



Local Case Review 'Y'

Practice Learning Brief

Purpose of this document

Whenever the Swindon Safeguarding Partnership (SSP) carries out a case review one of its main aims is to identify learning and share it with agencies and practitioners to support the development of services and practice.

This document summarises the learning themes identified in local case review Y and provides links to resources, further information and training opportunities.

For further information about the case review process [click here](#)

Circumstances of this case

Y was a 19-year-old female who was known to several partner agencies as both a child and adult.

The review noted concerns had been raised about her low weight, social isolation and neglect.

Poor dental health and low school/college attendance and very limited engagement with professionals.

Admitted to hospital when 19 years old with life-threatening medical conditions linked to her low weight. Initially on a voluntary basis and then under the Mental Health Act.

Concerns also about relationship with parents, including intimate care.

Agencies involved

School and college,
alternative
education provider

GP

College nurse

CAMHS

College psychology
service youth
engagement
service

Community and
hospital paediatric
dietician services

Dentist and
hospital oral
surgery clinic

Speech and
language services

General hospital

Hospital Mental
Health Liaison
team, and
Psychiatrist,

Community Mental
Health Service

Adult Social Care

Hospital & Local
Authority Adult
Safeguarding
teams

Advocacy

Specialist unit for
eating disorders

Themes and learning from this case

Child neglect

Voice of Child/Adult

Disguised compliance/working with resistance

Transition

Adult Safeguarding

Learning theme: Child Neglect

Complex cases with physical health issues, mental health issues, and parenting issues, which are having a significant impact on a child's well-being, need a joined-up and multi-agency response that includes the parents and child/young person.

Neglect can also be overprotection resulting in a failure to thrive, as identified in this case. Parent's over protection resulted in Y not accessing health or education, her cognitive ability was not well developed due to limited exposure to experiences. For further information [click here](#).

Professionals should consider the [SSP neglect framework and practice guidance](#) and the [SSP multi-agency threshold guidance](#) when considering if a child is suffering from neglect, and refer to this when speaking to families and making referrals.

Missed and **cancelled** appointments for health and mental health concerns can be an indicator of neglect, as can poor school attendance, even if the absences are officially seen as **authorised**. Robust professional curiosity and consideration of the impact on the child are essential.

When considering information shared by other agencies, the frequency of contact with the child and family should be acknowledged and considered by those deciding on the threshold.

Over the next few slides you will find some useful information including a reminder of the definition of neglect, SSP Neglect Framework and Practice Guidance, neglect screening tool and the Graded Care Profile2 (GCP2). Further information can be found on the [SSP website](#).

Definition of Neglect



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Neglect is defined as the persistent failure to meet a child's basic physical and/or psychological needs resulting in the serious impairment of the child's health or development. Neglect of older children/young people (YP) has a similar impact as to that of younger children.

Neglect may occur during pregnancy as a result of :-

- ✓ maternal substance misuse, maternal mental ill health or learning difficulties or domestic abuse and violence towards the mother.

Once a child is born, neglect may 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 to appropriate medical care or treatment.

Adolescent neglect

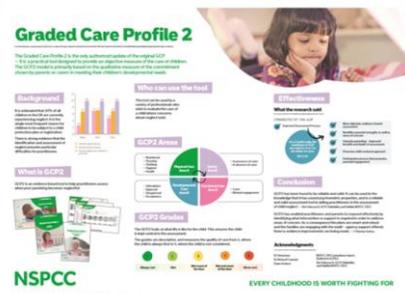
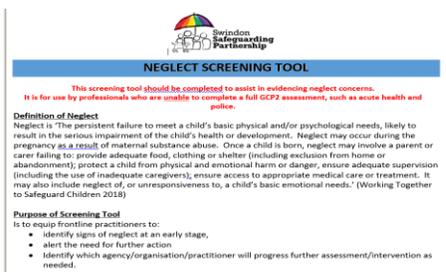


- Neglect in adolescence frequently goes unrecognised.
- There is a misconception of resilience in adolescents.
- “adolescent emotional abuse and neglect are ... widespread and associated with numerous adverse consequences, including suicide and death or serious injury from risk-taking behaviours”.
- Adolescents may be particularly vulnerable through the impact of earlier neglect on their mental health, their behaviour, or their vulnerability to exploitation by others.
- They may also remain vulnerable to ongoing neglect of their health needs, education, or supervision.
- It is important to understand their lived experience and involve them in assessment.

