

## **A Learning Summary in relation to a young child**

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### **1.1. A Missed Opportunity**

During her pregnancy the extent of the child's mother's dependence on prescribed medication was known by those providing her ante-natal care and the possibility that her baby would suffer withdrawal at birth, and therefore may have to go into Special Care Baby Unit, was discussed with her. This together with her lack of engagement with the Diabetes Team should have triggered a referral to the Multi Agency Safeguarding Hub in accordance with the Safeguarding Board's inter-agency guidance on pre-birth assessments and child protection. A pre-birth assessment would have accessed historical information, highlighted the risks to the unborn baby and enabled a robust plan to be put in place.

### **1.2. Thresholds**

There is an overarching question about whether the Early Help approach was the right pathway for this situation. Did it reach the threshold for a child in need of protection or, at least, a child in need of support<sup>1</sup>? Certainly, the Health Visitor, Parent Partnership Officer and the Mental Health Practitioner felt at various times that it was too risky for this family to remain within Early Help and hence the Multi Agency Safeguarding Hub referrals. The risk factors included:

- The past history of an older sibling being removed from mother's care.
- Misuse of opiates, both over-the-counter and prescription drugs.
- Mother's reports of past domestic abuse and sexual assaults.
- Housing and home conditions.
- Mother's extreme anxiety, which sometimes had an impact on her ability to care for her child and provide appropriate stimulation and care.

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<sup>1</sup> Safeguarding Partnership Board *Delivering Effective Support for Children and Families. Understanding the Continuum of Children's Needs.* (2016)

- The Health Visitor raised this case in professional supervision on more than one occasion and it was on the agenda for nearly every supervision session for the Parent Partnership Officer. In January, at group supervision within the Child Development Centre the team used the 'Indicators of Need' to analyse the situation and concluded that whilst most indicators for child development sat within Early Help, parenting capacity and environment sat within child protection.

### **1.3. The Nature of Substance Misuse**

The child's mother needed pain relief, but the extent to which she was supplementing her prescriptions with over-the-counter pain killers had a deleterious effect on her health and her parenting capacity, just as much as alcohol or illegal drugs would have had. It also had an impact on her finances and rather than reducing her anxiety served to increase it and thus increased her need for higher doses of pain killers.

### **1.4. Assessment: Sources of Data and Historical Information**

The importance of historical information in holistic assessments and effective plans is widely understood. Services and professionals in this case were reliant on the child's mother for historical information and information about the wider family, with no way of verifying it. It was only when statutory agencies were involved, that a more complete and accurate picture emerged of the sibling being removed from mother's care because of similar issues of neglect. If this had been known and understood earlier, it would have helped in the assessment of risk to the subsequent child.

Similarly, the initial assessment undertaken was mostly based on self-reporting by the child's mother. The information she gave was not triangulated or verified and thus her parenting capacity and the risks to the development of her child was not fully understood. It should be noted that at the time it was undertaken, initial assessments were constrained by tight timescales. They had to be completed within ten days, which meant they sometimes lacked depth. The situation did not move on to a comprehensive assessment because the conclusion of the initial assessment was that the Early Help Plan was serving the family well and so there was no need for Children's Services involvement. Since January 2017 the introduction of single assessments has made it possible for a greater degree of exploration and analysis.

### **1.5. Assessing Potential and Motivation**

It is important to differentiate between the potential to parent and the motivation to do so. Although there was some delay in development, the child did progress, but there was a huge amount of input from services to support this and ensure 'good enough' parenting. The child's mother had the potential to parent but the many problems and distractions in her life meant she did not always have the motivation to sustain improvements. It required much prompting on the part of practitioners to maintain acceptable home conditions or provide age appropriate toys and enough stimulation. Sometimes, the child's mother's anxiety meant she was unable to leave the house, which impacted on her child's behaviour and development.

### **1.6. "Hidden" Men**

The child's mother did report serious domestic abuse to her GP but again it is not clear who the perpetrator was and if this was the father, or someone else. There were at least two occasions in the child's first year when the mother thought she might be pregnant again and although she did not disclose if she was in a relationship, there were obviously men in her life.

