



Norfolk Safeguarding
Children Board

**Learning from
Serious Case Reviews**
focusing on
PROFESSIONAL CURIOSITY

Case Q, Case R, and Case S

SPRING 2017 ROADSHOWS

Learning Objectives

- Have an awareness of Norfolk Serious Review activity.
- Have an awareness of Norfolk's Thematic Learning Framework.
- Have considered how brain functioning influences professional curiosity.
- Have had the opportunity to reflect on how we implement this learning through practice.



Back to basics: SCR criteria

A serious case is one where:

- (a) abuse or neglect of a child is known or suspected; **and**
- (b) **either** —
 - (i) the child has died; **or**
 - (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.



SCR methodology

Common Features of SCRs in Norfolk:

- NSCB commissions an Independent Reviewer
- Multi-agency SCR Panel
- Integrated chronologies
- Learning events for Professionals directly involved with the cases
- Family involvement
- Publication includes bespoke PowerPoints to support with dissemination of learning
- Recommendations included in SCR Composite Action Plan and progress monitored



Norfolk's SCR Activity

8 SCRs have we published in the last three and a half years

- 2014 – 15: Case L
- 2015 – 16: Cases M, N and O
- 2016 – 17: Cases P, Q, R and S

8 SCRs currently commissioned

- Case V due at Board in June 2017
- Cases X & Y due at Board October 2017

Delays caused by criminal proceedings

- 5 out of 8 of current commissions have parallel criminal proceedings/investigations

Recurring themes



IF YOU'VE BEEN BELIEVING BELIEVED, YOU DON'T HAVE TO HIDE IT ANY MORE.



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Recurring themes, cont

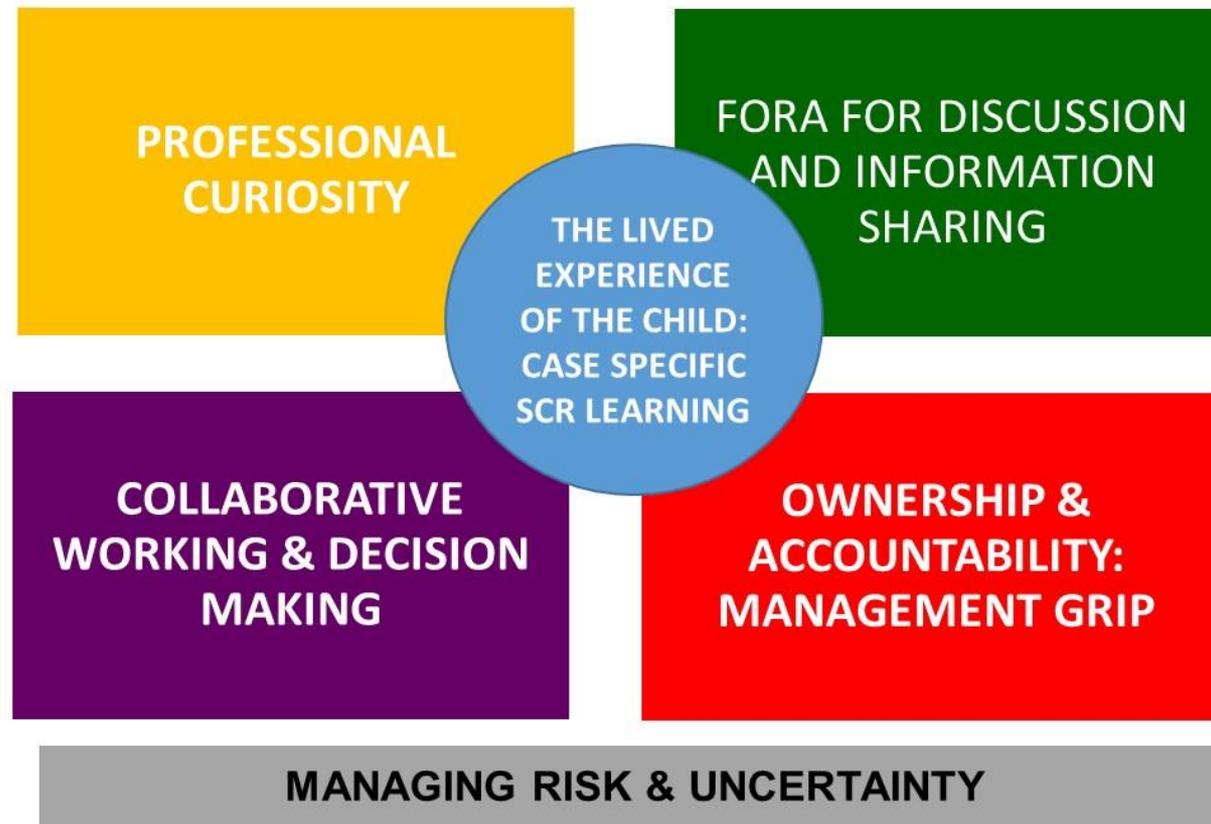


Board's response

- Strategies to address specific issues of Neglect and Child Sexual Abuse
Strategies and resources available on NSCB website: www.norfolkscb.org
- Single Agency actions monitored through Section 11 self assessment
- Composite Action Plan to monitor progress on multi-agency recommendations
- Development of SCR Thematic Learning Framework



