

**Bedford Borough Safeguarding Children Board &
Central Bedfordshire Safeguarding Children Board
Working together to safeguard children**



Interagency Management Review Re Child A & B

Purpose of paper - To provide an overview of the lessons learnt following the Interagency Management Review in respect of Child A & B.

Introduction - At a meeting of the Executive Serious Case Review Panel (ESCRP) on 7 October 2009. It was concluded that the criteria for an SCR had not been satisfied, and an Interagency Management Review (IMR) was appropriate.

To ensure transparency, and to enhance public confidence in the process, four independent people were appointed to lead the IMR. An independent chair of the Review Panel, an Independent Author to conduct the review, another reviewer with extensive experience of conducting Serious Case Reviews to assist in the drafting of the reports and an Independent barrister was appointed as legal adviser to the Review Panel. None of these Independent People had any involvement directly nor indirectly with the child/families concerned or the services delivered by any of the agencies.

Summary of the case - On 20/9/09 there was an incident at an Immigration Removal Centre (IRC) in which two 5-year-old boys, Child A and Child B, were found to be engaged in sexual activity. It was later alleged that Child A had been the subject of further sexual assaults, committed by one of Child B's two older brothers, Child F, aged 15 and Child G, aged 11. Within a month of these allegations being made none of the children and their families were no longer in the UK and it was therefore not possible to involve them directly in the process of this review.

The report was submitted to the Joint ESCRP on 30th April 2010 and signed off and published on the 9th June 2010.

Lessons learnt from this case.

Working with sexual abuse cases - Sexual abuse is 'significantly harmful' to children and where there is evidence or concern that children may be exposed to sexual abuse, a Strategy Meeting involving **ALL** relevant agencies must be held and consideration given to holding an Initial Child Protection Conference.

When Professionals are presented with evidence of young children, below the age of criminal responsibility are engaging in sexual activity then this should trigger Section 47 enquiries. Children under the age of 10 years cannot consensually be involved in sexual activity.

In dealing with such cases professionals need to be alert to the possibility that a child or young person who has harmed another may well also be a victim. In this case there was evidence from one of the children that older children may also have been involved in the sexual abuse of a child.

In assessing a child or young person who abused another, in respect of sexual abuse, there are sometimes perceived to be difficulties in distinguishing between normal childhood sexual development and experimentation, and sexually inappropriate or aggressive behaviour. Expert professional judgement may be required, within the context of knowledge about normal child sexuality (Working Together 2010 11.52)

Professionals without evidenced requisite knowledge, skills and training should not have a central role in assessing, supervising or making key decisions in sexual abuse cases. Please access the Practice Guidance & Procedures to distinguish between healthy and abusive sexual behaviours in child on the publications page on www.bedfordshirelscb.org.uk.

Listening to the referrer - In this case the mother of the child said to have been abused expressed continuing concern about the lack of thoroughness in the investigations which had been carried out, but her concerns were, effectively, dismissed by all the agencies involved. All parents/carers/professionals need to be listened to and interviewed in relation to their concerns. It is essential that safeguarding professionals who come into contact with the public never forget how it feels for people when they are trying to penetrate what to them, is an apparently impervious wall.

Challenge to professionals and family – This case demonstrated that some professionals did not challenge the weaknesses and confusion inherent in the approach of the other professionals in dealing with a case of child on child abuse where the children in question were not of criminal responsibility age.

Information sharing and gathering - Poor communication between agencies and lack of information sharing and appropriate checks made with other agencies at crucial points in decision making are highlighted in almost every SCR locally, regionally and nationally.

All relevant information, including information about the history and functioning of the family currently and in the past should be sought from the relevant services if the child and family have spent time abroad. Professionals (such as Health, Police & Children Social care) should request this information from their equivalent agencies in the country (ies) in which the child has lived. Information about who to contact can be obtained via the Foreign and Commonwealth Office or the appropriate Embassy or Consulate based in London (Working together 2010 5.41)

Multi agency working – when dealing with any case involving allegations of sexual abuse and/or inappropriate sexualised behaviours then all agencies should ensure that where appropriate their specialist teams/personnel with child protection/safeguarding experience are aware of the case.

Child Protection Medicals – All cases involving allegations of sexual abuse and/or sexualised behaviours are identified then discussions should be held in a multi agency arena to establish whether a child should undergo a CP medical. If at any point a GP or Doctor is required to assess a child whether there is an allegation of sexual abuse and/or sexualised behaviour this should be referred through to a Paediatrician with expertise in undertaking CP medicals. Please access the relevant procedures at www.bedfordshirelscb.org.uk on the Publications page you will find the Procedure for Child Protection Paediatric Examination for Bedford Hospital and Luton & Central Bedfordshire - Procedure/Protocol for Child Protection Medical Assessment.

Environmental factors – In assessing the needs of children and young people ALL professionals need to be able to recognise, assess and analysis the impact of where a child or young person is residing and how and whether this adds to their vulnerability. Identifying both strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her family and the context in which they are living in is important, as is considering how these factors are having an impact on the child's health and development. (Working Together 2010 5.5)

Diversity - The issues of diversity affecting these children and their families were not fully considered. Children and their families may present with very different and individual circumstances. Our task is to understand and work sensitively and knowledgeably with different and diverse needs to identify the particular issues for the child and their family. It does not mean all children are treated the same but that they have opportunities for access to services which meet their different needs. Professionals need to ask themselves are there any specific considerations around ethnicity, religion, diversity or equalities issues that may require special consideration.

The invisible child - In this case no professional had asked the question what was a day like in this child's life. Many SCR's identify that the child becomes 'lost'. The key implication of children not being seen or heard and a lack of understanding of the situation from the child's viewpoint demonstrates that too often practice is not child centred – that the child is not 'kept in mind'. One way of ensuring that this does not happen is for practitioners to have effective supervision and adequate opportunity for reflective practice.

Assessment of risk - In ignoring the allegations from one of the children in this case that an older child may have abused them there was no assessment of risk in relation to Child A & B but also other children and young people at the centre. When dealing with such cases the child/young person should be seen as a victim and perpetrator and therefore assessed as to whether there are any risks posed to them.

Interagency Safeguarding Procedures – ALL Professionals working with children and young people (including out of hours services) should adhere to these procedures. The services experienced by children and young people should be consistent and no different whether they come to the attention of professionals at 2am or 2pm.

What happens next? - Action plans to address the recommendations are regularly monitored by the ESCRP. The action plans will be reviewed regularly until all of the agreed actions have been completed. In addition to the recommendations contained in the Executive Summary that you can access at (<http://www.bedfordshirelscb.org.uk/publications.php>)

As part of our efforts to embed learning from this SCR into our practice here in Bedford Borough and Central Bedfordshire it is proposed that this is the subject for our conference in the spring 2011 will be Sexual Abuse; please make every effort to support this event

Hopefully, most practitioners will never be involved in an SCR and by acknowledging and acting upon the lessons raised above we will continue to reduce the risks posed to children and young people living in Bedford Borough and Central Bedfordshire.

For some of you, however, reading this will be a painful reminder of your own involvement in the case. Please do seek support from your manager or supervisor if this is the case for you.