



Norfolk Safeguarding
Children Partnership

**Learning from
Serious Case Reviews**

Case AE

Serious Case Review: Case AE

This presentation sets out:

- Summary of the case & parallel proceedings
- Key principles of learning
- Overarching Messages
- Key findings
- Recommendations
- NSCP's response
- Learning Activity



Summary of the Case

- A 16-year-old child who died shortly after taking a paracetamol overdose.
- Complex emotional and physical needs
- Multi-agency involvement for a number of years
- Multiple services, professionals and clinicians
- Active parental involvement

Commissioning & Parallel Processes

- Inquest – recommendations made by the coroner
- Root Cause Analysis Investigations – CCG (NHS Serious Incident Investigation)
- LADO investigation
- Two Independents on SCR: Lead Reviewer & SCR author

Key Principles systems – psychodynamics

- No quick fixes or easy answers
- More of the same will not create safety
- A human system
- Learning through the process and across the hierarchy
- Front line and families know what does and doesn't work



Overarching Messages

Focus on the need to:

- Appreciate the particular challenges faced by adolescents
- Celebrate the importance of ordinary life
- Think family
- Recognise the impact of isolation and take action
- Support family members and multi-agency staff in their attempts to provide the best possible care to vulnerable young people so that their potential can be fully realised.



Key Findings (1)

Valuing the importance of everyday things

Ordinary adolescent development: Making space for ordinary life & being human

There is a need to recognise and celebrate the essence of the ordinary in children's lives allowing for the system of professionals, clinicians, and parents alike to provide a non-pathologising intervention, structure, and system to children, particularly during adolescence. It is vital to recognise the critical place schools occupy in the life of a child and the potential impact on a child's mental health and wellbeing when they have no school place.

The importance of school life

School life provides a crucial platform where the critical components of healthy development can be nurtured. It is not just a place of academic learning; it is somewhere to belong, to achieve, to have meaning and purpose and is an arena for social and emotional development in preparation for adulthood. This SCR requires a culture shift both in terms of how multi-agency services value the multi-faceted benefits of school and a redesign of service intervention so that schools are placed at the very heart of multi-agency provision.

Key Findings (2)

Safeguarding Adolescents

Balancing wishes, feelings & welfare

There is a complex legislative and policy framework within which clinicians and practitioners must make decisions and this is starkly illustrated when making a decision that may be against a child's or a parent's wishes. In these circumstances, the different legislation, policy, and guidance can cause confusion. This case shows that there is a difficult balance to be struck and making these decisions can be extremely problematic (particularly when there is considerable anxiety about a child's wellbeing). Without clear understanding of guidance, tensions will undoubtedly emerge.

Statutory safeguarding

Safeguarding adolescents requires an approach that is mindful of this particular area of development, is cautious about actions that may destabilise existing coping strategies and is realistic about the benefits to the child and family of involving statutory safeguarding services.



Key Findings (3)

Care Planning

- **Parallel processes and pathways**
- **Medical pathways**
- **Complex presentations**
- **Responding to non- epileptic seizures**

When faced with perplexing situations a normal response is to look for answers - to reach for certainty. When faced with a child with significant needs there is an understandable desire to find a solution – to make them better, and when this is not achieved - more attempts to find ‘the right answer’ will often be made. Facing the pain and distress of children, particularly when there appears to be no easy solution, undoubtedly leads to anxiety and emotions can run high. As a result, individual and collective defences may be erected to defend against the unbearable nature of this anxiety.



Key Findings (4)

Supporting Families

Think Family

Changes in Early Help Services over recent years have been considerable. Early Help provides a non-stigmatizing service to children and families and occupies a pivotal place within the safeguarding landscape. However, the benefits to children and families, and multi-agency partnership working, have not been fully understood or realised.

Family Therapy

Staff require the support and protection of their organisations in order to work in the challenging arena of childcare, therapy, treatment, and child protection. It can be difficult to engage families in therapy as there will often be resistance to changing established patterns and familiar dynamics. Accountability is held by both professionals and parents alike to constructively engage in this therapy. The challenge presented is that if family therapy is regarded as a critical part of a child's treatment plan, but does not happen, how will the multi-agency network work together to galvanise their collective skills and find creative ways to work with the family to meet their needs?



Key Findings (5)

Dealing with complaints & responding to anxiety

What did Child AE, family and professionals need?

1) Leadership

Recognising impact of multiple complaints and responding to them in a fair, accountable and proportionate, manner is not mutually exclusive. Strong leadership is needed that features clear lines of accountability/responsibility and containment for children, parents, and staff.

2) Supervision

Good quality, reflective, supervision can provide a space where; the totality may be seen, anxiety contained, defences understood, thinking expanded, and collective responsibility held. In order for clinicians and professionals to provide the best possible service to children and families, good quality multi-agency supervision is needed.

3) A 'just learning culture'

Safeguarding is fundamentally a human system and the emotional experience of individuals, organisations and systems are an important feature of how the quality of services are achieved. In a working environment that is fraught with anxiety and where little containment can be found, the universal human response to this anxiety (of fight, flight, or freeze) makes it impossible for a coherent professional response to be provided. Changing the learning cultures requires a long-term plan to determine how this will be promoted.

