeting helping to escalate the case.
- After recent referral, professionals have progressed the case to a core group and initial child protection conference. This has resulted in **good information sharing and multi-agency engagement** which reflects a focus on the needs of the children over parents' wishes.
- Securing a placement at school (agreeable to parents) ensured **term-time health provision was in place for Erika**. Attendance is high and there is a strong relationship with the parents. A home visit was also able to be undertaken.

Key Messages:

Non-compliant parents

This case highlighted parents who issue mixed messages, demand agencies do not speak to one another, use legal frameworks and 'hop' between services in order that professionals are unable to get a grip on the needs of the child.

Professionals need to be wary of using the narrative that parents 'seem to engage' – this gives a mixed message and should be rephrased for clarity of purpose.

Do you inform parents that information sharing between professionals is normal practice? See more on information sharing [HERE](#).

Remember - parents rarely say no to [sharing information](#) so explore the reasons for any refusal to allow this.

Do you call professionals meetings when needing to get a fuller sense of a family?

Non-attendance at services

This case highlighted that when a parent shows hostility towards services or professionals, the impact is felt on the child. In this case the child had complex health needs but did not have access to services.

Remember – 'Did not attend' (DNAs) really mean that children are not being brought to appointments.

A pattern of DNAs or disengagement with services should be escalated. Find out how [HERE](#).