

Practice / operation implications

- 1. Clinical support services should not be over reliant on family support and relationships should be explored for young people and their families where young people are undergoing a home detoxification programme in relation to drugs or alcohol.
- 2. Information needs to be disseminated to all relevant services. Should a young person present to their individual agency in a crisis situation that suggests they may be at 'risk of significant harm'; relevant checks should be made to establish if the young person is known to Children's Services or if they have an allocated worker. This should still apply when the young person is aged between 16-18. This should also apply to any young person under the age of 18, who presents as 'at risk of significant harm' to any agency. (The Children Act 1989 recognises children as 'anyone under the age of 18').
- 3. A meeting should be held with all professionals involved prior to a case being closed by a single agency, where there is significant or long term involvement by multiple agencies or services. A key worker should be identified and a monitoring plan agreed.
- 4. When a young person between the age of 16-18 presents at any A&E department due to substances misuse or overdose, checks should always be made with the relevant Children's Services Locality Team to establish if there is any current or past involvement with Children's Services.
- 5. With the consent of the young person, a standard letter should be sent to a 'named GP' by SORTED, to advise that the young person is using the service regarding substance misuse issues.

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 Management Review

Local

A professionals summary of the
Management Review is available from:

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

Summary

Julie has been known to Children's Services since 2006 due to concerns regarding her mother's alcohol misuse and the impact this had upon her children.

During the initial involvement Julie's father was in prison and had been since Julie was 8 years old. Children's Services were initially involved on a child in need basis.

In early 2007 Julie and her younger half sister, Claire, were made the subject of child protection plans due to mother's relapse in alcohol and heroin use, and because of concerns relating to her new partner, a male who was a known heroin user and considered violent. Subsequently Claire went to live with her father, under the auspices of a Residence Order.

From the age of 14 Julie had unstable living arrangements, choosing to stay between friend's homes and also with different paternal extended family members. Julie was known to misuse drugs and engage in self-harming behaviour.

In 2008 the children were no longer subject to a Child Protection Plan as they were not living permanently with their mother. Children's Services had remained involved with Julie and her family on a child in need basis up until her death in 2009.

Lessons learned

1. More robust monitoring arrangements need to be put in place to ensure that appropriate management oversight is given to information and referrals that come to the attention of Duty Social Workers. In the Childrens Services Locality Teams a duty log is kept of every contact and referral coming in to the team's duty system. This log is checked on a daily basis by the Team Manager to authorise and oversee decisions made and actions taken. On some occasions the Team Manager may disagree with an action taken or may ask the social worker to establish further information before a final decision is taken.
2. The vulnerability of young people undergoing a home detoxification programme needs to be acknowledged. There is no appropriate service provision within this authority to support young people and their families or carers during this difficult time. The substance misuse habits of today's young people are changing; in that heroin is now being more widely used by and available to young people. A home detoxification can be a very frightening experience for young people and their families. The young person and their family members or carers will not have the relevant knowledge and understanding of the symptoms of withdrawal, dealing with cravings and compulsion to seek out the drug and the skills to manage and prevent this. By virtue of the nature of their vulnerabilities they may lack resilience to cope with the emotional demands that this may place on the family or carers. It was acknowledged that communication in this case was always very effective and a lack of communication was never a presenting issue, until the time of the A&E incident in 2009 when communication had broken down. Poor communication between agencies is a major factor where a child has died in tragic circumstances or has been severely harmed. Therefore the importance of effective communication between agencies can never be emphasised enough to all professionals who work with children and young people.
3. YOT and SORTED only have "read only" access to ICS. It was the view of all key workers involved in this case that write access to YOT and SORTED would allow a far more robust system of communication and information sharing - consideration is being given to allow write access to ICS for YOT and SORTED
4. The completion of the vulnerable young person's check list was flawed in this particular case. More thought and analysis should have been given regarding the information shared when completing the checklist.
5. The process of closing a case should be more robust where there is significant professional involvement. A face to face meeting would be helpful to agree if the closure is felt appropriate by all agencies involved, and to formally identify a person or service to monitor the young person and make necessary re-referrals if felt appropriate.
6. It appears that A&E staff did not check to establish if Julie was known to Children's Services therefore a referral was not made to the relevant Childrens Services Locality Team regarding Julie's overdose in 2009.
7. There appears to be a lack of appropriate independent housing provision for young people who present with substance misuse issues, in that there is a 'zero tolerance' of the use of drugs and alcohol. Young people who present with substance misuse issues need a stable living environment to enable them to feel able to address their issues and work with appropriate services.
8. In this particular case it appears that Julie's family GP was unaware of her difficulties in relation to substance misuse. Due to the nature of SORTED and issues relating to the young persons confidentiality, SORTED are under no obligation to inform the GP of their involvement.