Pathways to harm, pathways to protection: a triennial analysis of serious case reviews (2011 – 2014)

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Aim of this session

• To highlight key learning from the analysis of national serious case reviews

• To promote discussion about the findings and practice implications within teams

• To inform agencies of relevant briefings for their own agency
Remember ..... These apparent failures (the SCR cases)...
need to be seen in the light of the effective safeguarding work that takes place across the country on a daily basis. For many of these children, the harms they suffered occurred not because of, but in spite of, all the work that professionals were doing to support and protect them (p. 165)
What is a Serious Case Review (SCR)?

A Local Safeguarding Children Board (LSCB) commissions an SCR when a child has died in circumstances where abuse or neglect were known or suspected or when a child has suffered serious harm and there are concerns about the way agencies have worked together to protect the child.

The purpose is to identify what happened and why so that systems to prevent harm to children and to protect them when serious harm has been done can be improved.

SCRs highlight good practice as well as poor practice.
Pathways to Harm, Pathways to Protection

This PowerPoint is based on the findings of the Triennial Analysis of Serious Case Reviews 2011 – 2014 (hereafter, the report).

The report is based on a quantitative analysis of 293 SCRs relating to incidents that occurred between 1st April 2011 and 31st March 2014, and analysis of a sub-set of 175 SCRs (providing quantitative and qualitative data) for which SCR final reports were available (66 representative SCR final reports were also selected for further detailed qualitative analysis).
Overview

“The pattern of serious case reviews over time shows that once a child is known to be in need of protection, for example with a child protection plan in place, the system is working well. There has been an increase in the number of serious case reviews carried out since 2012, but this has been against a backdrop of a steady year-on-year increase in child protection activity. There has been no change in the number of child deaths linked directly to maltreatment and, if anything, a reduction in the fatality rates for all but the older adolescent age group. Furthermore, only a small minority of children at the centre of a serious case review had a current child protection plan at the time of their death or serious harm. This is at a time when nationally numbers of children with a child protection plan have been rising dramatically.”
Number of national Serious Case Reviews

Figure 5: Number of serious case reviews conducted

- 2011-12: 51
- 2012-13: 64 (Death: 31, Serious Harm: 33)
- 2013-14: 82 (Death: 53, Serious Harm: 29)

- Death
- Serious Harm
Characteristics of the children and families in the reviews

**Figure 9: Age distribution by type of incident**

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Death</th>
<th>Serious Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>79</td>
<td>41</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>49</td>
<td>15</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>11 - 15 years</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>16 and over</td>
<td>31</td>
<td>9</td>
</tr>
</tbody>
</table>

Type of incident: Death vs. Serious Injury
Learning

• Infancy remains the period of highest risk for serious and fatal child maltreatment, there is a particular risk of fatality for both boys and girls during infancy.

• There are further risks to young people during adolescence, including risks associated with Child Sexual Exploitation and risks of suicide.

• In contrast to previous studies, a higher proportion of reviews from 2011 – 2014 concerned girls (55%) rather than boys (previous report was boys).
Number of families experiencing multiple problems

- Substance misuse: n=83 (47%)
- No characteristics: n=36 (21%)
- Mental health problems: n=93 (53%)
- Domestic violence: n=94 (54%)

Venn diagram showing the overlap of families experiencing different issues.
Range of factors in parents’ background which may raise potential risk to the child include:

• Domestic abuse
• Parental mental health problems
• Drug and alcohol misuse
• Adverse childhood experiences
• A history of criminality, particularly violent crime
• Patterns of multiple, consecutive partners
• Acrimonious separation

These factors appear to interact with each other, creating cumulative levels of risk the more factors are present
Other potential family risk factors:

• Young Parenthood
• Maternal ambivalence about pregnancy
• Poor ante-natal engagement
• Large family size
• Transient lifestyle
• Social isolation (which can be a particular issue for immigrant families)
Types of abuse

Non-fatal physical harm took place in a family setting, and three-quarters of the children assaulted were aged under one year. Such assaults often took place in a context of domestic abuse, and chronic, neglectful care of the child
Types of abuse

Where neglect was the primary reason for the SCR it occurred within a family context, with the child ranging in age from new-born to 17 years. The child was likely to have already been known to children’s social care at the time of the harm which prompted the review.
Types of abuse

For many children and young people multiple types of abuse co-existed; two thirds suffered neglectful care, irrespective of the primary category of abuse identified by the SCR.
Types of abuse

Victims of sexual abuse, all but one of whom were girls, ranged in age from under one year to 17 years. Those abused by a family member were generally younger than those abused by someone, or a group of people, outside the family.
Types of abuse

Sexual abuse often co-existed with other types of harm; there was evidence of sexual abuse in 53% of cases relating to children who were at least one year of age.
Most serious and fatal child maltreatment occurs within the family home, involving parents or other close family members.
Settings

In later adolescence there are increasing risks outside the family home, although young people may still be seriously harmed within the family home.