Learning from Serious Case Reviews: Emerging Themes



Practice Standards & Professional Curiosity

1. Practice is child centred and recognises the children and young people we work with as unique individuals
2. Multi-agency assessments are analytical, of a high quality, and make full use of all the child/family's history
3. Parents and carers, including less visible parents, are fully involved with safeguarding and child protection processes, and issues of Parental Responsibility and consent are routinely explored
4. The workforce is highly skilled and trained to recognise, address and challenge disguised compliance
5. Practice takes account of the impact of different types of abuse, both emotionally and physically, and addresses the needs of the child



Specific on SCR CAP

- N2.2 The NSCB should highlight the significance of **historical information** when working with children and their families. What has happened previously, what needs to change and the likelihood of change are essential elements of effective working with children and their families.
- L6.1 **Practice focuses on the child** not their diagnosis and ensures that plans are put in place that define strategies to test behaviours against parenting skills. **[This is primarily about encouraging practitioners to look beyond diagnoses and labels, to consider the impact of parenting on the child's presentation and/or behaviour.]**



Specific on SCR CAP, cont

- NSCB to develop guidance for professionals on **parental responsibility and consent**, which includes the need for professionals to explore these issues routinely in each case.
- All professionals to further develop knowledge, understanding and curiosity in relation to the **impact of domestic abuse** on children's safety, wellbeing and development. **[This is about the importance of ensuring that practitioners are thinking 'domestic abuse' when in contact with children and families, as well as taking opportunities to ask questions of potential victims.]**



Specific on SCR CAP, cont

- L4.1 Practice Standards at all levels of safeguarding and child protection ensure that partners regularly share **information on missed appointments** at multi-agency meetings: chairs of meetings – Lead Professionals, CiN Social Workers, core group and CP Conference Chairs – regularly record appointments missed and assess the impact that this may have on the child/children.
- Resource tool: Nottingham City ‘Was Not Brought’ video <https://www.youtube.com/watch?v=dAdNL6d4lpk&feature=youtu.be>



Today's focus

Systemic challenges: dealing with human nature

- Four quadrants: easier than it sounds
- Quadrants are inter-related

Managing expectations:

- Brief summary of each case with professional curiosity as key theme – focus on framing professional curiosity
- Other aspects of the case – park your questions

Future plans

- Learning sessions planned to address other thematic areas
- Information Sharing is a Public Protection Forum priority



Serious Case Review: Case Q

Presented by

Jane Kett

Children's Services

MASH Manager



Norfolk Safeguarding
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Case Q – KEY QUESTIONS

Listening to Children

- *Could we have been better, more empathetic advocates for the children if we had been more curious and paid better attention to what they were saying, how they looked and how they behaved?*

Over-optimism/over-reliance on accepting small improvements

- *Were we satisfied that the mother understood and shared our concerns?*
- *Were we curious enough about mother's history and the impact that had on her parenting ability?*

Turnover of Social Workers and starting again

- *How well did the consistent adults in these children's lives recognise the impact of frequent changes on the children and mother's lived relationships?*
- *Were we curious about the roles each other were playing and the influence professionals could have had in this case collectively?*

Serious Case Review: Case R

Presented by

Mark Haddow

Detective Inspector

Norfolk Constabulary

Safeguarding & Investigations Command



Case R – KEY QUESTIONS

Domestic Abuse.

- *How were we thinking about and communicating our concerns around the baby's experience of his parents' volatile relationship? Was that reflected in risk assessments?*
- *Were we sufficiently curious about the parents' understanding of the baby's experience and their ability to protect him?*

Engaging with father

- *Who knew the father best?*
- *What assumptions did professionals make about father and how well did they try to engage with him to help him parent his young child?*

Working Together to assess risk

- *Were we curious about the outcomes of social care initial assessments?*
- *Did the relevant professionals expect to be more involved and, if so, what did they do about managing those expectations?*
- *Were we curious about what happened to Baby R after he left hospital after the initial incident between his parents? Or about changes to risk when his parents reunited? Curious enough to follow up?*

Good practice:

- Recognition of mother's additional needs by Community Health when Baby R was born
- Initial referral from Probation services when parents reunited



Serious Case Review: Case S

Presented by
Dr Suzie Fiske
Named GP
NHS Designated
Safeguarding Children Team



Case S – KEY QUESTIONS

The limited involvement of agencies inevitably meant that there were correspondingly limited opportunities to understand or respond to Child S's needs, or indeed her family's needs.