Useful resources: Neglect



Swindon Children's Neglect Framework and Practice Guidance



Graded Care Profile 2 - Principles and Frequently Asked Questions

Swindon Safeguarding Partnership (SSP) has adopted the Graded Care Profile 2 (GCP2) tool to assess family situations where there is possible/potential neglect.

The Principles for using GCP2 and a list of Frequently Asked Questions are outlined below and may address the queries individual practitioners have about using the GCP2.

- ✓ Reviewed and updated [SSP neglect framework and guidance](#)
- ✓ Introduced [Graded Care Profile 2 \(GCP2\) assessment tool](#)
- ✓ [SSP Neglect screening tool](#)
- ✓ GCP2 trained staff across the partnership
- ✓ [SSP Principles and FAQ's](#) regarding GCP2, including when to use if trained, supporting referrals or use of neglect screening
- ✓ Reviewed and updated [SSP Policy on Resolution of Professional Disagreements and Escalation](#)
- ✓ [SSP Resources – 7 minute briefs and practice briefs](#) there are a range of topics such as professional curiosity, capturing the voice of the child.
- ✓ Severe dental decay/poor dental hygiene was also highlighted in this review resulting in all of Y's teeth being extracted shortly after her 18th birthday. [Click here to access the 7 minute brief on Oral Health](#)

Learning theme: Y's Voice



Spending time with a vulnerable young person is important to get to know them, to understand their lived experience, and provide them with opportunities to develop as an individual.

There is a risk that when a vulnerable child becomes an adult that they will become invisible within the system if they do not have a relationship with a professional.

Ensure that the individual's voice is not just listened too but is actively heard.

Consider:

- ✓ What is life like for them?
- ✓ What do they understand
- ✓ What could be different
- ✓ Why do or don't they want help?

Voice of the Child



- ✓ When children/young people share their experiences of neglect, they need to be confident that their voices are heard and that their words are captured accurately by the practitioners.
- ✓ The conversations they have need to be appropriate to their age, developmental stage, and cognitive and language abilities.
- ✓ Further guidance is included in the [SSP Practice Brief – Capturing the voice of the child in records](#)
- ✓ A child who is being neglected might not realise what's happening is wrong or they might blame themselves.
- ✓ If a child talks to you about neglect it's important to: listen carefully to what they're saying; let them know they've done the right thing by telling you; tell them it's not their fault
- ✓ Further guidance is included in [NSPCC types of abuse – Neglect](#)

Voice of the Child

[Ofsted thematic report](#)

(2010) provides an analysis of 67 serious case reviews.

The main focus of the report is on the importance of listening to the voice of the child.

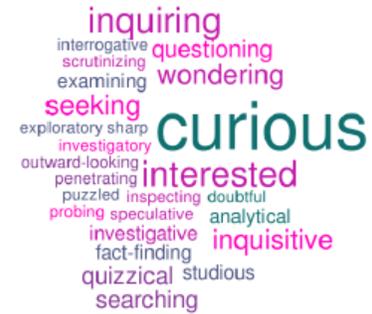
The five main messages regarding the voice of the child are still relevant.



In too many cases:

- The child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings.
- Agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute.
- Parents and carers prevented professionals from seeing and listening to the child.
- Agencies did not interpret their findings well enough to protect the child.

Other learning to consider – Professional Curiosity



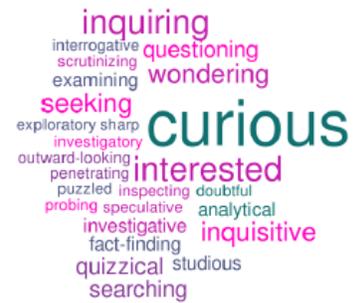
This is a theme that is often highlighted in local and national case reviews.

Professionals should always be alert to the possibility that family members may not always tell the truth, and the triangulation of information between professionals is good practice in cases where there have been previous concerns.

Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It **means** not taking a single source of information and accepting it at face value.

The [Munro Review](#) (2011) commented that adults have a number of motives for not always providing a full picture of their or their children’s circumstances. The task of professionals, where there are concerns about children, is to remain in a position of “respectful uncertainty” and display “healthy scepticism”.

Professional Curiosity continued...



