

**A Local Child Safeguarding Practice Review (LCSPR) Bella and Ben.  
Executive Summary  
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**1. Why this local review was undertaken**

This independently led LCSPR is about Bella and Ben. When Bella was nearly four, the pre-school she attended had concerns about significant weight loss, her looking unwell and her mother reporting that she had a fractured arm. They made a referral to Children's Services. At the same time the school Ben (aged nearly 6) attended, were also concerned that his mother was not coping and that his needs were not being met. A Strategy Discussion was held. Child Protection enquiries were initiated and after some brief delay, Bella was seen in hospital where she was found to have been significantly physically and emotionally neglected. The out of hours social work team in Swindon visited and found the home conditions to be hazardous for children; mother agreed for Bella and Ben to be placed in care. Current plans are for them to live permanently in new families. Their parents have regular contact with them.

The family originally lived in Wiltshire but on the border with Swindon, where Swindon services were easier to access, but not always available to the family. They then moved to Swindon but remained registered with a Wiltshire GP surgery. This meant the family received a bewildering mix of Swindon and Wiltshire services over time, which impacted on the consistency and purposefulness of the services they received.

**2. Family background**

The family are white/British. When Ben was born, his parents were quite young. Bella was born two years after Ben, and by this time, mother and father had separated. Father was initially still involved; he attended meetings, provided general and financial support but then did not see the children for two years. Mother was parenting alone with almost no family or community support. When Bella was a few months old, Ben was assessed as presenting with autism spectrum and concerns associated with global developmental delay. Mother was told that Bella might also present along the autism spectrum when she was older. There were growing concerns across the review period about her global developmental delay and poor growth. The children attended a pre-school who knew them well and provided them with valuable opportunities to play and develop.

**3. Professional involvement: Over nearly a four year period**

The early framework for support for mother and the children came from Wiltshire health visiting services. Bella had planned follow up hospital visits from birth until she was two years old. At the first of these, when Bella was five months, old there were early concerns about Bella's growth and development and the health visitor was asked to monitor. Bella was not seen for another year due to an administrative error by the hospital.

At Bella's 9-12 month developmental check the health visitor was concerned about poor home conditions, lack of stimulation from mother to the children and decided to undertake



a common assessment (CAF) and set up two team around the child (TAC) meetings. These were not recorded so there is no sense of the focus or plans.

When Bella was 18 months old, she was being cared for by a childminder who told the health visiting team that Bella was significantly delayed in her development. Mother was contacted and it was suggested she contact the single point of access team. She did not do this and HV1 was tasked to follow this up which she did a couple of days later to discuss support. At the same time Bella was seen at a routine hospital visit. The Paediatrician was concerned about Bella's development and onward referrals for help were made. The Swindon speech and language team (SALT) team agreed to carry out an assessment.

A SALT practitioner made a home visit and noted the poor state of the home and the lack of stimulation for the children. She shared this with the health visiting team and was invited to a TAC meeting, which she could not attend. Bella was not seen again because mother had forgotten or was not at home for planned appointments. Telephone contact was made 8 months after the first visit and advice leaflets were provided.

Bella started preschool aged 2 years old. Ben was already attending. My Support plans (MSP<sup>1</sup>) were developed for both children. These were focused on educational issues; the health visitor was invited to the regular meetings that were held but did not attend. There was no join up with community concerns. In this same month the health visitor completed a home visit and discussed mother's concerns about both children's development. Onward referrals were made but led to no services or support.

In March 2020 the COVID 19, public health requirements came into place. It was good practice that the preschool prioritised the children's attendance from this point onwards. Contact by the health visiting service, the hospital team and SALT was by telephone. Mother and the children moved to a house in Swindon when Bella was two and a half. This meant there was a transfer in health visiting services. Transfer information was shared including the children's delayed development, but not the CAF or TAC process. A new health visitor was allocated, but because she went on unexpected leave never met the family. She was not replaced, and mother and the children received no health visiting service from this point onwards.

A month later the preschool asked for a further SALT assessment, a Paediatric assessment regarding possible ASC, Wiltshire Autistic Assessment Service (WAAS) and an OT assessment. Bella was accepted onto the WAAS pathway, and a WAAS practitioner became involved. She was also placed on the waiting list for community paediatrics and SALT became involved. The OT referral was declined.