Child S's presentation to the GP

- *How can we maintain our professional curiosity in a context of extreme pressure when there is little or no time to reflect?*

Childminder's consultation with MASH

- *How can we create spaces to explore professional curiosity so that we develop confidence and support less experienced colleagues?*



Board's response to the learning from these Cases

A case specific PowerPoint is created to be published alongside each SCR, including details of Board's response to the recommendations.

More information can be found on the NSCB website:

www.norfolkscb.org.uk Example of improvements include:

- Working with **Domestic Abuse & Sexual Violence Board** to improve Norfolk's response to DA via the Beacon Pilot
- **Daily MARAC meetings** now taking place within the Multi-Agency Safeguarding Hub to pick up on all high risk domestic abuse incidents, including those that occur out of hours
- Sector specific **Early Years Advisory Group** (EYAG) established 2016 – 17 to include childminders as well as representatives from nurseries, Children's Centres, after school providers and Health Visitors

Focus now on how to address the sticky issue of getting better at being professionally curious.



**Professional Curiosity:
Understanding and addressing the barriers**

Brett Rennolds

Solution-Focused Thinking



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Professional Curiosity

'Curious about how your brain works?'

What

- Thirty years in the voluntary sector
- Specifically youth and community
- Working with young people with complex and multiple needs
- Volunteer – Employee – Service Manager – Executive – Non Executive and Trustee
- Passionately believing that we all have the capability and resource to effect the changes we want to see; for ourselves, the community and the world in which we live in.

So What

- Relationships ignite change
- It's our responsibility to 'hold the ladder'

Now What

- In establishing a consultancy to help voluntary organisations to do more I became increasingly **curious** about language and its ability to transform perception, understanding and even environment.
- My **curiosity** led me to research Solution Focused Hypnotherapy

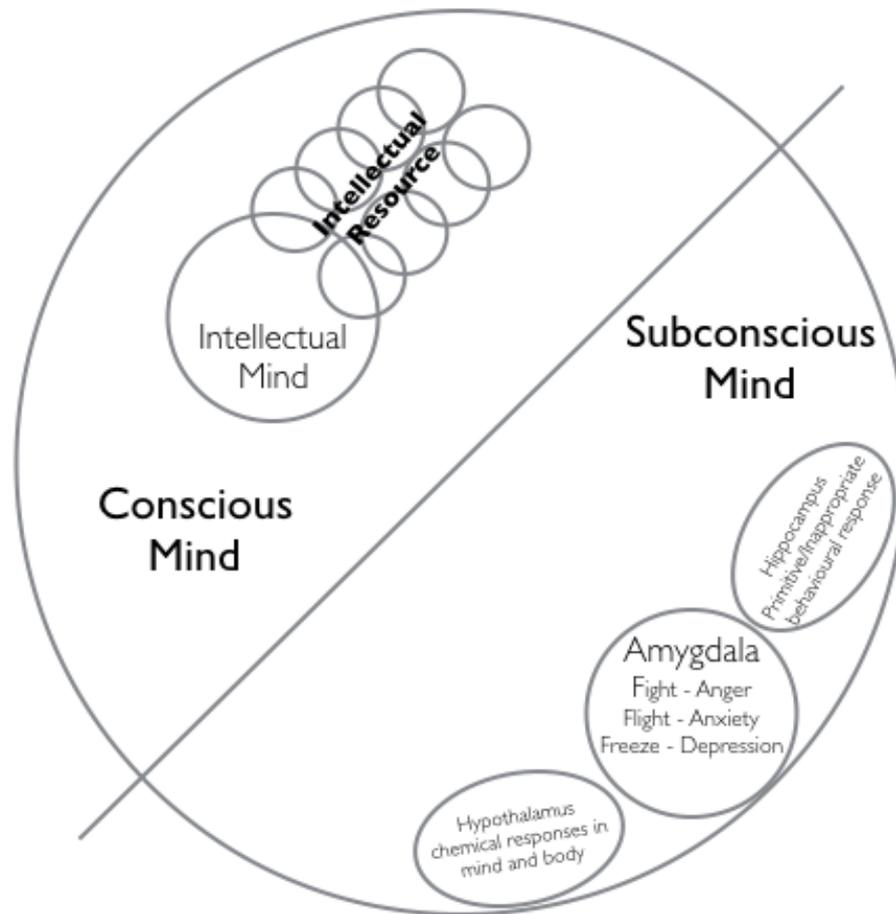
What is Solution Focused ?