This means routinely checking the validity of information provided by parents/adults by cross referencing and triangulating with other sources; testing out the level of parental care and concern for children and the extent to which parents feel a sense of responsibility for their children and their well-being.

Asking questions and seeking explanation from parents is something to be valued; healthy challenge is good and can provide assurance that your assessment of the situation is accurate. A high reliance by professionals on self-report by parents brings with it significant risks of proceeding on false information.

Good information sharing, supervision and open discussion at key decision-making meetings to 'check and test' information can be crucial in ensuring this does not happen.

To access the SSP Practice Brief on Professional Curiosity [click here](#)

Other learning to consider: Disguised Compliance



Sue Woolmore

Dealing with Disguised Compliance



Watch this short video clip (4 minutes) or to read the transcript on disguised compliance [click here](#). [Video: Disguised Compliance in Safeguarding and Child Protection \(virtual-college.co.uk\)](#)

Disguised compliance: This involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement (Reder et al, 1993)¹.

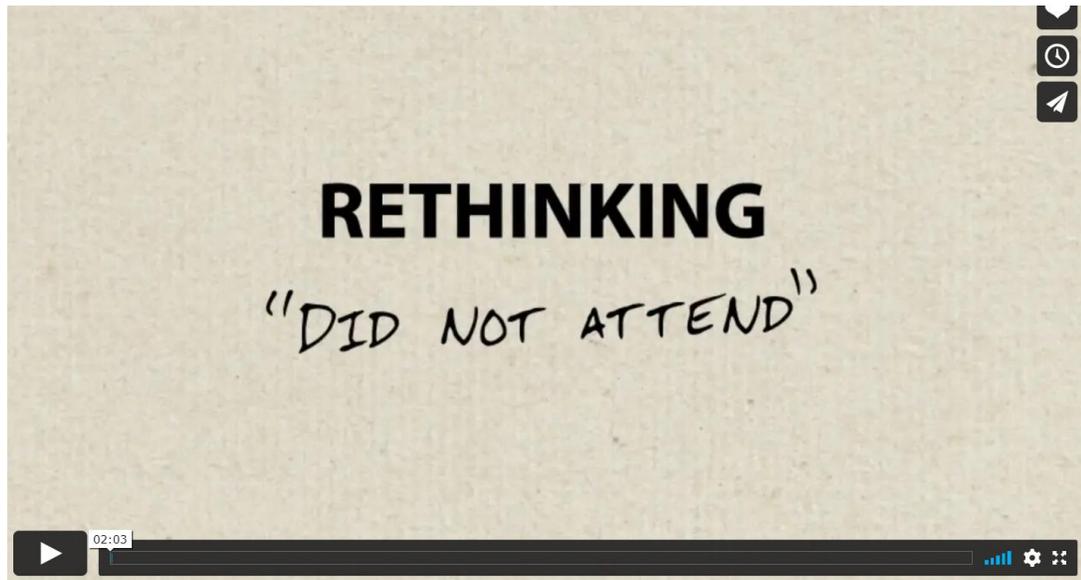
This can mean that social workers and other practitioners may be unaware of what is happening in a child's life and the risks they face may be unknown to local authorities. This briefing focuses on learning from published case reviews from 2014 onwards that involve disguised compliance.

NSPCC Key Learning from case reviews (2019) highlighted the importance of:

- ✓ social workers and other practitioners being able to recognise disguised compliance when working with families
- ✓ being aware of what actions to take in situations where they suspect parents or carers of disguised compliance.

To access the briefing [click here](#).

Other useful learning to consider: Did Not Attend/Was Not Brought



Watch this short video clip (2.00 minutes)
Rethinking 'Did Not Attend' animation.
For best results view in slide show or click on the link
[Rethinking 'Did Not Attend' - YouTube](#)

Did Not Attend/Was Not Brought: Repeated failure to ensure that children receive appropriate medical care can be a sign of medical neglect (Howarth 2007). All agencies should have a procedure for dealing with cases where children are not brought to appointments, where parents do not engage with workers or access to the child is denied.

Consider the impact of saying the child 'Was Not Brought' to an appointment, rather than 'Did Not Attend' and review your own approach to this issue.

Learning theme: Transitions

- ✓ On transition from children's services to adult services communication and information sharing are crucial. This needs to be undertaken in a timely way with as much early liaison between agencies and professionals as possible.
- ✓ If there are issues about consent, there needs to be a robust consideration of the risks to the young person of not receiving a service, and consideration of a safeguarding response.