At various points professionals did enquire and at one point challenged her when they saw her hanging out men's clothing to dry, but the child's mother always denied she was in a relationship. The initial assessment report made no mention of this and it is unclear whether this was an area that was explored with her.

Not knowing who else may have been involved or having contact with this family, meant there was no opportunity for professionals to assess who else might have contributed to the parenting of the child and the impact of this on their development. After the incident that led to the involvement of statutory services, the child went to stay initially with a family member, who then asked that they be moved as they were expressing challenging behaviour towards another child in the family.

### **1.7. Working With 'Chaotic' Families**

The child's mother had many distractions in her life. There was always something happening, whether it was things to do with a grandmother or her own health issues. This led to missed appointments, for instance at the Pain Clinic; poor engagement with services such as Drugs and Alcohol and sporadic attendance at groups or not being at home for pre-arranged visits. It meant the professionals put a lot of time and effort into rearranging things or making re-referrals.

Working with chaos can impact on professional practice and may also serve to shift the focus away from the child. It is to everyone's credit that this did not happen and that there was monitoring of the child's progress and the setting up of therapeutic interventions to address his developmental delay. Despite the difficulties and sometimes sense of a lack of progress, all the practitioners involved in this situation stayed with the situation and kept on striving to meet the needs of the child and the mother.

### **1.8. The Impact of Poverty**

The child's mother struggled with finances and at times admitted to being overwhelmed by her financial problems. She found ways of trying to manage this by, for example emailing the GP, so she did not have to pay for a consultation or using part of her child's consultation to talk about her own health issues and to seek medication.

Financial worries trapped mother into a cycle of increased anxiety and so she would increase her intake of over-the-counter medication which in turn both depleted her finances leading to heightened anxiety and had an adverse impact on her physical health. The long-term impact of poverty and neglect on parenting capacity and therefore on a child's development cannot be underestimated.

### **1.9. Home Conditions**

The financial difficulties of the family meant that home conditions were poor. With encouragement, the child's mother could improve things but could not always sustain that improvement; she was reluctant to spend money on things such as carpets because she was hopeful of being re-housed. There was a home visit from Portage when things were just about good enough, but it was only two days later that paramedics reported home conditions to be 'very unhealthy'.

The professionals who went into the home saw only the living room. However, they were there by voluntary agreement and did not have the mother's permission to look at the rest of the accommodation, therefore any assessment of home conditions could only be a partial one.

### **1.10. The 'Threat' of Safeguarding**

Any mention of Children's Services made the child's mother fear that her baby would be removed from her care. Because of her previous experiences, in her mind the

two things were inextricably linked. She viewed safeguarding as something negative and punitive, rather than something positive. This led her to be not totally honest with professionals, to withhold information, to be falsely compliant and to sometimes distance herself from the services which were trying to support her.

The challenge for safeguarding practitioners is to safeguard children and work sensitively with families; be supportive; assess their potential and; encourage positive change

#### **1.11. Inter-Agency Working and Information Sharing**

There was some excellent inter-agency communication and co-ordination. As well as the regular Team-Around-the-Child meetings there was ongoing communication between everyone involved and strong links across the professional network. There were also several instances of joint working and joint home visits to introduce a new service or a new practitioner. Overall, the child's mother said she found the professionals and services helpful, supportive, and useful. However, she said she sometimes found the number of people involved in her situation rather overwhelming and intrusive and it was not helpful that she had to repeat her story over and over again.

Whilst information sharing was good within the early help pathway, there were constraints in accessing and sharing information more widely. There is no legislation to promote the sharing of information within the well-being arena, in other words before a situation has reached the threshold of significant harm. This affected such things as access to accurate and detailed historical information as well as some of the information surfaced by the Multi-Agency Safeguarding Hub when making decisions about whether or not a referral be accepted.

