Dudley Safeguarding People Partnership

Executive Summary of Local Learning Review - CHILD Z

Learning:

The importance in understanding the Child's voice: ACE's and lived experience; understanding the impact of chronic neglect; multi-agency working; impact of parental mental health; impact on parent with cognitive learning disables; professional challenge; identifying safeguarding concerns and risks as a collective rather than as isolated incidents; supporting parents with learning disabilities; disguised or non- compliance from parents/carers

Recommendations:

Agencies to identifying safeguarding concerns and risks as a collective rather than as isolated incidents; professionals to use professional challenge and resolution process

Keywords: **parental mental health, chronic neglect, ACE's, parental learning disabilities, Neglect Strategy**

Review author: Rebecca Jessup, Lead for Safeguarding in Education, Safeguarding and Review Service, Dudley MBC.

Introduction

This document is the Executive Summary of the local learning review report into Child Z aged 12 years, conducted on behalf of Dudley Safeguarding People Partnership.

The Child Safeguarding Practice Review (CSPR) referral was submitted by Dudley Group NHS Foundation Trust who raised concerns relating to siblings, Child Z and SZ, regarding the exhibiting impact of neglect. From the referral, a Rapid Review Meeting (RRM) was arranged. Following the RRM, the case was referred into the Dudley Safeguarding People Partnership (DSPP) Learning and Improvement Sub-Group for consideration to undertake a local learning review. The panel deliberated and decided on a local review, using the findings from the RRM.

Summary

Child Z was brought into Emergency Department (ED) by ambulance in March 2021 in moderate diabetic ketoacidosis (DKA) following attendance at a General Practitioner (GP) surgery. Child Z's mother (MZ) was unable to attend the GP surgery due to her own health issues, and with mother's consent, Child Z was brought to the GP surgery by a neighbour. MZ attended the hospital later that day. The GP had concerns in relation to neglect and delay in accessing medical attention and once Child Z arrived at Emergency Department (ED) a Multi-Agency Referral Form (MARF) was subsequently completed by ED, due to Child Z showing delayed developmental presentation, unkempt appearance, and poor dental hygiene. The Ambulance Service also completed a MARF.

Child Z was diagnosed with Type 1 Diabetes and admitted to the Paediatric Ward. Further concerns began to emerge when the Specialist Paediatric Diabetes Team became involved in Child Z's care, they too completed a further referral into Children's Social Care on 2 days following admission. Their concerns were in relation to neglect and MZ's inability to manage the complex demands of a child with diabetes and comprehend potentially fatal consequences of any mismanagement of the treatment programme.

The Dudley Group NHS Foundation Trust undertook discussions with other agencies (Early Help and Education) who were already involved with the family and identified emerging concerns regarding MZ's inability to meet basic care needs and prioritise her children. This was requested by the Diabetes Team as they challenged the outcome of their referral as Child in Need (CIN). This was also to plan for a safe discharge. Concerns such as, insufficient school attendance, poor health access, unsatisfactory diet, lack of routines and boundaries, and inadequate living conditions were raised. The Diabetes Team were concerned in relation to the impact of this chronic neglect on the management of Child Z's diabetes as well as mother's cognitive ability to understand the impact of diabetes for a child. A professionals' meeting was arranged while Child Z was on the Children's Ward and extensive Children's Social Care history was shared. Children's Social Care initiated a strategy meeting later in March 2021 and Section 47 enquiries, in which a decision to proceed to an Initial Child Protection Conference (ICPC) was held April 2021.

Child Z is required to inject medication and take necessary infection control precautions (clean hands, needles, and safe disposal of sharps) a minimum of four times a day. MZ had the opportunity to learn this process with support from the Diabetes Team over a period of almost two months. The Diabetes Team had concerns that MZ found it difficult to accurately calculate carbohydrate amounts in meals difficult. Incorrect calculations would result in Child Z receiving too much or too little insulin. As MZ found this difficult, Child Z's length of stay in

hospital was lengthened (typical cases are around 2-3 days) as the Diabetes Team tried to support mum managing Child Z's diabetes, but they could see she was struggling.

The Diabetes Team did identify that MZ's learning needs could be a contributing factor to the neglectful parenting. They spent a considerable amount of time with MZ and repeatedly raised the concern she did not understand the information given to her. A referral into another specialist service, such as, Children's Services or Family Solutions for some additional parenting support may have helped MZ manage Child Z's medical condition. This could include understanding why calculating correct medication is vital for Child Z and confirm if she has the capability to positively medicate Child Z's diabetes.

Notes from Child Z's Social Worker verified a cognitive Parent Assessment Manual (PAMS), was completed for MZ sometime after Child Z was subject to a Child Protection Plan (CP). It concluded, *MZ finds it difficult with reading and comprehension, and has comprehension levels of a 9-year-old*.

There had been extensive involvement (approx. ten years) from several Children's Social Care Services before the family moved to Dudley. It is not evident if previous Local Authorities recognised MZ's low level ability even though some assessments took place, or if MZ's childhood, past traumas, and her basic needs not being met, were considered. Findings may have helped to understand her parenting capabilities and learning needs.

Child Z became subject to a CP Plan and is currently in care, due to physical and emotional neglect. MZ appears unable to meet her children's' emotional needs due to her cognitive ability, and incapable of managing Child Z's medication and health appropriately.

Child Z's history reflects a life of chronic neglect. Professionals had repeated concerns around dirty home conditions, excessive physical chastisement, poor health access and diet, lack of routines and boundaries and MZ relying on inappropriate people to support her to look after the children. It is unclear whether the Graded Care Profile2 (GCP2) tool was considered or completed to measure the level of care for Child Z during extensive involvement by Children's Social Care or Early Help within Family Solutions.