Recommendations

1. Valuing the Importance of Everyday Life:

Rec 1: Children's Services & Health integrate learning from this SCR into current service developments. Collaboration to take place with the working group as identified below to achieve a joined-up approach.

Rec 2: NSCP to establish a multi-agency working group, in partnership with senior leaders in schools, to determine how schools will be supported in placing school life at the heart of multi- agency provision for children with multiple and complex needs.



Recommendations, cont.

2. Safeguarding Adolescents:

Rec 3: Senior Managers from across the multi-agency partnership to discuss and conclude what is needed to support front-line practitioners, clinicians and managers to navigate this complex legislative landscape so that they can successfully balance the child &/or parents' wishes and feelings with the child's welfare and make clear defensible decisions.

Rec 4: The principles contained within the recent government guidance about contextual safeguarding should apply to all vulnerable adolescents.

Recommendations, cont.

3. Care Planning:

Rec 5: NHS providers to work collaboratively with multi-agency partners to ensure a lead person is identified for children and young people with complex health needs and/or special educational health needs and disability. Intrinsic features of the approach to include placing the child and family as central and provision of robust support to the family and the lead person.

Rec 6: NSCP to be informed of the progress made by Norfolk County Council and Health to transform the services to adolescents and provide challenge.

Rec 7: Norfolk Community Health & Care NHS Trust and Norfolk and Suffolk NHS Foundation Trust to develop a joint pathway for non-epileptic seizures that considers the specific aetiology of this condition and the work needed to provide a joint approach to treatment, case management and awareness raising.

NICE to be informed of progress to assist in the development of national best practice guidance.

Recommendations, cont.

4. Supporting Families:

Rec 8: Norfolk County Council Early Help Service to work in collaboration with front line clinicians, practitioners, managers and senior partners to understand the difficulties in achieving an integrated multi-agency response to vulnerable children (whose needs sit under the threshold of Children's Social Care) and take remedial steps.

Rec 9: Norfolk and Suffolk NHS Foundation Trust & Norfolk Children's Service to collaborate in an attempt to find creative and flexible ways to engage families in family therapy. Services to consider what more may be needed to support practitioners/clinicians in this work.

Recommendations, cont.

5. Dealing With Complaints & Responding to Anxiety:

Rec 10: NSCP to bring together senior leaders from across the multi-agency partnership to agree a multi-agency strategy to deal with multiple complaints. Components of this strategy should include the need to minimise collateral damage to the child and family and the multi-agency front line, the requirement to have courageous conversations and hold a senior line of accountability. In exceptional cases, external consultation should be commissioned to provide support.

Rec 11: NSCP to evaluate the recent multi-agency joint supervision pilot and provide a multi-agency supervision forum for front line staff that is consistently available, sufficiently promoted, and independently facilitated.

Rec 12: Norfolk Community Health & Care NHS Trust and Norfolk and Suffolk NHS Foundation Trust to consider what is needed to promote an integrated service response to complex clinical presentations. Any approach should include reflective supervision and be consistent with the Royal College of Paediatrics and Child Health (RCPCH) guidelines.



Recommendations, cont.

Unresolved Issues:

Relating to parallel proceedings (the majority out of scope)

Rec 13: NSCP to seek assurances that the findings/recommendations and orders of the relevant processes have been actioned and Child AE's parents informed.

Child Safeguarding Review Process Development

Rec14: NSCP to embed this learning into current SCR/CSPR processes to establish a mechanism that will allow families to fully participate.

NSCP's Response

- NSCP Partnership Group, including education representatives to lead on collaborative response to focus on valuing ordinary life. To include building on Family Networking and Improving Children's Mental Health agenda (FLOURISH) – Recs 1, 2 & 6
- NSCP Vulnerable Adolescent Group taking forward recommendations on safeguarding adolescents – Recs 3 & 4
- Report shared with NHS Sustainable Transformation Plan Committee to consider health pathways - Recs 5, 7 & 12. Actions to be taken forward through NSCP's Health Advisory Group.
- Lead practitioner role reviewed against Early Help offer – Rec 8
- Trauma informed leadership and practice developed as golden thread to all areas of NSCP work and tested against Section 11 self assessment to hold specific agencies to account – Rec 9
- NSCP to develop multi-agency complaints policy, drawing from learning from this SCR – Rec 10



NSCP's Response, cont.

- Joint supervision pilot has evolved into more flexible and inclusive offer of Reflective Practice sessions using technology and methods developed under Covid19. To be further promoted to all partners, including schools, through Local Safeguarding Children Groups and existing communication channels
- NSCP Partnership Group to respond in writing to parents on outstanding issues within four weeks of publication
- NSCP to monitor and report on progress of all recommendations within 12 month period



Learning Activities

- Consider the value of ordinary life and how much this plays a part in your thinking about interventions, particularly with adolescents?
- Talk about your own experiences of school life and sense check how you relate this to the children you are working with
- Check whether anyone in your team has undertaken Family Networking training and, if so, how this might better support vulnerable adolescents and their families: discover their innate support networks.
- Think about children you work with complex medical needs: is someone 'holding the reins'? Are you confident that all agencies are demonstrating professional curiosity? How will you challenge, if not?
- Discuss your response to complaints and the support you get from your organization to deal with them: what is helpful?
- Check whether anyone in your team has participated in a joint supervision or reflective practice session and think about cases you might put forward to help you reflect differently on difficult cases