Consider how you may safeguard when a young person reaches the age of 18 years of age.

Transitions – Swindon update

Transitions Strategy

- ✓ The Transitions Strategy was published in 2020 and was co-produced with Young People, Parents and Carers and wider colleagues and partners such as BSW CCG and Adult Social Care. To view the strategy [click here](#)
- ✓ The Strategy includes the Transitions Protocol and Pathway for children with additional needs and/or SEND, and a Pathway for Care Leavers, setting out what should be completed when and by whom to support a young person to prepare for adult life.

Preparing for Adulthood Transitions Roadshow

- ✓ This is an annual event, for parents, carers and professionals who support young people age 14+ with additional needs to prepare for adult life. There are 40+ stallholders from different agencies and organisations and is recognised as good practice. For further information [click here](#)

Transitions Referral Form

- ✓ This has now been developed into an online Referral Form and can be [accessed here](#). There are links from the Swindon Local Offer and Swindon Borough Council (SBC) website.

Communication

- ✓ The Transitions Team Manager communicates with / briefs schools, colleges, Health and SBC teams about referral to Transitions, and does presentations at Local Offer Big Day, Transitions Roadshow etc about Referral. Note that for young people who are placed out of area, or who have very complex needs, a Care Act Assessment will be completed from age 16 to ensure early planning

Transitions continued

Practice improvements

- ✓ Improved joint working between Adult Services Transitions Team and Children's Services Disabled Children's Team and Positive Futures Leaving Care Service through Transitions Tracking meeting to ensure early planning.
- ✓ Referrals are triaged by the Transitions Team, this triage process started in 2021. Triage includes a 'mini' Care Act Assessment to gather information to determine whether a young person is eligible for support from Adult Social Care. If a young person is not eligible, a letter will be sent to provide information and advice about where they can receive universal support if needed.
- ✓ Transitions Team Link Workers attend SEND Annual Reviews at schools to discuss preparing for adulthood outcomes, to ensure early planning. Once a young person is allocated, the Transitions allocated worker will attend.
- ✓ A new Duty function has enabled the Transitions Team to meet 100% of reviews of young people age 18+ in the Transitions Team, to make sure that services are meeting need, talking about the young person's aspirations for the future, focusing on building independence.
- ✓ Weekly meeting between Transitions and Housing to review and plan appropriate accommodation for those who need it, this has reduced delay in allocation.
- ✓ Out of borough monitoring meetings monthly, and ensuring that face to face visits with young people are completed consistently. Supported by joint working between Health, Social Care and Education.

Transitions continued...

There is currently developmental work taking place in Swindon 'Bridging the Gap: transitional safeguarding and the role of social work with adults.

To access the briefing document 'Bridging the Gap [click here](#). This is relevant to those involved in safeguarding adults and social work and describes what transitional safeguarding is, why it is needed and how the contribution of adult social work is essential to developing and embedding a more transitional approach to safeguarding young people into adulthood.

Other useful resources include:

SSP Practice Brief - [Effective information sharing and consent - Swindon Safeguarding Partnership](#)

SSP [Adult safeguarding policy and procedures - Swindon Safeguarding Partnership](#)

Adult Safeguarding

- ✓ Adult safeguarding policies need to be followed even if a person with care and support needs is in hospital. Safeguarding decisions and plans need to be appropriately multi-agency, specifically recorded, and timescales for actions set.
- ✓ When a person who is subject to a safeguarding enquiries at any stage in the process, agencies need to share information about the person. This could for example be the case where the person is in an acute hospital and another agency is aware of safeguarding enquiries and of the person's stay in hospital. In these cases, there needs to be a specific briefing to staff on admission and before discharge regarding the safeguarding plans, expectations historic knowledge which may influence the discharge.
- ✓ All professionals working in Swindon should be conversant with the SSP [Adult safeguarding policy and procedures - Swindon Safeguarding Partnership](#) and [Adults Escalation Policy - Swindon Safeguarding Partnership](#)

Good practice: Planning a change of environment for individuals when there are safeguarding concerns

A young person may move in and out of different environments, for example be discharged from a specialist placement into an acute hospital, or move back into their home environment.

