

7. Professionals should be familiar with the contents of the local protocol on 'The Common Assessment Framework, Team Around the Family and the Role of the Lead Practitioner'.

Details have been changed to protect the identity and privacy of family members and professionals involved in this case.

**Keeping Children and Young People
Safe from Harm, Abuse and Neglect**



Highlighting Lessons
from Serious Case Review

Regional

Date of Review: August 2010
Local Authority: Gateshead
Name: Child H

Keeping Children and Young People Safe from Harm, Abuse and Neglect

Summary

Child H was born in 1993, the third of five children to his parents. He was first identified as having behavioural problems in 2002 around the time of his ninth birthday, when he was in year 4 at school.

Over the years that followed, Child H's problems steadily worsened: he became involved in increasingly serious criminal and anti-social behaviour; he misused drugs; he engaged in self-harming behaviour; and he received little in the way of formal education.

Child H and his family received input from a range of agencies, principally: education, health (including the local child and adolescent mental health service), Children's Services, the Youth Offending Team, addiction services and Barnardos. Despite this input, Child H continued to present as an increasingly troubled and troublesome child and adolescent. Periods of calm were few and short-lived and usually coincided with Child H's detention at a secure training centre or accommodation at a secure unit. In spring 2009, whilst Child H—then aged 15—was accommodated at a secure unit, his eldest brother died. Child H was discharged home following expiry of the secure accommodation order in summer 2009. He quickly returned to a lifestyle characterised by antisocial and criminal behaviour, drug misuse and self-harming. It was clear that Child H was struggling to come to terms with the death of his brother. In January 2010, Child H was placed in a children's home on an emergency basis. A number of professionals involved with Child H at the time considered that he should be returned to a secure unit.

Later in January 2010 (which would have been Child H's deceased brother's birthday), Child H—who was then 16 years old—went missing from the children's home with another resident at 10pm. They returned the next morning of their own accord at 3am. Staff considered that the boys appeared to have been drinking alcohol, there were no concerns about their presentation and the boys apologised for going missing. The police attended and woke the boys for a 'safe and well' check.

Child H was allowed to sleep in the following morning. He was checked by staff on a number of occasions and no concerns were identified. However, at

lunchtime he was found to be unconscious and an ambulance was called. He went into cardiac arrest and was taken to the Accident & Emergency Department at a local hospital. He was subsequently transferred to the Intensive Care Unit where he remained for some time. He regained consciousness. This was a life-threatening event. Toxicology tests conducted following Child H's admission showed the presence of methadone and diazepam in his system. The cardiac arrest is likely to have been caused by these substances. Child H was subsequently discharged back to the care of his parents. He continues to make a slow recovery. His long-term prognosis remains uncertain.

Lessons learned & implications for practice/operation

1. At the point of intervention, professionals should always question:
 - The extent to which, taking a holistic view of the child's circumstances, there is a full understanding of the presenting problem;
 - What steps need to be taken to seek to obtain a full understanding of the presenting problem
2. Save in the case of emergencies, professional intervention should always be according to a written plan which contains:
 - Outcomes which are as clearly defined as possible
 - Arrangements for the implementation of the plan
 - Arrangements for the rigorous monitoring of the plan which include timescales and how to measure successes
3. Professionals should always ensure that their records:
 - Note the views expressed by the child and their family, and the extent to which those views have been challenged
 - Are accurate, comprehensive (according to the particular intervention) and legible
 - Are properly organised in accordance with agency procedure so that they can be readily accessed and understood
4. In individual professional supervision, attention should always be given to:
 - When the professional last saw the child and whether arrangements have been or should have been made for a further contact with the child
 - The extent to which the presenting problems are fully understood and whether steps need to be taken to seek to obtain a full understanding
 - The extent to which plans for the child have been implemented successfully
 - The standard of record-keeping
 - Any issues in respect of inter-agency and intra-agency working
5. Where there is multi-agency involvement:
 - This must be co-ordinated, ideally with one person identified as 'the co-ordinator' with responsibility for:
 - Ensuring optimum information sharing between agencies
 - Advocating on behalf of the child for the best possible outcome
 - There should be regular multi-agency meetings where:
 - All relevant professionals are invited and attend (or otherwise contribute, ideally in writing but otherwise verbally)
 - Steps are taken to ensure that:
 - The roles and responsibilities of the various professionals are clear
 - Interventions are co-ordinated, purposeful and implemented
 - Disputes between agencies should be resolved promptly with the assistance of management
 - Professionals should always keep in mind the value of the Strategy Meeting in response to particular concerns.
6. Before any professional/agency decides to end its involvement:
 - The decision should be discussed fully with management
 - The decision should be discussed fully with other agencies involved, ideally within a multi-agency meeting
 - The extent to which the presenting problems are fully understood and whether steps need to be taken to seek to obtain a full understanding;
 - The extent to which plans for the child have been implemented successfully
 - The extent to which a decision to end the involvement of the professional/ agency might help or hinder the achievement of the best possible outcome for the child.