

Eyes On Learning from Child C Partnership Review in September 2016

This Eyes On learning summary takes evidence and recommendations from a Partnership Review on Child C undertaken by the Disabled Children Sub Group of Oxfordshire Safeguarding Children Board.

Child C has autistic spectrum disorder, ADHD and a history of difficulties relating to sexual and behavioural concerns, which have had a harmful impact on other pupils and Child C's family, which the joint effort made by key professionals was not able to prevent.

The objectives of the review were to reflect and learn from practice in relation to the lack of impact of community based support and to consider how safeguarding issues are assessed in a mainstream school placement for a child with this level of difficulties.

Key Learning Points for Front-Line Managers

- Support practitioners to avoid the **normalisation of extreme behaviour** which can get in the way of being able to assess risks and assess whether parents can evidence real improvement in their capacity to consistently meet the child's needs. It is important to take into account the **early onset of this behaviour at age 11 or 12** and the fact that risky behaviour may only increase as the child matures and that problematic sexual behaviour is indicative of the need to intervene.
- Be vigilant as a manager and enable practitioners to **recognise the lack of capacity to change and inability to manage impulsive behaviour** which can result in underestimating risks and lead to short term decision making. Use specialists like the Independent Reviewing Officer for advice.
- Make sure you act on specialist advice and parental concerns in relation to risk management and ensure that there is a **multi-agency risk assessment and management plan at an early stage** with all partners round the table.
- Ensure that all practitioners are **alert to the risks posed to others** and the need to safeguard other people in a community setting, specifically where there are different views about whether a child can be educated in a mainstream school or should be in a smaller specialist setting.
- Consider **the need for care proceedings at an early stage** where there is little capacity for change and high levels of increasing risk and ensure that practitioners are trained and confident in gathering and presenting evidence for legal panel and care proceedings.
- Ensure that the **primary focus for practitioners is on the child's needs** and not those of the parent.
- Ensure that there is **joined up working across different single agency processes** that may be in place across Children's Social Care, health and education e.g. child protection planning, Education, Health and Care placement planning and CAMHS assessment.
- Ensure that **decisions relating to school placements take into account all safeguarding risks** and not just a child's learning needs. It is important not to underestimate these risks in a mainstream setting.
- Consideration of the child's placement and support plan needs to take into account both the perceived **expertise of parents** about their child's condition and the **need to safeguard** both the child and others in the school/placement/community and family if the child remains at home. .

Themes in Common with other Oxfordshire Case Reviews

- Normalisation of extreme behaviour
- Failure to recognise lack of capacity to change
- The need for multi-agency risk assessment and management planning at an early stage

- Be alert to **high activity work that may be having a low impact** and support practitioners to step back and review why this might be the case and what additional support can be put in place through multi-agency risk management planning, professionals only meetings or escalation to a more senior level for decision making.
- All agencies should remember that they can refer high risk cases where there is concern that multi-agency working is not reducing risk to the senior Interagency **Complex Case Panel**.

Key Learning Points/Recommendations for Senior Managers

- Consider what **organisational barriers there may be to instigating care proceedings** earlier where there is limited capacity to change and increasing risk factors.
- Work with health and social care commissioners to **develop provision and therapeutic support for young adults** with enduring behavioural difficulties and risky behaviours.
- Consider the best way to manage the **Multi-Agency Risk Assessments and Management Planning process as part of Child Protection planning**.
- Consider the need to **broaden the child protection categories** to include being both at risk of harm to others and beyond parental control.
- Develop **joint guidance for working with high risk young people holistically** which will support a stepped approach and help to clarify what to do where there is limited capacity for change and to inform a core group of professionals who are working together.
- Consider the **skill set for Case Conference Chairs**, particularly, in taking a strong proactive view; leading a multi-agency MARAMP; having the ability to recognise capacity to change; and whether there is a need to develop specialisms in supporting young people with significant risky behaviours, particularly where there are neurodevelopmental disorders.

