

Swindon Safeguarding Partnership
Local Child Safeguarding Practice Review
Bella & Ben
Practice learning brief November 2022

Concerned about a child?

Contact the Multi-agency Safeguarding Hub
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Local Child Safeguarding Practice Review

The purpose of this practice learning brief is to share learning that has been identified with Swindon safeguarding partners to help support the development of services and practice.

This practice learning brief summarises the learning themes identified in Local Child Safeguarding Practice Review (LCSPR) Bella & Ben.

Further information about LCSPRs can be found [here](#)

Bella and Ben

In November 2021, Bella (aged nearly 4) was admitted to hospital after concerns were raised about her physical and emotional wellbeing by the pre-school she attended; at hospital, she was found to have been severely neglected by her mother.

Bella and her brother, Ben, aged 5, were found to be living in home circumstances that were hazardous for children; mother lacked support from either family or professionals at this time.

Care proceedings were initiated and both children are now living in safe and appropriate homes; the plan is for them both to live permanently with away from their parents, but with contact being maintained.

The Hospital Consultant Paediatrician and Named Nurse for Safeguarding made a referral to the Swindon Practice Review Group because the significant neglect Bella and Ben had been subjected to had not been picked up or addressed by professionals working with them and there had been delays in action when safeguarding concerns became known.

Lessons learned

1. Professionals in universal and some specialist services are not routinely identifying and responding to the early signs of neglect, recognising parents seeking help and the need for early help support to stop neglect coming pervasive.
2. Professionals lack awareness of faltering growth, the guidance and how to respond in a timely and robust way.
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 focusses on parenting, positive attachments the child's environment and the parents need for support.
4. Are professionals locally equipped to respond effectively to the chronic signs of neglect and confidently take action?

Neglect

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

Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and 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 caregivers). Ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (*Working Together 2018*)

Neglect differs from other forms of abuse because: a) Frequently passive, b) Not always intentional, c) more likely to be chronic in nature rather than crisis led & can impact on how we respond as agencies. d) can be combined with other forms of maltreatment, e) can reflect a revolving door syndrome where families require long-term support, f) it is not always clear-cut & may lack agreement between professionals on threshold for intervention. The way we understand & define neglect can determine how we respond to it.

Briefing on the persistent failure to meet a child's basic needs resulting in serious impairment of the child's health and development can be found [here](#)
The Swindon Safeguarding Partnership Neglect Framework and Practice Guidance can be found [here](#)
Neglect resources and screening tool can be found [here](#)

Neglect and disabled children

Children and young people who have disabilities are at an increased risk of being abused compared with their non-disabled peers (Jones et al, 2014). Professionals sometimes have difficulty identifying safeguarding concerns when working with disabled children (NSPCC 2016). It is vital that everyone who works with disabled children understands how to protect them due to their increased vulnerability.

Misunderstanding the signs of abuse

It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.

- A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action.
- Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility.

Further NSPCC guidance on protecting disabled children and young people from abuse can be found [here](#)
SSP Neglect webinar can be found [here](#)

Faltering Growth

Faltering growth is complex and often multifactorial. Parents may feel 'blamed' for their child's slow weight gain. Health care professionals should remain alert to the possibility of a safeguarding concern, but should be sensitive to the emotional impact of caring for a child with faltering growth (BMJ 2017)

Faltering growth after the early days of life is identified in about 5% of infants and preschool children.

Without appropriate early identification, assessment and an appropriate response it can lead to serious growth failure and delayed psychomotor development.

Establishing the cause of the faltering growth, including considering early neglect, problematic parent-child attachment, parental difficulties and possible physiological or genetic causes is critical to addressing the needs of children.

NICE guidance on faltering growth can be found [here](#)

