



CSCP Learning Briefing – Ivy

This learning brief summarises the learning themes following a Local Child Safeguarding Practice Review undertaken by Cumbria Safeguarding Children Partnership in relation to Ivy*.

Ivy was a young baby on a child protection plan due to risk of neglect when she died; the cause of her death was accidental.

The review was undertaken to identify opportunities for improvement within systems for safeguarding children and to promote good practice. All agencies involved with Ivy and her family took part in this review. Ivy's family also provided their views for this review.

What is a Local Child Safeguarding Practice Review?

A Local Child Safeguarding Practice Review (LCSPR) is a locally conducted multi-agency review in circumstances where a child has been abused or neglected, resulting in serious harm or death and improvements needed to safeguard or promote the welfare of a child have been identified, including the effectiveness of inter-agency working.

The purpose of a review is to establish whether there are lessons to be learned about the way in which local professionals and agencies work together to safeguard children; identify what needs to be changed and, as a consequence, improve inter-agency working to better safeguard and promote the welfare of children.

The Learning



Key features and learning

Awareness of a parent's history

It has been shown that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being, and their longer-term mental health will be adversely impacted. For those children and young people that are subjected to difficult experiences, it can have an effect both at the time and when they become parents themselves.

In respect of Ivy's mother, there was good awareness across agencies of her significant mental health history and other more recent and current vulnerabilities. Professionals need to consistently consider and apply the impact of cumulative harm and a parent's own history to the current situation.

Considering and involving fathers

Fathers should not be missed or an after-thought, at every meeting fathers need to be considered as a potential risk or protective factor to a child. Men can play a vital role in their children's development and wellbeing and have a major influence on the children they care for. However, often male caregivers go 'unseen' by services involved with children due to

- A lack of professional engagement and curiosity
- An over-focus on the quality of the care that children receive from their mothers
- Inadequate information sharing between services

All professionals have a responsibility to engage with fathers or question any apparent lack of engagement from other agencies. This includes putting key information in writing.

Assessing wider family members who play a key role in supporting or safeguarding a child

As well as considering the history of the parents, it is important that professionals consider any known predisposing risks from wider family members who have caring responsibilities for a child. When relying on the support provided by wider family members to reduce any risk to a child, it is important to make checks and assess their suitability for the role.

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child from within and outside their family.

Sharing concerns about the impact on a child of changes of circumstances

Any change of circumstances or sharing of concerns must consider, first and foremost, the impact on the child. Professionals need to balance supporting a vulnerable parent with clear child focused challenge about the potential for a negative impact on the child.

Professionals need to be aware that things can change very quickly in a child's life, understanding what the child's daily life is like, even where this might not be straightforward. Additionally, the histories of those involved in their lives, must be looked into sufficiently.

The impact of alcohol and substance misuse on children and unborn babies

Consideration should always be given to who is in the family home when considering a child's lived experience. Even if the parent is thought to not be using drugs or alcohol, if the parent allows the home to be used for drinking and drug taking it is a child protection matter.

Professionals need to be clear about the impact of chaotic alcohol and substance misuse on children and unborn babies, including on the parent/carers ability to protect their child from harm.

If an expectant mother is taking prescribed medication from her GP and a psychiatrist, it is good practice to seek permission to speak to the prescribers.

Substance abuse – practitioners need to explore this in-depth with families to better understand how possible risks can be mitigated

Safer sleeping advice

Safer sleeping advice needs to be robust and bespoke for families where there are additional vulnerabilities. It needs to consider in detail the increased risks in each case and involve the multi-agency professionals working with the child and family. All professionals working with families have a responsibility to promote safer sleep messages.

Using virtual technology for key meetings

When undertaking important meetings virtually or by telephone, such as a child protection conference, there needs to be optimum planning, pre-meets and recognition of the difficulties this may bring to vulnerable service users. The planning needs to include support to enable them to attend and be fully prepared for the meeting, including seeing the key reports in advance. You must establish clear ground rules, and it is particularly important to maintain empathic connection with the emotional state, strengths, stress, distress, anxieties and experiences of the child and family.

