

Key issues related to Physical Abuse in Oxfordshire case reviews

This short review is based on Oxfordshire case reviews, and themes in common with national case reviews, involving physical abuse.

The review gives an overview of findings and learning for improved practice around physical abuse.

Key findings

Finding one

Children will disclose abuse in a number of ways and are likely to be inhibited from talking directly about what is happening to them. Practitioners need to be alert to patterns of injury and behaviour, as well as carefully following up any direct disclosure directly

Finding two

Professionals' lack of curiosity or challenge in relation to self-reported explanations of harm to the child/ren.

Finding three

Schools need to recognise the crucial role they play in protecting young people from harm. The importance of the information they hold needs to be recognised by others in the network and used effectively to inform decisions and plans.

Finding four

The need for curiosity about the families past history, relationships and current circumstances that moves beyond a reliance on self-reported information.

Learning points for practitioners

- Children's behaviour is a form of communication
- Don't be afraid to persist in raising concerns to the relevant agencies if you feel you have not been heard
- Don't decide that a reported injury need not be investigated without checking with someone else
- The importance of talking and listening to children first, always follow up disclosures directly with them before talking to parents or carers
- Recognise and record patterns of injury and behaviour
- Keep an open mind to the possible cause of a bruise, which can include, accidental, non-accidental injury and medical cause
- Think family! Take a whole family approach and think about who is in the family each time a decision is made

Learning points for managers

- Supervision: the structure for supervisions should be reflective and ensure that the practitioner is making decisions based on all information and focus is maintained on the child; Have you checked that this is happening effectively within your team?
- Actions agreed in supervision to address concerns regarding physical abuse should have a timescale for completion, to prevent drift
- Management: ensure that all practitioners are using all available tools in particular, chronologies and body maps. Ensure practitioners are trained in responding to physical injury
- Escalate: if risks are not reducing, despite interventions from specialist support, escalate to senior managers and directors where appropriate, and make use of complex case panel according to criteria met
- Check if you and your teams know how to escalate concerns
- Tools: Promote the use of chronologies

Key messages for inter-agency learning

- It is vital to share information about any physical marks to a child with your safeguarding lead and with the allocated social worker. Ensure your discussions are recorded and be confident to chase up as necessary
- Any professional from any agency can request a professionals meeting without a parent being present if there is a need to do so
- Where practitioners are not in agreement with a decision made, they should escalate their concerns following the relevant policy/procedures

Themes in common with other serious case reviews involving physical abuse

- Identification of physical abuse and following process
- Lack of professional curiosity
- Voice of the child not heard
- Parent forestalling an investigation by suggesting bullying, a fall, self-injury and injury from siblings