Two months later Mother called the health visiting team asking for support. She was contacted by a newly allocated health visitor, who failed to make contact via the telephone or a home visit. There were no further attempts to see the family. At this point, there were no professionals visiting the family home, mother had little support, and Bella and Ben

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<sup>1</sup> A [My Support Plan](#) (MSP) is Wiltshire's way of supporting young people who do not meet the criteria for a EHC Plan. At this level, a [Lead Worker](#) will not be involved, but a [My Support Plan](#) can be completed by an educational setting or another professional working with a young person and used to plan and co-ordinate their support.

were receiving specialist input at pre-school, but nowhere else for their developmental delay.

When Bella was 3 years and three months old, mother contacted the GP saying she was worried that Bella was not growing or developing well. A referral was made to the Swindon hospital Paediatrician regarding possible growth faltering. Bella was seen ten weeks later. Bella's weight and height had fallen, and Bella was assessed as having significant global developmental delay and severe social and communication problems.

When Bella was nearly four, pre-school made the referral to Children's Social Care. A strategy discussion took place and a child protection enquiry agreed. There was a dispute about the need for a child protection medical, and it was proposed that Bella would be seen by the GP.

The social worker visited the family home, was aware of poor home conditions, and that mother had not sought appropriate medical support for a possible injury to Bella but had not thought immediate action was necessary.

The GP appointment was delayed by a day; the GP then made an immediate referral to hospital. The hospital was very concerned; they assessed that Bella had experienced significant physical and emotional neglect and she was admitted overnight. The hospital asked the Swindon Children's Services out of hour's duty team to visit the home. Home conditions were found to be hazardous, with no food available. Mother agreed for the children to come into care.

#### 4. Lessons learned from this review

**Lesson Learned 1:** Professionals in universal and some specialist services are not routinely identifying and responding to the early signs of neglect or recognising parents seeking help and the need for early help support to stop neglect becoming pervasive.

**Lessons Learned 2:** Professionals lack the awareness of faltering growth, the existing guidance and how to respond in a timely and robust way.

**Lessons Learned 3:** There is a tendency that professionals attribute developmental delay as an inevitable part of a child's disability, rather than either caused by, or exacerbated by neglect and poor parenting. This leads to a response, which focusses on the child and their need for services to bring about improvements, rather than a focus on parenting, attachment, the child's environment and the parents need for support.

**Lessons Learned 4:** Are Professionals locally equipped to respond effectively to the chronic signs of neglect and confidently take action?

#### 5. Conclusion

Bella and Ben's circumstances are a reminder of the need to equip all professionals, not just social workers, with the knowledge, skills and frameworks to identify and respond to the neglect of children, particularly disabled children, from the early signs through to

chronic pervasiveness neglect. To consider how best to support parents and enable change which boosts parental confidence and efficacy and improves children's developmental trajectories.

## 6. Recommendations

1. Wiltshire Safeguarding Vulnerable People Partnership and Swindon Safeguarding Partnership to ask partner agencies how they are assuring themselves that the workforce is enabled to recognise, name and respond appropriately to the early signs of children being neglected by their parents/caregivers and to consider when this neglect has become chronic in nature. This to include a focus on:

- Child centred practice
- Effective plans and interventions to support parents and enable them to develop effective and appropriate parenting responses.
- Good quality record keeping
- The use of chronologies
- Focussed early help assessment processes and the neglect screening tool/ Graded Care Profile<sup>2</sup>
- The use of plans and reviewing mechanisms
- Information sharing and the lead professional role
- Ensuring a robust response to the neglect of disabled and neurodiverse children
- Working to identify chronic neglect.

2. There needs to be some clarity sought about the connections between early support plans (Wiltshire) and the Early Help Assessments and plan (Swindon) and My Support Plans. What are the expectations, should they merge, how can information from one be shared with the other so that a holistic picture of children's needs emerges.

3. Wiltshire Safeguarding Vulnerable People Partnership and Swindon Safeguarding Partnership should develop brief guidance and a pathway for addressing faltering growth in children. This can be used to raise awareness amongst professionals.

There is no recommendation made about the disagreement regarding the child protection medical being incorrectly declined because this has been addressed through the updated Swindon Health Attendance at Strategy Discussion Protocol.

## 7. Further Reading

Brandon et al (2013) Neglect and Serious Case Reviews A report from the University of East Anglia commissioned by NSPCC: University of East Anglia/NSPCC January 2013. <https://learning.nspcc.org.uk/media/1053/neglect-serious-case-reviews-report.pdf>

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[https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect\\_Report.pdf](https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect_Report.pdf)

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