

7-minute briefing: Summary of findings from Young Person S LCSPR

For all those working with adults, children and families

Visit <https://bexleysafeguardingpartnership.co.uk/> for the full report and other useful resources



1. WHAT IS A LOCAL CHILD SAFEGUARDING PRACTICE REVIEW (LCSPR)? WHO WAS INVOLVED IN THIS REVIEW?

The purpose of a LCSPR is to look at what happened and why, focusing on the systems that practitioners work within and what action we need to take to change those systems so that practice can be improved.

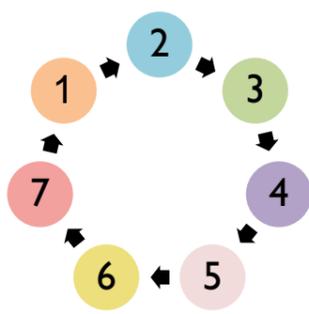
The agencies involved in this review were Bexley Children's Social Care, Bromley Health Care, Metropolitan Police Service, Oxleas NHS foundation NHS Trust, Lewisham & Greenwich NHS Trust, Dartford & Gravesham NHS Trust, SOLACE Women's Aid, Bexley schools, South West London & St Georges Mental Health NHS Trust, The Westwood Surgery, Bexley Safeguarding Adults Board, Springfield University Hospital, London Borough of Bexley Public Health, NHS Bexley CCG, NHS South East London Clinical Commissioning Group.

2. WHAT HAPPENED FOR THIS YOUNG PERSON AND THEIR FAMILY?

Young Person S was aged 17 years when he was detained under Section 2 of the Mental Health Act (MHA). He was living with his two sisters, aged 16 and 19 years and his parents at the time. Young person S was not in education or training, and was past compulsory school age. He had previously attended 4 schools; had two periods of Elective Home Education and one period of being a 'child missing education'. Young person S and his eldest sister had been known to Child and Adolescent Mental Health Services and the family were also known to housing, police, and primary and secondary healthcare services at the time of the review. Children's Social Care had been aware of the family since 2001 owing to long standing parental mental ill health concerns, and parental conflict and the potential impact of this on their children. The family had been subject to a number of child and family assessments, which had resulted in no further action, and or signposting to other agencies, of which the parents did not engage with. The family were not open to Children's Social Care at the time of the incident resulting in this review. It was reported that in the months leading to Young Person S being cared for under Section 2 of the MHA, he had become increasingly isolated and withdrawn within the home. He was not accessing support or any social activities outside of the home and professionals visiting him were unable to engage easily with Young person S, who had stopped communicating verbally. At the time of the serious incident notification, Young Person S's physical and mental health had deteriorated significantly. He was detained under Section 2 of the MHA for further assessment and treatment.

7. USEFUL RESOURCES

- [Mental Capacity Act 2005](#)
- [Mental Health Act 2007](#)
- [Mental Capacity Amendment Act 2019](#)
- [Care Act 2014](#)
- Bexley's Think Family Protocol and Practice Guidance: <https://bexleysafeguardingpartnership.co.uk/think-family/>
- Resources on parental mental health: <https://bexleysafeguardingpartnership.co.uk/professionals/parents-or-carers-with-mental-health-issues/>
- Bexley Domestic Abuse Services website: <https://www.bexleydomesticabuseservices.org.uk/>
- [The Myth of Invisible Men](#), Child Safeguarding Practice Review Panel, September 2021



3. WHAT HAVE WE LEARNED ABOUT PRACTICE SO FAR?

- The importance of a Think Family approach to safeguarding – knowing and understanding the family roles, and relationships – and also understanding mental health and its impact on parenting capacity and children and young people
- The importance of multi-agency input into assessments and analysis of risk
- The need for multi-agency conversations and a joined-up approach to problem-solving
- The need for professionals to understand domestic abuse and coercion and control within the family context and not just between partners
- The importance of all professionals understanding mental capacity and when to assess and review
- The use of chronologies in understanding the history and context of risk and harm is key within practice
- The importance of understanding trauma informed practice and how this may impact on how we work with families who do not find it easy to engage with professionals
- The need to understand family history, and individual social history in the context of assessments
- The importance of management oversight and space for reflective practice when working with families
- The non-engagement of families should not be the sole determining factor for the closure of a child or young person's case when there are ongoing concerns for their well-being.

SOME OF OUR "THINK FAMILY" PRINCIPLES



6. NEXT STEPS

- Bexley S.H.I.E.L.D. to produce the following:
 - 7-minute briefing on consent
 - 7-minute briefing on mental capacity
 - Guidance on closing children and young people's cases
- Bexley S.H.I.E.L.D. and Bexley Safeguarding Adults Board to progress the Think Family action plan including the review of the current training programme and the overall impact of the Think Family Protocol and Practice Guidance
- Bexley S.H.I.E.L.D. to review processes around joint working and information sharing as part of Priority 9 – *Getting basic child protection right*
- Bexley S.H.I.E.L.D. to note the findings of the Child Safeguarding Practice Review Panel's forthcoming report on elective home education.

5. KEY LEARNING THEMES

- Invisible fathers
- Professional curiosity
- Parental mental health
- Risk assessments
- Young carers
- Mental capacity
- Domestic abuse
- Neglect.



4. WHAT HAS HAPPENED SINCE?

- Joint Executive meetings held between Bexley S.H.I.E.L.D. and Bexley Safeguarding Adults Board to look at the learning from this review around Think Family including the review of information-sharing mechanisms/systems across Adult's and Children's Services
- Think Family Protocol and Practice Guidance produced and launched in October 2021 by Bexley S.H.I.E.L.D. and Bexley Safeguarding Adults Board
- Think Family training commenced in November 2021 with further training planned for 2022
- Mental capacity training workshops for all practitioners offered via Bexley Safeguarding Adults Board
- Focus on the findings from the Child Safeguarding Practice Review Panel's report 'The Myth of Invisible Men' with LB Bexley Children's Social Care Practice Week in November 2021
- Professional curiosity resource produced and presentation within the Multi-Agency Learning Forum
- Bexley S.H.I.E.L.D. Learning Hub Priority 8 focused on mental health including parental mental health from June 2021
- Focus on risk assessment within the core training programme for LB Bexley Children's Social Care.

