BIRMINGHAM Safeguarding Children PARTNERSHIP

Overview of Serious Case Review:

The importance of early planning and continuity of care for children with complex health needs

Dr Zoë Cookson

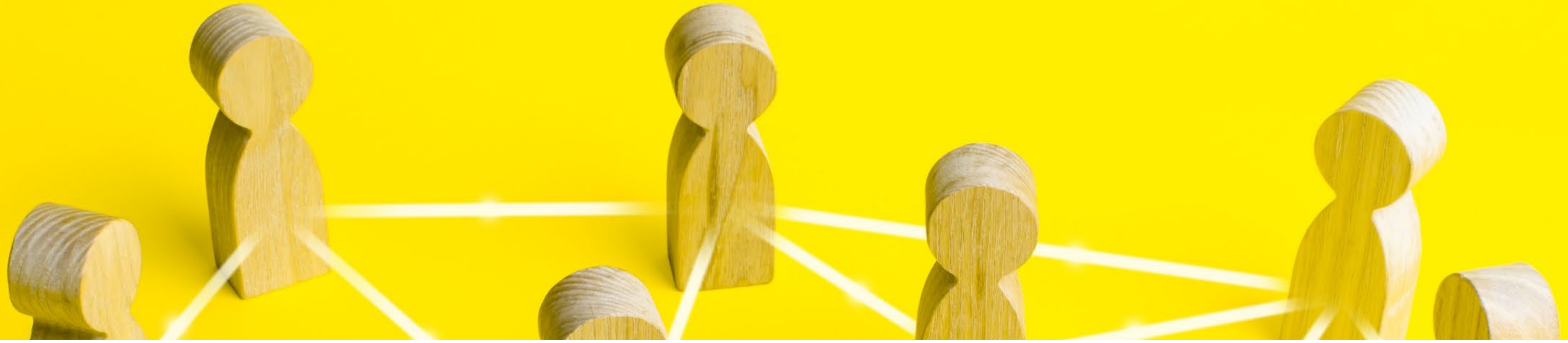
Overview of this case

- Child suffered a life-changing head injury in 2017, requiring specialist care and lifelong support. Evidence of old fractures and previous brain bleeding found.
- Parents young, married asylum seekers. Known to agencies since child's premature birth.
- Six referrals made prior to the incident and a history of child missing medical appointments. Five unplanned hospital attendances, three for significant injuries.
- Child's medical care had an initial focus on palliative care. Prognosis improved but discharged after two years due to complex needs.
- Mother charged with child neglect, found guilty in July 2020.
- Family Court decision in March 2020: Child to be discharged to parents' care.

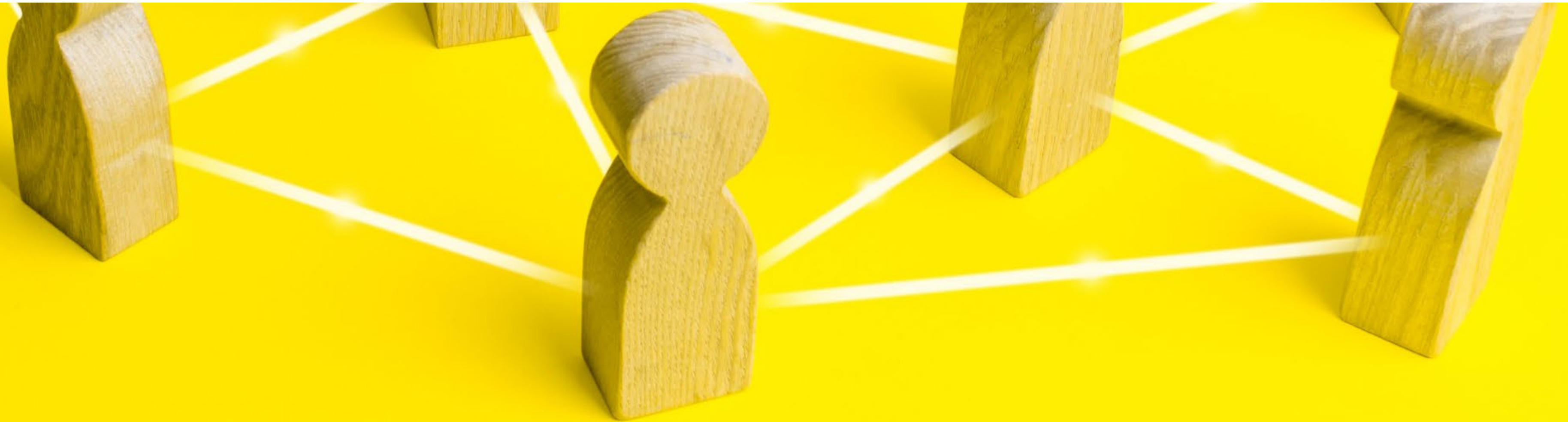
A review in Two Phases

Phase One considered agency involvement with, and services offered to, the child prior to admission to hospital in November 2017.

