Briefing Paper

"Understanding Serious Case Reviews & Their Impact. A Biennial Analysis on Serious Case Reviews 2005-07" Published by DCSF: June 2009

Key message

The overview indicates that the factors in the lives of the children subject to the study (and 2003-05 study) are a reality of life for many vulnerable children. The majority of children seen by a social worker undertaking a core assessment, a Paediatrician, undertaking a child protection assessment, or a health visitor undertaking enhanced visiting will share some or many of the background factors of children and young people in this study.

Chapter 1: The Serious Case Review Process and its policy, practice and research context

189 reviews took place. The summary suggests that caution should be exercised in the interpretation of findings, given studies of Serious Case Reviews are not studies of typical safeguarding practice.

As part of the conclusions, but summarized in this chapter, the study authors suggest that a study should take place of children and young people with similar profiles where outcomes have been different.

The study acknowledges that the circumstances of cases studied are complex and multi-faceted and this makes conclusions and findings equally complex.

Chapter 2: Characteristics and circumstances of the children and their families and agency involvement

123 of the children reviewed died and 66 children were seriously injured or harmed. (Similar percentages as 2003-05 study)

Age at time of incident:
45% < 1 year – (including 29% below 3 months)
23% 1-5 years
10% 6-10 years

11% 11-15 years
11% 16+ years
This repeats finding of 2003-05 study and reinforces the safeguarding role for health professionals. This supports Laming Progress Report (2009) recommendation for a more targeted health visiting service to families assessed as having a higher level of need.

Of the above 56% were boys and 44% girls. At younger levels the proportion of boys is greater and at older ages the proportion of girls is greater.

Ethnicity reflects 2003-05
White 72%, Mixed (not specified) 13%, Black/Black British 8%, Asian/Asian British 5%.

Birth order:
13% oldest child among siblings, 44% youngest child, 16% both older and younger, 25% only child, 2% twin of single pregnancy

Subject of Child Protection Plans
73% never
17% yes
11% Have been, but not at time of death or incident

Where living at time of incident/death
78% at home, 5% living with relatives, 4% living with foster carers, 4% Hospital or Mother/baby unit or residential children's home, 3% semi-independent unit, 5% other, 1% not known.

Disability, Yes 7% and No 93% - This does not include 6 children who were babies under 3 months at time of incident and serious injury sustained caused them to have an ongoing disability.

Deaths of young babies with disability were linked to premature birth and low birth weight. The study later looks at the additional stress of caring for a baby/child with health issues and disability as a compounding factor in some circumstances of harm.

Type of injury/harm
Physical assault: 73, including 26 that were head injuries to baby/child under 1 year. (2003-05: 81, including 25 that were head injuries to baby/child under 1 year.
Sudden Unexpected Death in Infancy (SUDI): 5 (5)
Overlaying: 11 (6)
Neglect (including accidents): 30 (33)
Poisoning Overdose: 11 (7)
Sexual Abuse: 16 (6)

Suicide/Self-harm: 23 (14)
Gone Missing 0 (6)
Other/unexplained: 20 (3)

- Severe Physical assaults were concentrated in infants and those under 5, as are cases of severe neglect and covert homicide
- Overt homicides occur through the age spectrum
- Apparent suicides and self harm occur from 8 years +, some related to previous child abuse
- SUDI cases included some deaths that may be covert homicide and parental neglect, including infants sleeping in dangerous environments
- Deaths caused by maltreatment occur throughout the age spectrum, peaking between 1 and 5. Many are related to parental neglect and include deaths from house fires.
- Majority of physical assaults were caused by head injuries

Parent and Child Characteristics.

Domestic violence (in 49 cases) and parental mental health (32) and drug use (28) and alcohol misuse (19)
10 children had drug or alcohol misuse issues, 15 children had a serious illness or complex health needs, 8 children had mental health needs.
Parent and child characteristics can occur in various combinations and complexities and it is suggested the features are underestimated.
The study highlights that all children concerned experienced damaging early relationships and neglectful care.