## **2. Actions that will be implemented by the Safeguarding Children Board and member agencies**

2.1. In the review of this case there were several referrals from practitioners in the Team-Around-the-Child to the Multi-Agency Safeguarding Hub which were sent back to Early Help and although the concerns continued, the Multi-Agency Safeguarding Hub decisions were not challenged. **Professionals will therefore be reminded of the Safeguarding Partnership Board's Escalation and Resolution Policy** which is for use when the judgement of staff from different professional backgrounds may differ, to

prevent such differences from getting in the way of safeguarding a child or young person. In addition, **a simple template will be designed to record and capture discussions throughout the stages of the Escalation and Resolution Policy.**

2.2. Continuing with the theme of thresholds, **an audit will be undertaken to look at a sample of cases which have been either 'stepped up' to safeguarding or 'stepped down' to Early Help in order to explore and understand the following:**

- The criteria underpinning these decisions.
- The outcomes for children in terms of safeguarding and well-being.
- Whether or not there is consistency and agreement on the interpretation of thresholds.

2.3. **A training workshop is scheduled in the autumn on the subject of 'Working Effectively with Men in Families'.** This will be the first step **in building a strategy to increase professional knowledge and awareness and to develop practice in assessment and planning** to ensure it is holistic and includes all adults who may be an important part of a child's life. **Such a strategy will also consider how to develop practitioners' skills in working with men in, or associate with families.**

2.4. Neglect was a feature of this situation. There have been several recent developments in devising various toolkits to assist in the assessment of neglect and the designing of effective intervention strategies. **The Safeguarding Children Board will produce a Neglect Strategy and a neglect toolkit that is congruent with the forthcoming practice model 'Jersey's Children First'.** This will entail:

- Researching what has already been developed.
- Adapting such tools to fit the Jersey context.
- Mapping out an implementation strategy.
- Disseminating the toolkit to practitioners.

2.5. There was a missed opportunity in the ante natal period when a referral to Multi-Agency Safeguarding Hub should have been triggered. **A joint protocol for multi-agency pre-birth assessments and referral<sup>2</sup>** has been drawn up but has only been implemented in part in Family Nursing and Home Care and maternity services. **A**

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<sup>2</sup> A chapter on 'Pre-birth' was added to the Jersey Safeguarding Partnership Board Child Protection Procedures in March 2017

**robust implementation plan will be rolled out across all services including Midwives, GPs, Social Workers and Health Visitors.**

2.6. This learning summary highlights that the misuse of prescription drugs and over-the-counter pain killers can have as adverse an effect on parenting capacity as the misuse of alcohol or any other substance. Therefore, **anyone caring for a child who is misusing prescription drugs and/or over-the-counter pain killers will be referred to the Drugs and Alcohol Service and consideration given to referring to the Multi-Agency Safeguarding Hub.** The referral to the Drugs and Alcohol Service should be made by any agency or service working with that parent and it will require **clear referral processes. Public Health will work with pharmacists to raise awareness of the dangers of misusing over-the-counter painkillers and the damage this can cause.**

2.7. Practitioners work with complex situations and it is essential they have opportunities for supervision to reflect on practice, increase understanding and plan ways forward. When practitioners work in multi-agency teams, it is also important that they have the opportunity to do this thinking and sense-making together. Serious Case Reviews in Jersey have made recommendations about **safeguarding supervision** and this learning summary highlights that a **working group will be formed as a supervision work stream under the auspices of the Safeguarding Partnership Board** to identify the various initiatives already underway and to pull things together into a coherent strategy. In doing so the groups will need to be mindful of two things:

- What access practitioners have to supervision in their own settings.
- What has been developed and what could be developed in the way of multi-agency supervision e.g. for Teams-Around-the-Child and Core Groups.

2.8. **This Learning Summary will be shared with relevant Ministers** so that the findings can be considered in the development of Jersey policies and in deepening the understanding of the impact of poverty on child development in the long-term.

2.9. **The Single Point of Referral's operating procedures will be amended to ensure that the extended family, including children, are considered when making decisions about referrals.** In this case the Single Point of Referral declined the first referral about maternal grandmother without considering the impact on Child K of the overcrowding and the tense relationship between mother and grandmother.

2.10. The Independent Domestic Violence Advisory Service was involved with the family at various times. This service has a significant role to play in the safeguarding and protection of children. **Thought be given to how this service might play a more prominent role, such as being invited to Team-Around-the-Child meetings.**

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