

Learning Review

6 Step Briefing

Child Aq

The Background

Child Aq had been known to services for a number of years due to historic concerns around domestic violence within the family home and concerns around parenting capacity and neglect of Child Aq's complex medical needs.

Safeguarding Concerns

Child Aq had complex medical needs which do not appear to have been fully understood by mother in terms of managing those needs. Child Aq was a very visible child who attended a special school and the family received support from the Targeted Support Team.

The Incident

Child Aq had been unwell the day prior to her death and had remained off school. Her mother checked her the early hours of the following morning and found she was not breathing and called 999. Medics were unable to revive her.

The Review

This case was referred for a Child Safeguarding Practice Review and after careful consideration it was agreed that the case did not fit the criteria for a Child Safeguarding Practice Review but would benefit from a Learning Review to ensure all relevant learning was captured and an Independent Reviewer was commissioned to take this forward. A specific Panel reviewed the Learning Summary produced by the Independent Reviewer before being considered by the Local Learning Review Sub Group.

Key Themes

The need for children with disabilities to be seen as children

- Child Aq was a child with learning difficulties and developmental delay who had complex additional needs. She also suffered from chronic constipation, which had been an ongoing problem since she was a small baby. As she got older, incontinence, particularly soiling became a feature of Child Aq's everyday life.
- School records indicated concerns with the child's weight and presentation including some levels of neglect. This combined with not being brought to health appointments and carefully documented concerns around the child's anxious behaviours when being cleaned up.
- It is well documented from research that children with disabilities are far more vulnerable to abuse than non-disabled children and professionals need to understand the need to prioritise the safeguarding of children with disabilities and to see them as children first and foremost, who have additional needs.

Parenting Capacity of Parents with Learning Difficulties

- Mother was not known to Adult Social Services, but professionals working with the family were aware of her learning difficulties.
- This case was seen as Tier 3 therefore a parenting assessment was not required, however, there was clear evidence mother was not taking Child Aq to health appointments which could have been impacting on Child Aq's wellbeing.
- It could have been appropriate to escalate the case for consideration of an assessment of which mother's parenting capacity should have been an essential element to understand if additional support was required.

Lack of Parental Engagement and Disguised Non-Compliance

- There is clear evidence that mother did not take Child Aq to some health appointments which resulted in the child being removed from these services, which impacted on her health and wellbeing.

Key Themes continued

- It is important to recognise that the parents of children with disabilities are often treated sympathetically by professionals, because of the very real additional challenges they face in caring for their children; however this should not detract from the need to focus on the wellbeing of the child.
- Targeted around Family meetings took place which could have been an opportunity to explore and challenge mother as to why she was not taking Child Aq to her health appointments which may have led to further support.

Professionals understanding of complex medical conditions in Children with Disabilities

- Agencies providing information for this review acknowledged that there was a lack of recognition on their part of the significance of Child Aq's chronic constipation had on her health.
- Child Aq's primary school made referrals to a community paediatrician but the problem was seen as soiling rather than consider the underlying cause.
- GP records indicate that the surgery saw very little of Child Aq. If mother had taken Child Aq to the GP when the school requested her to do so, they would have had a better understanding of her chronic condition and sought specialist investigation.
- Several referrals were made to MASH and following assessment there was a recommendation for a robust Child-In-Need Plan; however, management oversight overruled this in favour of a referral to Targeted Support. The reasons for this are not clear.

Children being discharged from services when appointments are not kept

- This review has highlighted a situation, which is often a finding of statutory and learning reviews, where children are discharged from health services when appointments are not kept. The importance of professionals ascertaining why a child does not attend a health appointment before discharging them from what is often a vital service cannot be underestimated.

The importance of Education Health and Care (EHC) Plans

- Child Aq's EHC Plan was not amended for three years, due seemingly to a lack of capacity on the part of the Local Authority.
- EHC Plans for children with disabilities is a statutory requirement, however it is evident that there is insufficient resource available to ensure that such plans are updated and are relevant to the needs and wellbeing of the child. As has been stated throughout this review, the most vulnerable children are those with disabilities.
- The need for Local Authorities to recognise the importance of ensuring that children with disabilities reach their educational potential, their health is reviewed, and their care is safe and appropriate is an urgent priority.

The Importance of the Need to Escalate Concerns

- Where referrals about the welfare and health of a child are not being acted upon, professionals must consider invoking escalation.
- Child Aq's school made six referrals to MASH but none of these were assessed to reach the threshold for child protection (S47). Given the school's level of concern they could have invoked the escalation procedures. The school could have escalated Child Aq's medical needs but professionals were not aware of the process.

Recommendations

Recommendation 1:

All partner agencies to reinforce understanding amongst practitioners that children with disabilities need to be seen as children first, and who are most vulnerable to abuse. This can be achieved by:

- (a) Consideration being given to undertaking an audit of safeguarding referrals to Children First/MASH concerning children with disabilities. Following the initial audit, a review of cases of children with disabilities should be included within every review of safeguarding referrals and results documented.
- (b) Mandating practitioners to read guidance on safeguarding children with disabilities, by its inclusion in Level 3 Safeguarding Training, the following websites offer examples:
<https://councilfordisabledchildren.org.uk/help-resources/resources/safeguarding-disabled-children-guidance>
<https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

Recommendation 2:

Before any decision is made by a Children's Social Care Manager that a case does not meet the criteria for a Child in Need Plan, the reasons for such a decision need to be fully documented and evidence based. Managers need to be reminded that children with disabilities are considered to be Children in Need under the Children Act, 1989.

Recommendation 3:

Where a parent has learning difficulties/disabilities and there are concerns for the welfare of their child, a parenting capacity assessment should be undertaken.

Recommendation 4:

The Children's Continence Service will develop a multidisciplinary/multiagency escalation policy to ensure that children with significant unmet needs such as overflow soiling secondary to chronic constipation are not discharged from the service because of lack of engagement by families.

Recommendation 5:

The Special School Nursing Team should be asked to brief NSCP on the barriers they experience when trying to refer children for additional services and support within the wider health economy, as well as sharing any existing good practice, e.g. regular multidisciplinary meetings between school staff, paediatricians, special school nursing and other disciplines.

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