MZ moved to Dudley from London leaving her support network in London. MZ's father (Child Z's grandfather) is registered as a person posing a risk to children (PPRC) due to sexual offences against children. This undoubtably impacted on MZ's upbringing, her understanding of family values, boundaries, and the ability to trust. Living with such adverse childhood experiences (ACEs) may have contributed towards her own mental health, learning complexities, and understanding of what constitutes being a stable and responsible parent. There seems a lack of curiosity from previous Social Care involvement whether MZ's lived in experience, growing up, was explored.

At Child Z's Child Protection Conference, health professionals stated they had concerns around MZ's ability to parent Child Z safely upon discharge from hospital which is why a Section 20 Voluntary Child Placement[1] (VCP) was discussed. MZ declined the VCP therefore the Local Authority initiated Care Proceedings and sought an Interim Care Order[2] in May 2021. Child Z went into Foster Care 12 days later.

The Rapid Review Meeting highlighted a potential lack of escalation, challenge, and supervision from agencies involved. An overview from Children's Social Care involvement for Child Z and SZ emphasised they have been dependent on Early Help and Children's Social Care services for a large proportion of their lives, yet it is unclear what has improved for them. Each MARF submitted was viewed as a singular event, and the cumulative impact of the neglect and adverse childhood experiences were not considered in assessments.

Identified Learning

The learning has been identified in the following areas:

1. Further training for Children's Social Care practitioners to recognise chronic and cumulative neglect for a child, to understand what is happening in their life, how neglect impacts their life chances and how services can provide support
2. Professionals to collectively look at historic safeguarding concerns and risks, in the form of a chronology, rather than identify them as isolated incidents
3. Where there are noticeable safeguarding concerns, GP's must complete a MARF into Children's Social Care, rather than rely on other agencies
4. Professionals attend a multi-agency meeting and review each case where the length of stay in hospital for a child or young person overrides the norm, particularly focussing on whether timescales are due to parenting concerns or to secure a placement for a child when they are unable to return home
5. Health professionals develop a programme around supporting parents with learning disabilities where they are struggling to understand the complexities of calculating and administering (diabetes) medication to their children
6. A named child advocate is always linked to a child on CiN, or CP is invited to such meetings
7. All agencies, particularly Schools and Children Social Care, examine the impact of working differently in difficult and exceptional circumstances, working during COVID-19 in this case
8. Professionals to not repeat MARF submissions into MASH, but to contact the allocated Social Worker or use the Professional Challenge and Resolution process to raise further safeguarding concerns
9. MASH to have oversight and consider a 'trigger point' or examine three referrals in succession, to highlight the need for further discussions or review a child's case if professionals are continually submitting MARFs
10. All professionals working with children and young people know and follow the latest DSPP Professional Challenge and Resolution guidance to challenge an outcome or raise further concerns of how a child's case is being managed
11. DSPP consider further work with front faced professionals allocated to support families, to recognise and act on disguised or non- compliance from parents/carers who appear to be cooperating with agencies
12. GP's, Schools and School Nurses to work together to discuss a child health needs and records, particularly if there are concerns with parental non-compliance or low or non-attendance at school

Conclusion:

Type 1 Diabetes is not a causal link to the neglect Child Z suffered, as there is no way type 1 diabetes can be prevented but it can be managed with correct medication although a balanced diet and healthy lifestyle can help. When Child Z became ill and attended the GP and emergency department, Child Z became known to health professionals who then raised safeguarding concerns in relation to the physical appearance and emotional neglect.

Neglect has been prevalent throughout Child Z's life with basic health care and emotional needs not being met. Child Z's initial admission to hospital evidences MZ's inability to safely parent and due to her limited cognitive ability, she is unable to meet both her children's emotional needs. There may have been opportunities to intervene earlier, although this would not necessarily have prevented the significant event of hospitalisation for diabetes, the response to neglectful parenting may have been different.

Child Z is now in the care of Foster Carers and is thriving. It seems unlikely that Child Z will return to MZ's care as currently she is unable to understand the demands of Child Z's diabetes, recognise the severity of administering incorrect dosages of medication or how to act if it is administered incorrectly.

The review panel asks that safeguarding partners highlight the identified learning and recommendations from the local review with relevant agencies through auditing, regular monitoring and follow up on actions so the findings make a real impact on improving outcomes and life chances for children and young people within Dudley MBC.

Recommendations:

Recommendation 1:

All front facing practitioners working with children and young people to revisit Dudley Safeguarding People Partnership (DSPP) Neglect Strategy (Graded Care Profile2 - GCP2) to recognise chronic and cumulative neglect for a child and the impact on their life chances

Recommendation 2:

Children's Social Care complete a deep dive of cases where families, with a history of long periods of neglect, have moved into Dudley from other local authorities to potentially divert attention or become hidden from agencies

Recommendation 3:

Health and Children's Social Care professionals to develop a clear pathway and timeliness of intervention for parents with learning needs in order they understand the complexities of calculating and administering medication to their children

Recommendation 4:

Children's Social Care to complete piece of work around parents with learning disabilities to support them with their parenting, especially where child neglect is prevalent

Recommendation 5:

All front facing professionals know and understand how to use the latest DSPP Professional Challenge and Resolution process and attend the Professional Challenge and Resolution training through the DSPP

Recommendation 6:

The learning from this report is shared across the partnership