Strengths based models of assessment and planning

Strengths based models of assessment and planning for children need to have a clear focus on risk and ensure that all available information is considered when deciding on the safety plan for a child. A strengths-based approach focuses on identifying the strengths, or assets, as well as the needs and difficulties of children, young people and families.

In Cumbria Signs of Safety is our strength-based approach to organise, articulate and structure our work with children and families.

In Cumbria, the Signs of Safety approach forms the basis for child protection conferences, child and family assessments. Signs of Safety is a tool intended to help staff with risk assessment and safety planning in a Multi-Agency Safeguarding Hub (MASH), within Assessment and Intervention activities and within Child Protection cases.

Avoiding over-optimism and losing focus on the child

Professionals need to ensure that having a positive relationship with family members does not lead them to lose focus or be over optimistic about the potential for harm to a child.

The rule of optimism can blind us to what is really going on. This can lead to several areas of practice concern

- Believing that what we are seeing is progress
- Filtering out or minimizing areas of concern
- Anticipating that the intervention will work
- Believing that “one more try” and the family will get it;
- Focusing only on strengths and ignoring what is not working and the risks that arise from that; and
- Overly positive interpretations of what is going on.

Practitioners need to enact greater professional curiosity.

Knowledge of multi-agency safeguarding procedures and professional confidence in challenging when they are not followed

Written safeguarding procedures need to be considered by professionals at key points in a case. This includes when there is an incident, when a case requires a strategy meeting or a conference, and when there is a disagreement between agencies.

All professionals need to be confident about what is in the multi-agency safeguarding procedures. This includes expectations about frequency of meetings, requirements to provide reports, recording of meetings, production of a plan, and so on. This confidence will ensure that they challenge colleagues when expectations are not met.

The safety and wellbeing of individual children and young people is the paramount consideration in any professional disagreement. Professional differences of opinion, disagreements, or disputes that obscure the focus on the child or young person, or delay to services being provided must be avoided.

The aim should be to resolve any difficulties as simply and as quickly as possible. And in doing so be proportionate to the issues giving cause for concern as it is at this level that the child and their family's circumstances are known best.

What to do next

- ✓ **Be professionally curious.** Seek out information to enable you to have a good understanding of the history of the parents and family networks.
- ✓ **Familiarise yourself with the Cumbria Safeguarding Children procedures manual .** When was the last time you used them?
- ✓ **Familiarise yourself with Safer Sleep advice** – be aware of and promote safer sleep advice with families to ensure professionals ensure consistent safe sleep messages are conveyed, and understood. Do not assume another professional has provided information to a family.

Tools and resources to support you in your practice

Using genograms in practice: Practice Tool (2021)

www.researchinpractice.org.uk/children/publications/2021/february/using-genograms-in-practice-practice-tool-2021/

Signs of Safety

<https://cumbriasafeguardingchildren.co.uk/professionals/signsofsafety/signsofsafety.asp>

Safer sleeping for babies

<https://cumbriasafeguardingchildren.co.uk/professionals/safesleeping.asp>

Professional curiosity guidance

<https://cumbriasafeguardingchildren.co.uk/professionalcuriosity.asp>

Reflective questions

The CSCP invite you to discuss some of the issues raised in this review in your team meetings or during group supervision. We encourage your responses to be included in your team minutes and forwarded to the safeguarding lead within your organisation.

1. What does strengths-based working mean to you and how might you incorporate it into your practice?
2. Do you consistently speak to and listen to the views of family and friends who know a child well? What barriers can get in the way of you doing this?
3. What opportunities do you have - formally or informally - to challenge decisions within your and other agencies and to consider different professionals' perspectives?
4. In your supervision do you discuss complex and changing family dynamics?

Contact Us:

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**Ivy is not the name of the child, but the name agreed by the family for the LCSPR*