Good communication between professionals is essential in ensuring that Safeguarding information does not get missed.

Professionals should in their work with the person:

- Consider that the young person may, during your involvement enter adulthood and the Adult Safeguarding team may get involved in their care.
- Share information about their safeguarding concerns with all relevant agencies/services involved in the individual's care.
- Share and consider information about risks in a timely manner prior to the person moving (if there are concerns about the home environment, take these into account in your planning)
- If a conversation with the agencies or services involved is not sufficient to resolve any issues, a meeting with all parties should be considered by the main agency involved with the person.

Good Practice continued

- If a Safeguarding meeting has been scheduled by the Local Authority but relevant professionals are unable to attend, then another professional needs to deputise for them. The deputy should have access to relevant information and be able to participate on behalf of their agency/service.
- It is imperative that a proactive approach is taken. Out of Office responses should direct professionals to a generic number and if the matter is urgent, contact should be made on the phone.
- It is preferable that contact is made via generic email addresses as this mitigates against a single point of failure.
- All professionals are reminded of the [SSP Adults Escalation Policy Adults Escalation Policy - Swindon Safeguarding Partnership](#) and should consider its use if no response is received.
- When discussing discharge, the individual's intended place of residence and the persons who will be frequenting/residing there should be considered and risk assessed.
- Each agency/individual should be clear about what is being expected of them. If tasks are delegated to another team, there needs to be clarity about how it/this will inform them and timescale for this to be completed.

Risk Enablement Panel (REP) for those over 18 years



To report a concern about an adult at risk of, or experiencing harm please [click here](#)

Criteria for Risk Enablement Panel

When to consider a REP?

When all other interventions have not produced an improvement in outcomes, **for example** multi-agency meetings have not reduced the high risk for the individual(s) of concern.

A small number of individuals are deemed to have mental capacity, multiple needs and may be at risk of significant harm but fall outside of the criteria for Adult Safeguarding investigations (Section 42 Criteria not met).

The majority of the cases have had a community safety focus.

Where multiple high risks have been identified following an assessment and evidence that all other interventions have not produced an improvement in outcomes for the individual adult. Panels will be for one case (or linked cases) meeting as and when required.

For those who are deemed to have capacity and;

- Section 42 Care Act 2014 Safeguarding criteria not met.
- Who are at risk due to self-neglect/self-harm (*Fall outside Safeguarding S42 Criteria*)
- With risk taking behaviours;
- Who are change resistant;
- Who refuse to engage with services;
- Who are 'frequent callers' to services and
- Where the agency is struggling to maintain a high-risk situation as a single agency.



Purpose of the Risk Enablement Panel

To facilitate, develop engagement and risk management plans and monitor their effectiveness:

- Share information to identify, clarify and agree on risk
- Promote safety and wellbeing of high-risk adults in Swindon
- Improve multi-agency communication pathways
- Utilise the resources in Swindon more efficiently
- Develop a Risk Management Plan
- For those who are not engaging, co-ordinate a Risk Management Plan to seize the opportunities that can enable engagement and/or monitor the well-being of the person e.g. outreach opportunities, support from the community and locality input
- Ensure any actions are covered by a legal framework or are lawful
- Improve agency accountability
- Identification of a lead/key worker
- Share risk across agencies
- Consider options that will enhance the range of possibilities available to professionals to improve the outcome for the individual

For further information contact RiskEnablementPanel@swindon.gov.uk.

RESOURCES



Swindon Safeguarding Partnership (SSP) website access to [7 minute briefs and practice briefs](#) on a variety of themes.

SSP [Referral guidelines and MASH contact information - Swindon Safeguarding Partnership](#)

SSP [Children and young people policies and guidance - Swindon Safeguarding Partnership](#)
[South West Child Protection Procedures \(SWCPP\)](#).

SSP [Adults policies and guidance - Swindon Safeguarding Partnership](#)

SSP [Self-neglect – Multi-agency policy and guidance on responding to self-neglect - Swindon Safeguarding Partnership](#)

SSP Practice Brief [Safeguarding is for everyone - Know your role - Swindon Safeguarding Partnership](#)

Toolkits Mental Capacity Act see section M: [7-minute briefs and learning resources to improve practice - Swindon Safeguarding Partnership](#)

Please see the variety of training courses available on the SSP website [Training Information - Swindon Safeguarding Partnership](#)