

Child Safeguarding Practice Review

Practitioner Brief Child AB

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Date: August 2022

Publication Date: August 2022



Child Safeguarding Practice Review (CSPR) Practitioner Briefing: Child AB

Children's
Safeguarding Assurance
Partnership
Blackburn with Darwen - Blackpool - Lancashire

Background

Children A and B were removed from their mother's care in the Spring of 2020 and placed in local authority care. This followed a police enquiry into their father's involvement in the downloading of illegal images of children. He was later charged with sexual offences against children and the breaching of a previous Sexual Harm Prevention Order (SHPO) which was part of a previous conviction for possession of illegal images of children some years earlier. For the earlier offence the father had been subject to monitoring visits by the Police MOSOVO (Monitoring of sexual offenders and violent offenders) and oversight by the probation service, in addition to living away from the family home and the children's mother supervising his contact in the community. Following a Police visit to the father in 2016, concerns arose regarding the children's safety, home conditions and the poor quality of education afforded to Child A who was being home educated. This resulted in them being made the subjects of child protection plans (sexual abuse and neglect) during 2016-17. They were de-planned in the Spring of 2017 and steppped down to a TAF plan which lasted for only one month. Thereafter, there was no statutory involvement with the children until Police intervention in the Spring of 2020. Child A resumed being home educated in September 2017 and Child B was not on a primary school role. Probation service oversight finished in October 2018 but Police monitoring continued. The parents were convicted and sentenced in 2020/21, with the children becoming looked after in long term foster care under care orders.

Implementation of Child Protection Plans

The implementation of the child protection plans was mixed. On the one hand they did keep the two children safe from sexual abuse and neglect; their health and development were positive, and Child A benefited from being at school. However, the lack of unannounced visits as per the plans, inconsistency of attendance by core group members, little evidence of eliciting the children's wishes and feelings and changes mid-way with the IRO, were flaws in the plans' implementation.

If part of the child protection plan, unannounced visits should take place. There should be consistency with core group membership, IRO oversight and challenge.

Step Down

An integrated approach between CSC, the Police (MOSOVO) and the probation service, (also including the school X and the family GP) could have led to a robust risk management arrangement -possibly within a step down CiN plan-regarding MAB's supervision of the children's contact with their father, following the end of the formal child protection plans. Any significant concerns or changes (e.g Child A being taken out of school X for home schooling) could have triggered an alert to CSC who could have made appropriate enquiries into the children's safety and welfare.

Elective Home Education and Safeguarding

EHE team practice was marked by an element of, 'silo working', and lack of professional curiosity, The EHE team should have challenged the suitability of home education ostensibly being offered to child A. This could have resulted in any safeguarding concerns being referred to CSC. The EHE service lacked a protocol setting out clearly a pathway ensuring that children being home educated received a suitable and efficient education, consistent with their safeguarding needs. The LCC EHE service should provide guidance, including an integrated decision and action pathway, that enables professionals to assess that EHE children are receiving a suitable and efficient education, that also meets any safeguarding needs.

Probation and Police

Regarding Probation's risk assessment and management of the father, there was a lack of an investigative approach, insufficient professional curiosity, too much reliance on father's self-reporting, an over focus on his internet activity, a lack of a more holistic and dynamic approach to risk, no unannounced home visits, a lack of liaison with the Police MOSOVO, CSC and child A's school, no triangulation with family visits and inattention to the children's safeguarding needs. Practice should be informed by a more holistic approach to assessment and risk management planning that is dynamic, includes a focus on children and when relevant, vulnerable adults, liaison with other agencies, effective line management oversight and professional curiosity beyond the index offence.

Regarding the Police, there was an overly narrow focus on internet related issues (e.g. checking the mobile phone for IIOC) and a failure to think more widely (Think Family) about risk to the children who were not seen as part of the assessment. The MOSOVO should inform its practice by a more holistic approach to assessment and risk management planning that is dynamic, includes a focus on children, (and when relevant, vulnerable adults), liaison with other agencies, effective line management oversight and professional curiosity beyond the index offence.

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