

7. Key Learning

- Descriptions and language should accurately reflect the child's voice, not subjective personal views and opinions.
- Where a parent/carer has a learning disability/difficulty, the appropriate assessment should be undertaken, with the child's well-being always being the focus.
- Where a child's behaviour or presentation changes professionals should seek the reasons for this from the child, not focus on the child as the problem.
- Understand the burden of secrecy on the child to protect themselves and the family.
- When a child may have had sexual intercourse, speak to them alone, and if under 13yrs refer to social care.
- When an agency has requested a strategy meeting and the team manager declines this, the rationale should be clearly documented and shared to enable further discussion if required.
- Longer term cases, especially those of chronic neglect, should be considered for independent review by a senior manager.
- Significant adults / family members in a child's life should be fully assessed and incorporated into safety plans. Information should be shared across agencies and constantly reviewed to ensure all relevant information is shared to protect the child.
- Where it is known a crime may have been committed against a child, the police should be informed.

1. CAITLIN – Background

- Caitlin was known to agencies throughout her life and was subject of a child protection plan in May 2018, following concerns around mother's parenting capacity and physical abuse.
- Her hygiene and appearance deteriorated, she disclosed she had been hit by mother and mother's partner, and that she was keeping visits to the partner secret, contrary to social care plans. Mother reported her pregnant at 12yrs although tests proved negative.
- In July 2019 Caitlin began to go missing from home and refused to return.
- Caitlin was absent from school, and was found at home with her mother under the influence of drugs, with drugs on the table
- Caitlin experienced bed wetting, soiling, head lice, poor hygiene and was self-harming.

2. Family context

- Only Caitlin, the youngest of 3 siblings, remained in mother's care despite inconsistent parenting and frequent concerns.
- Mother misused substances, had possible learning difficulties and prioritised her partner over Caitlin's care
- Birth father had a history of domestic violence and abuse, and was deceased.
- Mother partners posed various risk including sex offending, domestic abuse and substance misuse.
- Maternal Grandmother was a protective factor.

6. Good Practice

- Caitlin appeared safe and supported in school, they listened to her, ensuring her voice was heard, acted in her best interests, the Education Welfare Officer undertook home visits.
- The paediatrician identified potential risk after disclosure of continued contact with mother's partner which Caitlin has been keeping 'secret', and made phone call to social worker followed up by referral.
- Families First supported with work around keeping safe, particularly around social media.



3. Areas of concern

- Allegations of physical abuse were recorded by agencies as 'over chastisement' – not recognising abuse and focussing on child's behaviour.
- A single agency assessment was undertaken which is not normal practice.
- It's unclear what information was sought from police about adults in Caitlin's life, to assess risk and inform decision making.
- Mother's undiagnosed learning difficulties/disabilities.
- Professionals understanding around mother's 'capacity' under Mental Capacity Act, versus 'capacity' to protect Caitlin.
- Frequent change of social workers during assessments.
- Child's behaviour and physical appearance deteriorated, the reasons behind this were not considered.

5. Themes

- Information sharing - little evidence of early, effective sharing across agencies, i.e. adults of risk in child's life.
- Gaps in multi-agency working and lack of prompt, effective strategy meetings to assess and mitigate risk.
- Frequent change of social workers in long term chronic neglect case, that may have benefited from independent manager review.
- Use of language to reflect risk.

4. Further areas of concern

- There is no evidence a possible pregnancy was considered as a safeguarding issue or that Caitlin may have been the victim of a crime. Caitlin not spoken to alone by GP and referral not made to social care.
- Information around pregnancy and supply of drugs to child was not shared with police.
- Strategy meeting was requested and declined by social care team manager and challenged by school nurse without response.
- Mother blamed child for appearance and behaviour.
- Mother hid ongoing contact with risky partner from services.