Key Learning Points for Practitioners

- Avoid the **normalisation of extreme behaviour** so you spot the worrying signs and act on them and recognise that in some situations there is **limited capacity to change** and if the risk is high then we may need to act differently.
- Make sure that the primary focus is on assessing and **meeting the needs of the child**.
- **Information sharing should be a top priority from the outset**, particularly in relation to risky behaviours and all partners, parents and family members should ensure that every agency involved is aware of all risks and come together to **assess risk through the Multi-Agency Risk Assessment and Management Planning process**.
- Ensure that you are aware of services in Oxfordshire that you can contact for initial discussion of cases involving children with high risk behaviours. Such services include the **Child and Adolescent Harmful Sexual Behaviour Service (CAHBS)** for sexualised or sexually harmful behaviour or **Forensic CAMHS (FCAMHS)** for more general concerns such as violence or fire setting. Such services may be helpful in supporting you in situations where you are uncertain what to do.
- Recognise that **inconsistent behaviour management strategies** make it even harder for a child with neurodevelopmental disorders to improve their outcomes.

Strengths identified in case planning

The Independent Reviewing Officer's intervention and observations turned around perceptions.

The social worker was tireless and consistent and ensured communication across agencies was effective and there was active front-line management oversight.

Specialist mental health services were clear and persistent in their approach and documented their evidence well.

The school's family support worker was tenacious in providing help in the community.

If you do ONE thing:

Take time to assess risks on a multi-agency basis and put a management plan in place that brings together all concerns and views and act on the advice of the experts.

Learning Tools and references

- Access training from www.oscb.org.uk/training
- Multi-Agency Risk Assessment and Management Plan can be accessed here [MARAMP](#)

Appendix

Additional Guidance for Schools in relation to the learning from Child C Partnership Review

Context from a School Perspective

Child C was in mainstream school until a serious crisis precipitated a move to specialist provision. Mainstream school had been seen as a strong resilience factor for Child C, his educational needs were well met and the social aspect was viewed as important. He responded well to structured activity and both he and the school wanted him to remain there. There was a strong behaviour management plan in place. However highly specialist advice was given that risks would only increase with the onset of adolescence and the fact that there was no change to his behaviour and the early onset of risky behaviour to others only served to heighten the risks. There were also concerns that a mainstream school would not be able to provide sufficient supervision and could not meet his social and developmental needs. Child C remained in mainstream school despite this advice and did cause harm to others.

Key Learning Points for Schools

- Ensure that best practice in relation to recording is followed so that **all incidents are recorded and information shared with other agencies**. Record the concerns, the action and the outcome and take advice from the designated safeguarding lead and complete a front sheet chronology in accordance with the guidance linked here: [Keeping Child Protection Records](#)
- Ensure that there is **efficient and timely information sharing with relevant agencies including at point of transition between schools**. The receiving school should ask for this information if it is not forthcoming.
- Remember that identifying and recording all issues helps build a picture of needs and risks and information sharing of these issues can help **trigger earlier planning** in relation to managing risk, meeting special needs or consideration for care proceedings. This will also help **avoid the normalisation of extreme behaviour**.

- It is important to take into account the **early onset of extreme behaviour at an early age** and the fact that risky behaviour may only increase as the child matures and that problematic sexual behaviour is indicative of the need to intervene.
- Where there is a behaviour management plan in place and risks have been identified ensure that all **professionals visiting a child in school are aware of the plan and risks**.
- Ensure that **safeguarding is the primary consideration** and don't get caught out by focussing on special needs at the expense of safeguarding risks. Remember that children with disabilities are particularly vulnerable where safeguarding issues may be masked by, or misinterpreted as due to, underlying impairments.
- Listen to **specialist advice at the right level** and check with your safeguarding leads who to turn to in particularly complex situations. Where relevant, Independent Chairs are also a good source of advice.
- Use the **tools and processes available to help you assess risk**. The Threshold of Needs Matrix [Oxfordshire Multi Agency Threshold of Needs Matrix](#) will help you identify the level of concern and please remember that any agency can call a Multi-Agency Risk Management Meeting or suggest that this is held: [Multi Agency Risk Assessment and Management Plan \(MARAMP\)](#)
- Consider the best way that schools can ensure that there is **reflective supervision and debriefing in schools** for safeguarding issues and for the safeguarding leads which could be in groups or across Schools Partnerships.
- Ensure that we always **work as one team** in any joint agency activity using a single assessment, single, holistic plan and risk management process which is reassessed when there are new incidents or changes, rather than a growing list of actions. Identify clearly what needs to change, why and what the consequence is if it does not change.
- Provide a **consistent approach to behaviour concerns** both in school and at home/in the community and **keep the child at the centre** by focussing on the child's needs.