

## Learning from the Serious Case Review – Child K

### A summary of the case reviewed

A serious case review was commissioned following the admission of a young person, Child K, to hospital in April 2016 weighing 37kg with a BMI (body mass index) of 13.7<sup>1</sup>. The medical assessment at this stage was that without medical intervention there was a significant risk to Child K's life. Following admission to hospital home conditions were found to be extremely poor with no hot water or heating.

Child K's family had originally been known to services following the birth of their older sibling who had additional needs and after a period in mainstream education had moved to a special school prior to becoming home educated. Child K had been home educated from the age of four. The reason given by Mother was that their constipation problems had not been managed within school and the stress had made the condition worse.

Child K had contact with a range of health services, including three different specialist constipation services by 2008, assessments by a community paediatrician and PCAMHS, and a second opinion from a hospital paediatrician in 2014. In March 2016 the severity of Child K's medical condition became apparent and the prompt intervention of the GP was almost certainly instrumental in preventing significant risk to Child K's life.

The review concluded that Child K was a child with complex medical, social and psychological needs and the system did not succeed in providing a well-coordinated approach to managing a care plan. No one professional had responsibility for Child K's needs as a whole.

### Key findings:

In summary the main issues found in this review were:

- management of Child K's constipation was fragmented between health professionals with no coordinated health plan being in place
- the implications of elective home education were not understood by the professional community
- the family dynamics were not well understood in relation to their impact on Child K's wellbeing and no one was aware of the poor home environment including lack of heating or hot water
- assumptions were made about Child K's wishes and feelings and there was no understanding of what life was like at home

### Themes in common with other Oxfordshire case reviews:

- Professional curiosity
- Effective multi-agency working to see the full picture
- Not being brought to appointments
- Elective home education
- Child's voice not heard due to focus on sibling
- Think family

## Themes in common with national serious case reviews

There are common features between this and national reviews where home schooled children have died, most notably the death of a 16 year old girl from chronic constipation (Cornwall Safeguarding Children Board 2013) and the death of an eight year old home schooled child of malnutrition (CYSUR and West Wales Safeguarding Children Board 2016). Whilst parents who choose elective home education are no more likely to abuse their children than the general population these reviews do highlight the challenge facing professionals who may not have a full understanding of the rights of parents who choose this form of education.

## Strengths in practice

- the GP was tenacious in following through her concerns and their intervention was instrumental in preventing significant risk to life

## Learning Points for practitioners

- **Professional curiosity:** Safeguarding should always be considered in cases where health concerns don't respond to treatment as expected. Children should be spoken to alone in relation to any allegation or physical signs of harm and Child Protection procedures should be followed
- **Think family:** Always consider the needs of all children in the family when focusing on issues relating to one child. Consider whether there is additional information about family history available within health records for siblings, half siblings or parents that should be used to inform the assessment. This should include father's details
- Always follow up appointments where a child '**Was Not Brought**'
- When a child is **home educated** do not assume that any professional is visiting the home and monitoring their health and development since there is no legal requirement for this to happen

## Learning points for managers

- When a child is admitted to hospital out of hours with serious injuries that may be non-accidental, practitioners in social care, police and health organisations should make sure that a **strategy discussion** takes place in order to plan next steps
- Practitioners should consider convening a '**professionals only** meeting when interventions and planning have not led to effective outcomes for a child, there are concerns about drift or where adults are hostile, reluctant or failing to comply

## Key messages for the safeguarding system

- Pathways for managing chronic constipation should clearly identify roles and responsibilities and explicitly identify the possibility of safeguarding concerns being present
- Where a child has a chronic health condition one named health professional should be responsible for coordinating their health care plan
- All practitioners working with children should be made aware of the implications of elective home education

**Did you know? The following links offer useful further information and guidance:**

- ✓ **The Elective Home Education Policy and Procedure** can be accessed via the [Local Resources Library](#) of the OSCB online procedures manual, and provides information on the legislation and guidance underpinning regulation of elective home education
- ✓ Oxfordshire County Council's [1-minute guide to education](#) provides a summary of elective home education
- ✓ OSCB online procedures manual contains guidance on the following:
  - [Professionals Only Meetings](#)
  - [Strategy Discussions/Meetings](#)
- ✓ Watch [Rethinking Did Not Attend](#), a two-minute animation created to encourage practitioners to identify children as 'Was Not Brought' instead of 'Did Not Attend' when they miss appointments. Although aimed at medical professionals, this principle applies for all appointments
- ✓ The **OSCB Neglect webpages** contain [videos and resources](#) focused on the impact of neglect, and need for curiosity, persistence, determination and a focus on the lived experience of the child

**If you do one thing.....**

remember that family dynamics and relationships are often complicated. Take the time to talk and listen to children and families, to better understand what life is like for all children in the family

**What has changed since:**

- NHS England has introduced a GP 'read code' to show if a child is being home educated
- Children's records contain plans that clearly describe when a medical plan should be escalated to a safeguarding concern
- Improved support for families who are home educating, e.g. information on the Healthy Child Programme, immunisations, vision screening, and contact details for all teams
- The [constipation and urinary continence pathway](#) has been re-designed, to provide clarity on services, roles and responsibilities, and all referrals go via a central hub