Phase Two was commissioned in 2020 to consider the reasons for the child's lengthy stay in hospital before discharge and the challenges agencies experienced in planning for the child's future care.



PHASE ONE



Responding to the needs of migrant families

- A young migrant family who struggled in temporary and often unsuitable housing. They faced challenges accessing entitled funding and were unfamiliar with the English health and childcare systems.
- Birmingham professionals were **not always aware of the family's migrant status** or the services they should be (and weren't) receiving.
- Inconsistent use of interpreting services amidst language barriers resulted in communication difficulties hindering the assessment of their impact, including missed health appointments.
- **Frequent house moves** led to loss of contact with community health, early years, and social care professionals.
- **Impact of experiences/trauma on mental health** wasn't considered.

Responding to the needs of migrant families: Learning Points

Learning Point 1: Professionals undertaking assessments of parenting capacity need to fully consider the impact of the experiences of asylum seekers in their countries of origin/on their journeys to this country and the potential for post-traumatic stress disorder alongside their lived experience in the UK and potential isolation.

Learning Point 2: Professionals need to understand national and local asylum-seeking systems and processes, the role of the Home Office and contracted services, and local arrangements for support, or at least have access to specialist knowledge.

Assessment and support for vulnerable families

- Considerable support to family but little continuity
- Difficult to understand child's lived experience
- Missed opportunities to complete holistic assessments
- Multiple missed medical appointments
- Issues with the discharge planning both as premature baby and after subsequent periods as an inpatient

Assessment and support for vulnerable families: Learning Points

Learning Point 3: Comprehensive and holistic assessments need to be completed without delay and should lead to effective planned help for children.

Learning Point 4: Health professionals need to consistently follow the 'Was not Bought' policy and inform social workers involved with the child concerned.

Learning Point 5: Discharge planning for premature babies and children with complex needs should be robust. It is important to identify a lead health professional to ensure effective communication and continuity of care between health professionals and hospital trusts.

Unexplained, suspicious and non-accidental injuries

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Five unplanned hospital attendances, including three for significant injuries which have since been established as non-accidental in a Fact Finding Court hearing.

Analysis identified:

- unplanned attendances were considered in isolation and didn’t lead to multi-agency assessment
- information sharing was inconsistent
- medical staff were not always aware of previous injuries
- there was an over-reliance on medical opinion that injuries ‘might’ have been accidental

Unexplained, suspicious and non-accidental injuries: Learning Points

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Learning Point 6: When children present with unexplained or suspicious injuries, professionals need to exercise:

- **professional curiosity**
- **healthy scepticism**
- **respectful uncertainty**
- work to **avoid assumptions** and the **rule of optimism**

The above should be aided by regular reflective supervision and peer review to challenge and develop assessment practice and inform professional judgement.

PHASE TWO

Factors that led to child's lengthy stay in hospital

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- Importance of following child protection processes
- Delays in care planning influenced the court decision
- Risks and needs assessment
- Multi-agency communication and agreement
- Struggles to identify a suitable placement

Factors that led to child's lengthy stay in hospital: Learning Points

Learning Point 7: In circumstances such as this (child in hospital with a non-accidental injury), Child Protection procedures must be followed with an Initial Child Protection Conference being held where necessary.

Learning Point 8: The Assessment and Short-Term Intervention Team should consult at an early stage, if not at the outset, with the Disabled Children Social Care Team for advice and support to effect early joint working or case transfer where appropriate.

Learning Point 9: Effective multi-agency communication and agreement is crucial, particularly between children's social care and hospital providers.

Birmingham Safeguarding Children Partnership

Finally, it's worth noting that there have been significant changes and service developments since this Review was commissioned.

Developments include:

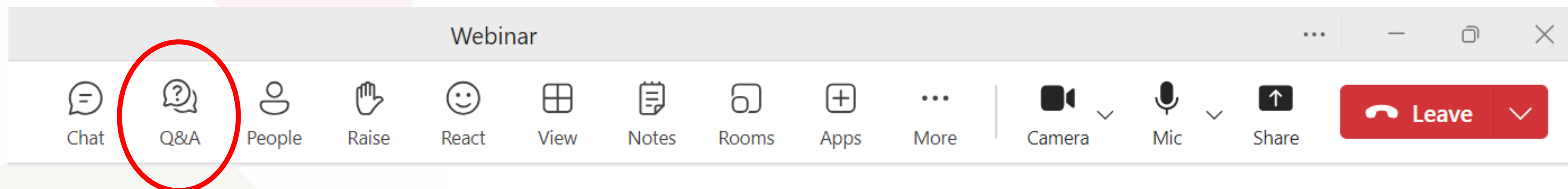
- Revised National Asylum-Seeking Support Services
- Improved local discharge planning
- Development of local Early Help and Family Support
- Publication of a Birmingham Childhood Neglect Strategy and Delivery Plan

Comfort Break - Back in 5 minutes!