Chapter 3. Key Themes, understanding the cases from an interacting risk perspective

Emerging Themes
Child Factors and experiences

- Child Missed, lost, isolated and assaulted
- “Ecological niches” for children of different ages
- Prematurity, low birth weight, neo natal abstinence syndrome,
- Illness, complex health needs, disability
- Hard to help
- Suicide
- Unhappiness not known about
- Bullying
- Risk taking behaviour, substance misuse, sexual exploitation
- History of neglect and rejection

- Going Missing

Family and Environmental Factors

- Child missed, lost or stolen
- Chaos, overwhelmed families with low expectations
- Unsupported families or negative support
- A “toxic” care giving environment for the child (domestic violence, mental health, substance misuse)
- Learning disability
- Men not known about in households
- Rough handling
- “Accidents waiting to happen”
- House fires, multiple moves, poor living conditions
- Large families

Practice/Professionals, Agency factors

- Child missed, lost or stolen
- Overwhelmed practitioners and managers, low expectations of families
- Unsupported workers
- Children invisible or assumption that other people are seeing the child
- Efforts not to be “judgmental”. Low levels of challenge, “silo” practice
- Professional uncertainty about what can/can’t or should/shouldn’t be done
- Fixed views – neglect, rough handling, men considered to be “off the radar” cases
- Threshold and boundary disputes
- Lack of cultural sensitivity/ over sensitivity

The report highlighted what was described as “neglect case mindset”, which appears to preclude emergency action; it appears that once a Child Protection Plan for neglect has been established even evidence of other harm appears to preclude consideration of the child’s needs. The report highlights the need for “respectful uncertainty”

The concept and terminology of “Rough handling” appeared to mask the risk of physical injury/harm in both babies and older children. It is recommended that this terminology is not used.

The issue of men and male caregivers was highlighted including a failure to know about or take account of men in the household, and subsequently the risk of harm they may pose with regard to domestic violence. However the report noted that this failure with regard to assessment occurred “even when good information was available” and so men became invisible.

Also there appeared to be fixed thinking about “good” men and “bad” men. This was linked to fear by professionals to address issues. (Note that this study does not include Baby Peter)

Younger Children: Report highlights the vulnerabilities of young children (under 5), including physical vulnerability, including the additional care needs of young children that may occur through low birth weight and prematurity which can be markers for ongoing difficulties.
6 of the 17 babies under 1 year had already been admitted to hospital, one child admitted 9 times
Limited protective oversight when children are not at school etc

Middle childhood, offers some protection with lower emotional and physical demands on carers, and as school age a higher level of protection is offered by their environment

Older Childhood: Increased numbers after aged 13 years, all but 2 children were known to Children’s Services. Key features “hard to help”, rejection, missed opportunities at earlier stage, risky behaviour, substance misuse, and sexual exploitation. Early history of many older children indicated similar circumstances to younger children included in the study.

Thresholds of intervention and co-operation are analysed. High levels of mobility effected intervention. Three quarters of the families were reported to have not co-operated with services. Consideration is given to family hostility towards professionals and the implications that this could have for the child. A Protocol for Child/family co-operation is suggested (see appendix 1). SCR reports have highlighted that families mask hostility by being selective with whom they are hostile and so parents’ controlling, deceitful behaviour and violence was not fully known about until after the child’s death.

In cases of apparent “good co-operation” when the child is seen, harm was not anticipated or noticed. Inactive compliance and seeking of help by mother resulted in diminishing concerns, with fathers and men marginalized or discounted. The report identified that “panicky, anxious help seeking” by mother was a pattern, with appointments planned missed, usually on the same day, and this should be seen as a concern for the child’s safety.

The report highlights that many SCR’s do not provide enough information to aid a full understanding, and that a better understanding is necessary about the child, parents and carers’ histories and the capacity and climate of agencies.

Interestingly, the emerging themes for both family and practitioners appeared to be mirrored, whereby chaotic behaviour in families can be mirrored by professionals thinking, and “in many cases” both families and professionals presented as overwhelmed. Professionals presented as not just overwhelmed

with the volume of work, but the nature of the work. Efforts to think “the best” of parents led to reluctance to judge harmful behaviour. Fixed views made it difficult to think about new circumstances and increasing risks for the child.

Chapter 4: The Serious Case Review Process and its impact

The study presents a positive serious case review cycle, which has the child at the heart of the review:-

1. An “open to learn” approach, agency context included, full information about family and household, including men.
2. Involvement of practitioners and involvement of families
3. Publication of Executive Summary, positive PR strategy, creative ways of disseminating learning

Only 2 or 106 reviews that took place in 2005-06 were completed in 4 months, the study suggests this is not a manageable timescale, suggests 6 months.