- Change is constant and inevitable
- Small changes lead to bigger changes
- The past cannot be changed
- People have the necessary resources to effect the change they want to see
- Every human being relationship and circumstance is unique
- What people do has an impact on other people
- Every problem has at least one exception
- Change comes from many directions

So What's Curious about that?

- The human brain is incredibly complex for a start;
 - it is made up of over 150 billion nerve cells!
 - consumes 40% of the oxygen we breathe
 - Neurons, synapses, the release of neural chemicals (glutamate, dopamine) gives all of us the potential to establish new behavioural pathways – ‘Old dogs can learn new tricks’
 - It can not tell the difference between imagination and reality

How the brain works



Now What

- Self Audit – what part of the brain are you operating in before meeting with a family?
- Are you positive of thought, action and interaction?
- What can you do to retain intellectual control and get the real you back?
- What small step can you take?
- What would be different for you?

Thank You

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**Professional Curiosity:
Working in Groups**

Case Studies to Develop Professional Curiosity In Practice



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About the professional:

- full diary of appointments seeing high risk of harm offenders, most of whom are on licence from prison.
- 7 offenders who you need to see today, including one prison visit.
- also have risk assessments to update and have to complete prison recall paperwork for an offender.



John & Probation, cont.

About John:

- 40 year old male released a month ago having served 2 years of a 4 year sentence for GBH. History of violent offences under the influence of alcohol dating back to when he was an adolescent.
- John lives with his partner, Amy and their daughter, Sophie who 18 months old - born when John was in prison.
- John has told you that he is finding it hard to bond with Sophie
- John has attended for a supervision session today - tired and anxious. He and Amy had a big fight last night. It was not a physical fight but got quite loud. Sophie would not stop crying and go to sleep so he 'lost it'.
- After having the chance to discuss the fight John seemed calm and his supervision session finished without incident.



John & Probation: FEEDBACK

Check your own emotional state and attitudes

Pay attention to the child in front of you: how they look and behave as well as what they say

Never assume

Think about who can help you to engage with the child and their family

Take responsibility for the safeguarding role you play



Emily & School



About the professional:

- Year one primary school teacher
- Class of 24 five and six year olds
- As well as teaching today you also have to
 - do lesson planning
 - complete updates on the children's progress
 - write a report and
 - support a Parent Teacher Association event after school.



Emily & School, cont.

About Emily & her family:

- six year old girl who lives with her mum, dad and 3 year old sister, Catelyn
- Emily's attendance in reception year was excellent. She progressed well at school and interacted well with the other children in her class. She is a friendly child but has recently become more withdrawn in class.
- Her attendance in Year 1 has dropped to 92%; you have requested that her mum and dad attend a meeting at the school to discuss Emily's attendance.
- Emily's mum has attended with Catelyn but Emily's dad has not come in for the meeting.
- Emily's mum has a large bruise on the side of her face near to her ear and that her wrist is strapped up in a bandage.



Emily & School: FEEDBACK

Check your own emotional state and attitudes

Pay attention to the child in front of you: how they look and behave as well as what they say

Never assume

Think about who can help you to engage with the child and their family

Take responsibility for the safeguarding role you play



Joseph & the GP

About the professional:

- General Practitioner in the middle of a busy day of appointments.
- Each appointment is only 10 minutes long and in this 10 minutes you need to see the patient and type up your notes.



Joseph & the GP, cont.

About Joseph:

- Three year old boy who lives with his dad, his step-mother and his 3 month old half-sister Annabelle.
- You have known Joseph since he was born. You have known Joseph's father since he was a child and more recently saw the family through the death of Joseph's mum's from cancer
- Joseph's father struggled with the loss of his wife and suffered from depression for several months after her death.
- You are also GP for Joseph's paternal grandmother and it is she who has brought Joseph to see you today.
- Grandmother tells you that Joseph has had a chesty cough for over a week, is struggling to sleep and has been complaining of pain in his abdomen.
- When you examine Joseph you find that in addition to the cough Joseph also has several small bruises on his back.

Joseph & the GP: FEEDBACK

Check your own emotional state and attitudes

Pay attention to the child in front of you: how they look and behave as well as what they say

Never assume

Think about who can help you to engage with the child and their family

Take responsibility for the safeguarding role you play



Thank you

If you have any questions about today's event, please contact the Norfolk Safeguarding Children Board:

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Follow us on Twitter: @NorfolkLSCB

Presentations will be posted on the website on 12 May 2017, to coincide with the final roadshow.



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