If you have a question for the Q&A session

You can submit a question by clicking on the Q&A button on the top toolbar and typing your question.

We will then answer your question during the Q&A session after the second presentation.



Effective Discharge Planning

Graham Tilby-Assistant Director, Safeguarding (Partnerships)

Jane Powell-Director of Safeguarding Birmingham Women's and Children's NHS Trust

Summary of discharges

- Discharged from neonatal unit
- Unplanned admission- developmental delay
- Unplanned admission-NAI concern, developmental delay, missed appointments, parental supervision
- Unplanned admission-fractured elbow
- Unplanned admission-head injury and bruising
- Discharged from numerous clinics, including after not being seen (DNA/WNB)

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- Vulnerability of neonates and children with complex health needs
- Importance of having all the relevant health information, including delayed presentation, 'was not brought' to appointments, not following health advice in best interest of child.
- Challenge of working across multiple health providers and sharing information
- When do we consider neglect and what do we do about it?

If a child is suffering severe/chronic health problems, developmental delay or disability where treatment is not being sought or adhered to* -RHRT Complex/Significant Needs

Phase Two - 28-month admission following significant injury What delayed a safe discharge? (1)

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- Initial focus on palliative care
- No CP process or care proceedings- on CIN plan for the duration of admission
- Confusion about the multi-agency plan for discharge-hospital staff understood the child would be going to a placement and were not consistently updated and informed of the ongoing legal process and plan to return to the mother

Phase Two - 28-month admission following significant injury What delayed a safe discharge? (2)

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- Requests for reports from hospital were unclear with inadequate timescales
- Limited placement options-a national challenge
- Perception of hospital as a ‘safe place’
- Use of escalation processes with inadequate outcome

How do we feel about children with complex health needs?

How do we ask questions in unfamiliar specialist areas and how do we create environments where questions can be asked?

How do we feel in each other's professional space?

What structures do we use to ensure a safe discharge plan?

- Discharge planning from point of admission
- Bed blocking-understanding each other’s operational pressures
- Multi Disciplinary Team (MDT) meetings
- Discharge planning meetings
- Strategy meetings
- Core group meetings
- Professionals meetings
- Escalation processes/meetings

A safe and effective discharge plan will be supported by an effective multi-agency meeting.

What does good look like and are we doing better? (1)

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- Good understanding of different agency perspectives
- Clarity about meetings- what are they, who should attend, who leads, record keeping, actions
- Having the right people at the meeting, with commitment and engagement
- Effective information sharing- between health (hospital and community trusts, GP etc) and across agencies –
- All names & contact details for professionals to support clarification or request for reports post-discharge

What does good look like and are we doing better? (2)

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- Clear multi agency plan - an understanding of who will do and when
- Clarity as to who is supporting the family and any referral pathways
- Plan is informed by clear assessment of needs of child and parental issues impacting on the care of the child e.g. substance misuse, mental health, domestic abuse, learning disability etc (and impact on parental engagement in plan)
- How are we actively involving parents/carers in the discharge planning arrangements – who is best placed to do this?

What does good look like and are we doing better? (3)

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- Consideration of a SPOC (single point of contact within hospital setting)
- Clarity as to the type of placement need and record of actions undertaken to identify/secure appropriate placement
- Understanding of legal context in which services are involved with the child/family and processes for legal intervention
- Appropriate use of escalation

Based on recent cases we still have work to do, but multi agency relationships are more effective at all levels, supporting ongoing improvement in practice.

Q&A session

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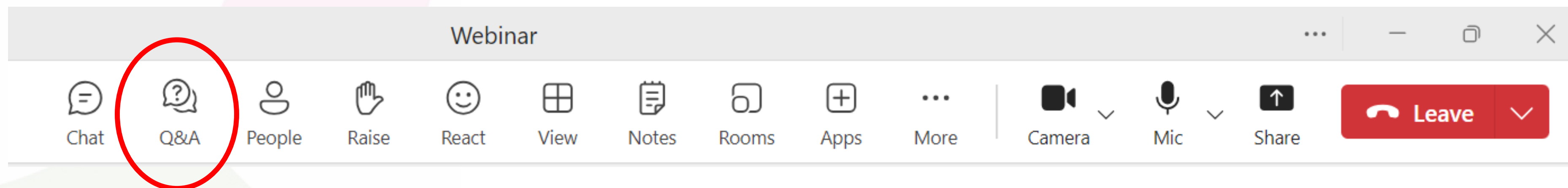
You can ask a question by either:

Raising your hand and unmuting your microphone when prompted.

OR

Click on the Q&A button on the top toolbar and type your question.



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