Dudley Safeguarding People Partnership

Children's Learning Review Practitioner Briefing

Learning from a case involving behavioural difficulties, CSA & trauma informed practice

WHO SHOULD READ THE BRIEFING?

Any practitioner and manager whose work brings them into contact with children, young people, adults and their families.

THE REVIEW

A learning review was commissioned following the prolonged admission of a child with behavioural difficulties to an acute paediatric bed. There were substantial delays in decision making and sourcing a suitable placement for the child. The child required considerable restrictions, observations and restraint. The child had a known history of abuse and neglect and subsequently disclosed sexual abuse.

This case highlighted good evidence of information sharing and awareness of thresholds at the outset. As concerns escalated in relation to the child's behaviour there was a failure to recognise and provide the level of support that the family might need based on previous knowledge of their functioning in a timely way.

The case raises questions about how well staff are equipped to:

- Identify and respond to potential indicators of sexual abuse
- Provide effective support to children with self-harming behaviour where there is a history of abuse, neglect and reduced ability for parents to support children
- Meet the needs of children with violent, self-harming and very challenging behaviour within acute paediatric hospital beds
- Escalate and resolve professional disagreements to avoid drift and delay in planning to address the needs of children
- Coordinate an effective multi-agency response when disclosures of sexual abuse are received

It is likely the child and their family had a very poor experience as the behaviour deteriorated and during their long admission to an acute hospital bed. However, it should also be recognised that there is a shortage of appropriate placements for children who have experienced trauma and abuse which impacts on their behaviour.

OVERVIEW OF LEARNING

Multi agency working is vital to ensure comprehensive assessment of children and improve management of their symptoms.

Discharge planning should ensure that where children present with safeguarding and mental health concerns, including self harm, there is a robust process to ensure a documented plan for ongoing assessment and support. This should include clear indication of when a discharge planning meeting is required and include consideration of impact on siblings within the home.

Information sharing protocols should be utilised to ensure the discharge plan takes account of information relating to the family history.

Known history of previous abuse/ neglect and family functioning should be considered when a safeguarding referral is made.

Practitioners should be able to understand the risks of child on parent violence, identify and respond to this with the appropriate service available.

Professionals should have skills and expertise to understand and respond to a child's behaviour. Professionals should be supported in relation to any vicarious trauma experienced.

Appropriate training should be provided to frontline staff to ensure they have the correct skills to recognise behaviour linked to trauma, sexual trauma and sexual abuse. Also to be able to respond to concerns relating to sexual abuse, particularly where there is not a direct disclosure.

Staff involved in critical incidents should receive a de-brief to ensure welfare support and facilitate learning.

Supporting disclosures of abuse.

Sexual abuse is widely recognised as under reported in childhood. The system for investigation of child sexual abuse relies heavily on disclosures from children. Barriers for children to disclose include:

- The anxiety that no one will believe them
- The personal responsibility that children feel when they are abused
- The sense of shame they feel
- The inadequacy of language to explain what has happened to them
- The very real fear that they will be punished, rejected or separated from family members
- Where a child has additional needs impacting on communication

Many professionals are anxious that they should not be perceived as asking 'leading' questions, this is a recognised barrier to professionals feeling confident to handle conversations with children who are demonstrating signs of distress. Staff should be better supported to understand trauma/sexual abuse and how to have appropriate conversations with children and young people which may enable them to make a disclosure.

Opportunities for a child/young person to be seen alone should be planned, in an environment conducive to disclosure.

Staff in acute settings should be equipped to manage restrictive interventions and that these are subject to appropriate oversight.

Children and young people may be deprived of their liberty if the deprivation is in their interests, but the circumstances that make these acts lawful vary according to the clinical circumstances at the time.

The Restrictive Intervention Procedure Provides clarity to staff in relation to the following:

- Clarity for clinical staff in relation to when legal advice must be sought for children subject to restrictive practice
- How the rights of children can be promoted Restraint and use of force - rights4children
- How consent should be obtained for a care plan that involves any restrictions, physical or chemical restraint.

Regular monitoring of the Procedure should provide assurance that any episodes of restraint were unavoidable and are recorded appropriately.

A least restrictive approach should be taken and de-escalation techniques adopted but where physical restraint cannot be avoided this is only provided by staff who have undergone MAYBO[1] training. Training compliance is monitored by the acute Trust.

[1] MAYBO is a Restraint Reduction Network accredited restrictive intervention programme. The training supports preventative strategies to manage challenging behaviours as well as low, medium and high-level restrictive interventions.

Multi-agency collaboration to manage safety of children and young people in acute hospitals, who are awaiting beds in alternative secure and therapeutic placements.

There is a need for multi-agency activity when a child is in an acute hospital bed but does not require acute medical care and discharge cannot take place until a suitable placement is found. This is vital to manage risk, provide care, support acute staff and allow the quickest resolution to the situation possible.

In this case there was good evidence of acute staff being supported with additional staff to provide enhanced observation, however there was very limited documented evidence of coordinated escalation to senior staff in the relevant agencies to achieve resolution to the placement issue.

Professional disagreements should be handled effectively and in line with the DSPP Professional Challenge and Resolution procedure

A clear escalation procedure is required for children who are in acute hospital beds with behavioural problems. This will address immediate safety planning for the child and focus on resolution of barriers to finding placements. This will involve executive level staff and commissioners (and where necessary legal teams) where there is:

- Delay in discharging children who do not require acute hospital care
- Delay in reaching agreement about which placement is suitable
- Delay in sourcing an appropriate placement

Minimising negative impact on other children and families where patients are exhibiting acute signs of distress with violent outbursts and sexualised language and swearing.

The acute Trust worked with the child subject of the review, and other patients and their families, to ensure the child's behaviour caused as little impact as possible. Admission was never refused.

WHAT CAN YOU DO NOW

1. Ensure you attend and participate in strategy meetings, and particularly for those children who are inpatients in hospital.
2. For children on child protection plans, ensure you are engaged in their timely review by the multi-agency group; including for all children whether placed within or outside of the Dudley area.
3. Attend the DSPP learning and development offer for Trauma Informed Practice and courses on Child Sexual Abuse.

MORE INFORMATION

Visit the Learning Zone to access the DSPP's training offer.

Resources specific to learning in this review:

Safer 7 – CSA

Safer 7 – Vicarious Trauma

Safer 7 – Trauma Informed Practice

Safer 7 – Child Protection Medicals

Safer 7 – Child Neglect

Safer 7 – Professional Challenge & Resolution

For further information on reviews, resources and policies visit the DSPP website