Learning Review Report

William

This review has been undertaken on behalf of the Hampshire Safeguarding Children Partnership (HSCP) by the Learning and Inquiry Group. The review of William's case is taking place in conjunction with the review a of another child where some similar characteristics of the case were identified, and it was considered that learning in the two cases were likely to have similarities.

A summary of the case:
William was referred to Childrens Services at the end of April 2020, following an emergency paediatric admission at the age of 12 years. The admitting paediatric consultant was deeply concerned about the level of physical compromise that William displayed; he required intensive medical support to correct his abnormal blood picture and malnutrition. William was subsequently made subject to a multi-agency Child Protection Plan and his case was put before the court in public proceedings.

Childhood history:
As a baby and young child, William had a reported history of feeding difficulties. His parents described him as a fussy eater. At the age of four he was referred to a paediatrician due to his limited diet. Despite his dietary habits, his growth at the time was noted to be good.

Aged six, William was referred to a specialist unit for inpatient assessment of his feeding issues and emotional anxieties. The family felt that the care provided by the specialist unit was not helpful and chose to withdraw William from the assessment.

A few months after his withdrawal from the specialist unit, a parental decision was made to withdraw William from the support of Child and Adolescent Mental Health Services (CAMHS). At that time the CAMHS clinician documented that William would learn a pattern of avoidance with any future anxieties he may have if he did not continue to receive professional support to manage and resolve his emotional difficulties.

In 2018, aged 11 years, William was seen by the School Nursing Service. As part of the National Child Measurement Programme his weight and height were recorded. William was described as visibly overweight, and this was confirmed by his recorded body mass index. Ten months later, the school expressed concerns that he was as 'pale as a milk bottle' and visibly underweight. The school was concerned that William refused to eat and drink anything during the school day. The school arranged an appointment with William's mother to discuss their concerns.

In October 2019, the local CAMHS team received a maternal referral requesting support for William due to his dietary difficulties. At the time of CAMHS acceptance William was only drinking milk. His

limited diet was categorised as a condition known as Avoidant Restrictive Food Intake Disorder (ARFID). CAMHS began the process of assessment and requested that William had blood tests completed to determine if he had any dietary insufficiencies.

In December 2019, William was on a reduced timetable at school due to his anxiety. There was good communication between the school and the Eating Disorder Team. There was a plan to work on associated anxiety so William's school attendance would increase. By February 2020 William's school attendance was 38%.

In March 2020, William was withdrawn from school by his family who indicated that they intended to electively home educate him, so the planned autism assessment by CAMHS could not take place. The family requested that the school did not join the planned meeting with CAMHS to discuss William's needs. The school referred William to Childrens Services via the Multi Agency Safeguarding Hub, expressing concern about his health and about the fact that he was about to be withdrawn from school.

From October 2019 to April 2020, there were several discussions between CAMHS and the family about the blood testing. CAMHS requested the GP's assistance in getting the blood tests completed. The family reported attempted visits to the hospital for bloods to be taken, but William experienced high levels of associated anxiety and therefore the bloods were not taken. William's mother told the GP that CAMHS were dealing with the blood tests. In March 2020, William's mother reported concern about completing the blood tests for William due to the risk of COVID-19 infection.

At the beginning of April 2020, William and his mother reported that he had been unwell with a bug. The family reported a significant reduction in William's daily milk intake. During a virtual appointment with William, the CAMHS clinician was concerned about his physical appearance and requested that he attended a face-to-face appointment the following week. On 28 April 2020, William was seen in a CAMHS physical observation clinic. He presented as physically very unwell and as a result an emergency referral was made to the local paediatric ward for a full health assessment.

Learning points for managers:

- To develop clear treatment pathways for specialist services to ensure that children's health needs will be fully assessed, tracked, and monitored.
- Develop and provide patient information for a family who are accepted into a service which details what the parental/carer expectations are to support the child's treatment.
- A mechanism for managerial oversight and supervision in complex cases, especially where there are concerns regarding parental engagement and compliance with advice and treatment.

Learning points for practitioners:

- The importance of reading past known information about a child and their parents/carers, which should inform future health care trajectory.
- Having honest and clear conversations with parents about their role in supporting health/ medical needs and what will happen if those needs are not met.
- To be 'professionally curious' about information provided by parents and how that impacts upon the care provided.
- Professionals supplying referral information or agency reports for meetings need to be explicit when there are safeguarding concerns about a child.
- Importance of seeking specialist support to ensure medical tests are completed in a timely manner.
- Having robust conversation with other agencies to ensure they understand the significance of a child not having important medical tests completed.

Learning points for HSCP:

- To create broader awareness of health neglect and the impact upon children.

Themes in common with other reviews in Hampshire:

- Clarity as to who is the 'Lead professional'.
- Use of professional meetings in complex cases.
- The challenges of working with families where there is partial engagement and disguised compliance.
- That all professionals when discussing a child clearly understand their needs and the potential risks to the child.

If you do one thing, take the time to….

- Have a clear and honest conversation with the family about your agency expectations and what potentially will happen if the child's needs are not prioritised or met with specific timescales when relevant.

How was learning achieved:

A multi-agency review was commissioned by the Learning and Inquiry Group of Hampshire Safeguarding Children Partnership. Hampshire agencies provided written reports. These were reviewed by two senior managers, independent of the case and where required, additional information was sought from professionals involved in the case.

HSCP Response:

The learning identified in this Learning Review Report has been incorporated into HSCP workstreams. This has included multi-agency training, planned audits, scrutiny work, professional guides, and featured newsletter items.

Training and resources:

- HSCP Training - HSCP offers training on a variety of safeguarding themes.
- HSCP Training 2020/21
- HIPS Procedures
- HSCP and IOWSCP Neglect strategy and toolkit
- HSCP AND IOWSCP Safeguarding Adolescents Toolkit – Strategy Guide on Neglect
- Neglect multi-agency training
- Child and Family Engagement Guidance for Primary Care
- Child and Family Engagement Guidance for secondary and tertiary care
- Spotlight on Disguised Compliance
- Published SCR/LCSPR reports and learning summaries can be found in the Learning and Reviews section of the HSCP website. Published Reviews.

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