

7 Point Briefing – Child F- Complex Health Needs



The Hull Safeguarding Children Partnership have produced this 7 point briefing to share key learning from a Line of Sight. The briefings are intended to be simple so that the reader can absorb the information easily. This can also be used within team meetings as a group-based learning exercise.



1

What is a Line of Sight (LOS)?

The LOS process is a core function of the Hull Safeguarding Children Partnership (HSCP). The process provides learning opportunities across the partnership to strengthen multi-agency working and focuses on improving outcomes for children and young people. The process identifies specific learning themes through multi-agency audit and analysis. Learning is implemented across the partnership to improve practice across the safeguarding system. The reason for the Line-of-Sight meeting was to share information from the Child Death Review Process to consider any multi agency safeguarding learning across the HSCP. Reflections within the review included considering whether the appropriate level of support and intervention was provided by all relevant agencies; and whether there was sufficient understanding of the young person's needs, particularly the complex health needs and how agencies have worked together when needs exceed those of basic care. Additional consideration was given to the impact of learning from a previous statutory review.

2

Context of Review

A Line of Sight was held jointly as part of the child death review process to identify learning in relation to a young person who sadly died relating to a chronic, complex and life limiting medical condition. The complexity of health needs resulted in several long length hospital admissions, with occasions spent out of the Hull area and away from family for long periods. The young person spent a significant time in hospital in the local area during the last years of their life and during this time there were infrequent visits from family members. Neglect was an intermittent, yet significant and enduring feature in the life this child and their siblings. It is considered likely to have impacted on potential treatment options available to the young person over time. Whilst treatment options may not have had an alternative outcome, it was anticipated that medical procedures would have prolonged life. Additional factors within the review included poor parental engagement and adverse childhood experiences including witnessing domestic abuse, parental substance use and poor parental mental health. At times older siblings acted as young carers for the younger siblings. The bereavement of a younger sibling was also noted as a significant factor for the family. It is noted that the Coronavirus pandemic should not be underestimated, in terms of impact in delay in medical treatments, social development, lack of engagement, fearful of contact with people and consequences of virus, social isolation, educational attainment.

3

Good Practice

The child received consistent and compassionate care through weekly Martin House Hospice visits and direct dial support, arts and crafts sessions at home for emotional and psychological wellbeing, end-of-life planning from hospital doctors and specialist nurses, and heartfelt gestures like a birthday party arranged by nursing staff to help fulfil her bucket list, all while health and social care professionals built strong relationships and acted in her best interests. It is noted there Continued and repeated attempts by Children's Social Care to engage family.

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4

Key Learning

Engagement with services

Working with families where engagement is reluctant and sporadic – the review highlighted concerns with disguised compliance and it was identified that this impacted on interventions in relation to health needs. Complexities with engagement was identified in relation to a history of failed appointments and home visits and engagement with intervention plans. Consent was often withdrawn, and threshold was not considered met for statutory intervention. There is a need to understand underlying issues which may impact on engagement i.e., parental adverse experiences including domestic abuse, parental substance use, mental health, grief and engaging with multiple professionals and appointments. Whilst it is imperative to work with families to improve the lives of children, practitioners should be professionally curious and not be solely reliant on parents 'accounts to avoid disguised compliance. It is crucial that there is connectivity between practitioners involved to mitigate concerns pertaining to disguised compliance. These areas required exploration to understand more thoroughly the impact on the child. Practitioners need to be mindful that there may need to be links made with adult services to meet the needs of adults and triangulate any risks. Additional information around professional curiosity and thresholds can be accessed in point 7 of the briefing.

Professional curiosity

Listening to the voices of children and understanding their lives is important, this is crucial in all circumstances but particularly when there are complex health needs, there is a need to understand the emotional impact of living with a chronic and life limiting health condition, whilst additionally understanding the potentially compounding challenges of trauma, adverse childhood experiences, and grief. It is important for all practitioners to gather information from a range of sources to inform an assessment of what is happening in a child's life on a day-to-day basis. Individual direct work should be conducted with all children in the household to understand what life is like for them, this should be correlated to ensure a holistic understanding of live experiences of all children in a family.

Information Sharing and Multiagency working

Information should be triangulated between practitioners which will strengthen the understanding of children's experiences and their needs. This is particularly pertinent when working in complex circumstances where multi-faceted needs and concerns are identified. Multi-disciplinary meetings and combined chronologies would be beneficial to make sense of complex needs and provide clarity on who is working with the family, and how to contact them. This can support in coordinating intervention to share information in relation to any strengths and concerns to build a holistic picture, for example, where practitioners may not see children in their home environments information can be triangulated to build a better understanding of what life is like for children.

Information should be shared/visible on all safeguarding systems in relation to a child's health and wellbeing and there is a need to ensure that information is understood and accurate and reviewed where necessary. Consideration needs to be given to explicit information sharing and engagement with safeguarding systems and processes, with all relevant health partners to ensure 'health' is effectively represented. This is particularly important for children with complex health needs who may be under the care of multiple health teams both locally and out of area.

Identifying and Responding to Neglect

It was highlighted in the review that there were Child in Need and Child Protection plans in place for neglect over period of times. Concerns pertained to unmet physical and emotional needs, particularly as there was a lack of parental engagement in the ongoing health treatments. The use of the HSCP neglect toolkit can coordinate multi agency observations for varying types of neglect. The neglect toolkit can offer a holistic and multi-agency perspectives of the strengths and worries, which can build a better understanding and support with a coordinated intervention plan.

Strengthening understanding of health partners

The review highlighted the need for partners across the safeguarding system to understand the different service provisions within health. The health umbrella attached to point 7 is a useful diagram to assist in understanding the different service providers within health. This can assist practitioners in thinking which professionals from health may be supporting or involved with the child/family. Practitioners should be mindful that health partners work on differing systems and therefore information shared to one organisation does not mean this is visible on health systems.

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5

Additional Resources and Further Reading

- ▶ [HSCP neglect tool kit](#)
- ▶ [Threshold of Needs Guidance – Hull Collaborative Partnership](#)
- ▶ [Placing and Visiting Children with Special Educational Needs and Disabilities or Health Conditions in Long-Term Residential Settings](#)
- ▶ [Escalation and Resolution - Professional Resolutions...](#)
- ▶ [Analysis and critical thinking in assessment: Literature review \(2014\) | Research in Practice](#)
- ▶ [Training Courses – Learning and Development](#)
- ▶ [How Are You Feeling?](#)
- ▶ [professional-curiosity-7-point-guide](#)

6

Next steps: This 7 minute guide will be shared across the partnership enabling learning, discussion, and further reflections.

7

For further information please visit the Hull Safeguarding Children Partnership website: [The Collaborative Partnership – Hull Collaborative Partnership](#)