Very little serious or fatal maltreatment involves strangers unknown to the child or young person.
Children who are not regularly in school, due to poor attendance, home schooling or exclusion, can be vulnerable due to their ‘invisibility’ and social isolation

- Where neglect or maltreatment is already occurring, absence from school increases the child’s vulnerability
- ‘Managed moves’ have the potential to damage supportive and established relationships with peers and teachers
E-safety

The internet can allow inappropriate relationships to develop which are harmful to the young person

- Such interactions are hidden, and difficult for parents, teachers and other agencies to understand and monitor
Domestic Abuse is always harmful to children

- Any evidence of domestic abuse in a relationship in which there are children should prompt a careful consideration of the harms those children are suffering and how they can be effectively protected.

- Domestic abuse should not be seen solely in terms of violent incidents, but consideration should be given to the ongoing contexts of coercive control and the impact of these on the parent and children.

- Professionals should not rely on victims of domestic abuse to act for their own or their children’s protection.

- Controlling behaviour may continue to pose risks to mothers and children, even following separation.
Parental mental health

• Parental mental health problems should not be seen, in and of themselves, as necessarily harmful to children

• Where there are indicators of an escalation in the severity of mental health problems, any indicators of delusional thought patterns towards the children, or where a parent expresses thoughts of self-harm, or of harming her or his children, these should be taken seriously and should prompt an urgent consideration of the safety of the child

• Where parental mental health problems co-exist with other risk indicators, particularly domestic abuse, but also including drug or alcohol misuse, or social isolation, this should prompt a further assessment of the child’s safety
Mental illness is not, in and of itself, harmful to children; it may, however, present risks in some situations, for example, through delusional thoughts or self-harming thoughts or behaviour, or when combined with other parental risks

- The presentation of an adult with mental health problems who has contact with, or caring responsibilities for, children provides an opportunity for further assessment and intervention

- Professionals working with adults with mental health difficulties should be alert to additional factors or warning signs in the adult’s presentation, and must enquire about whether the person has contact with or care for any children
Voice of the family

• Professionals working with parents should not shy away from discussing the parental personal relationships and the potential impact of these on the children

• It is the responsibility of professionals and agencies to create the contexts within which the family’s voice can be heard

  – Where family members are expressing concerns, these concerns should be taken seriously, acted on, and feedback provided to the family
Adolescents

Adolescents’ vulnerabilities were compounded by the cumulative effect of abuse and neglect and the challenges of adolescent development.

• Loss and rejection in early life can influence psychological wellbeing in adolescence and lead to behavioural and mental health issues and therefore it is important to have knowledge of their early life experiences.

• Self-harm and/or suicide attempts preceded all but one of the suicides and should be taken seriously whenever they occur.
The best chance of adolescents responding to relationship-based practice is when it is consistent, holistic and available over a long period of time on their own terms if possible.

Insecure housing and premature adult responsibilities can put young people at risk and increase their vulnerability to exploitation.

Behaviour should be viewed as symptomatic of other underlying problems and difficulties. The cause of the behaviour should be explored and addressed through multi-agency support.
Child Sexual Exploitation

Parents need to be given advice and support where they have concerns that their child is being sexually exploited

– Although awareness of CSE is improving, there is still a lack of professional confidence about recognising the early warning signs

– CSE needs to be understood within the wider context of the needs of the young person so that appropriate action can be taken

– Because of, and in spite of, their challenging behaviours, vulnerable young people must feel that someone is ‘there for them’ and that they are heard and understood.
Voice of the child

Be aware of ‘silent’ indicators (emotional and behavioural changes in children) as well as hearing their voice

- Explore creative ways of engaging with children with regards to their age, communication skills and personal history to enable them to share their experiences

- Follow up concerns within families by ensuring each child is given an appropriate opportunity to talk
Children with disabilities

Disabled children are particularly vulnerable to abuse and neglect. A number of factors may contribute to this vulnerability, including:

- Professionals are less skilled in communicating with disabled children
- Professionals working with disabled children and their families should consider the possibility of maltreatment in their assessments of the child
- Signs of abuse or neglect may be masked by or misinterpreted as due to the underlying impairments
- Caring for a disabled child places additional stresses on parents
- Disabled children may be less able to communicate their concerns
Pathways to Protection: learning over ten years (Chapter 10)

- Accumulating parental risks
- Understanding the child
- Think Family and keeping the child in sight and at the centre
- Learning about abuse and neglect
- Professional challenge
- Requirement for regular challenging supervision to prevent practitioners feeling overwhelmed
Putting the learning into practice

- Research in Practice, in collaboration with the report authors have designed a series of video clips and practice briefings for different professional sectors. It is recommended that practitioners, managers and safeguarding leads read the appropriate briefing for their organisation and present this to their teams. They can be found at:
  - [Research in Practice briefings for social workers and family support workers](#)
  - [Research in Practice briefing for education sector](#)
  - [Research in Practice briefing for Police and criminal justice agencies](#)
  - [Research in Practice for Health](#)
  - [Research in Practice for Local Safeguarding Boards](#)
What does this mean for our agency?