Reviews need to be scoped over a sufficiently long period of time to make sense of the child’s circumstances

The Overview author is well placed to highlight agency context and the capacity of staff to carry out roles

OFSTED evaluations have shown an improvement in the quality of IMR’s

Family involvement was common place and learning from child death overview processes was helpful to normalise this.

The impact upon professionals of being involved in a SCR was “profound and long lasting”, including loss of professional competence. However interviewing practitioners also produced a cycle of positive practice where the child was clearly kept in mind.

Chapter 5: Understanding and Protecting Children

Understanding the Children

The study highlights the vulnerabilities of the very youngest children, with physical assault as the single highest cause of death and in most cases physical neglect and a failure to take care of the child’s basic needs were also factors.

The study also noted that a third of this group had a disability or serious health concern, factors which made these children harder to care for and therefore add to the risks of suffering significant harm.

The next most vulnerable group to death was adolescents. Study of the care given to these children/young people suggested a “legacy” of early rejection and maltreatment or damaging early experiences. The study found that the most common form of death for adolescents was suicide, and other risk taking activities. The group was considered “hard to help” and so were subsequently neglected by agencies.

The study highlighted a powerful theme that CHILDREN OF ALL AGES appeared to slip from view. 47% of children in the study were not well known to any professional including universal services, some children were not known at school (except by negative reputation).

Building relationships with the child, understanding their viewpoint and their circumstances is key to protecting, particularly given the complex and multi-faceted circumstances of their life. Agencies involved should seek to have a sound understanding of the child’s day to day experience.

Understanding the Families

The study revealed that where a child was being hurt or neglected, the relationships around the child were often abusive, including past or current domestic violence, parental mental health and substance misuse issues.

The study noted that some “co-operation” was feigned, and that often parents and carers withheld the truth and were not willing to protect the child, family members developed their own truth to placate a violent partner or conceal substance misuse. Practitioners need to be alert to looking for patterns of co-operation and focus upon the child and their needs. Alongside reluctant co-operation is multiple moves which meant that children “fell off the radar”

The study encourages “respectful uncertainty” as part of the mindset of practitioners, alongside rigorous, systematic thinking and analysis. More emphasis should be given to understanding parents and carers’ state of mind and the way they interpret the needs and behaviour of the child they care for and this should be considered as part of the assessment of risk to the child.

Understanding the workers

The mirroring of practitioners as being as overwhelmed as families, leads the study to conclude that practitioners require time to be able to become “calm” and to get to know the children they work with. Workers need to be able to pay attention to their own responses and practice thoughtfully in all work with children. Supervision is a key component of this and should consider continuity of approach to the family and a structure of sharing uncertainty to reach best response for the child.

Practitioners need to operate in safe “containing” organisations which enable and encourage them to be curious and puzzling over what is happening for the children and their families they work with. The study highlights that many of the circumstances for children subject of this study are similar yet different, and practitioners need to be able to explore these issues in the circumstances for the children they work with.

Given 47% of children considered in this study, were considered below the threshold for services from Children Social Care, the study highlights that factors that present a risk of maltreatment or adverse outcomes for children will be a feature in the lives of children below the threshold for intervention. Recognition of risk factors is therefore important for workers who provide services for children at all levels of service provision.

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November 2009.

The full report can be accessed at:

http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-RR129(R).pdf

Appendix 1:

Protocols for child / family co-operation

Not co-operative, actively avoiding involvement / hostile

Refusal to engage with services or actively hostile / violent. Actively avoiding or eluding agencies or moving frequently, going missing. Many or most missed appointments with most services. May include disguised compliance.

Low co-operation

Reluctance to engage, some missed appointments/generally not good at keeping appointments. May avoid / elude some agencies, not others. May withdraw and disappear (developing into not co-operative).

Neutral / some co-operation

Take it or leave it view about services, or patchy engagement. Not avoiding or refusing services but professionals may need to work to engage family. May be passive co-operation.

Co-operation

Good engagement, keeps all or most appointments, seeks and uses help easily. May
self refer.

Highly co-operative or persistently seeking help

Pattern of a high level of, possibly, panicky help seeking from many different agencies. Needing constant reassurance.