Bradford District Safeguarding Children Partnership

Children B and C

Child Safeguarding Practice Review

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1. Introduction

1.1 In late July 2022, Police Officers made a visit to the home of Child B, a 10-year-old boy, and his sister Child C, who was 9 years old. Officers were so concerned about the presentation of Child B and poor home conditions that they exercised their powers of protection and took the children to hospital. Child B became more unwell during the journey there. Health professionals observed Child B to be severely dehydrated and malnourished, constantly vomiting, and with a terrified look on his face. If Child B had not been taken to hospital, he could have died from severe dehydration and hypernatremia (a condition where the blood has too much sodium/ there is a deficit of water relative to sodium). Child B had large bruises on his left leg and another on his right leg and he could not remember how he got them.

1.2 In hospital, it was identified that Child B had a severe oesophageal stricture (where the food pipe narrows and makes swallowing hard). The cause and duration of this is not clear and it may not have occurred as a result of abuse or neglect. However, the majority medical opinion is that parents should have been aware of the difficulties that Child B was experiencing and sought medical help much earlier. Child B required surgery and inpatient treatment for several weeks and has required ongoing outpatient appointments. His weight quickly recovered.

1.3 Since their removal, Child B and Child C have both made allegations of physical and emotional harm against their parents. Both children will require ongoing support in the light of the adverse childhood experiences they have described.

1.4 Bradford Children's Services began care proceedings in respect of both children and a criminal investigation by West Yorkshire Police is ongoing.

1.5 The Bradford Rapid Review Panel decided on 7 September 2022 that a Local Safeguarding Practice Review in respect of Child B and Child C was required given the seriousness of the circumstances, the involvement of multiple agencies with the family and the concerns raised about how they worked together to safeguard the children in the family.

2. Terms of Reference and Methodology

2.1 The review has been asked to consider the period January 2020 and August 2022. The following **Key Lines of Enquiry** were agreed**:**

1. Understand how issues surrounding parental consent impacted on the prompt referral of, and responses to, safeguarding concerns and how agencies understand under what circumstances consent can be overridden.
2. Understand how agencies differentiate what issues are purely medical and when they become safeguarding concerns.
3. Understand how agencies identify and manage situations when parents exercise parental choice in ways which may lead to children's needs not being sufficiently met.

4. Understand how well agencies consolidated the concerns in the case in their onward referrals to other agencies.
5. Understand how effectively risk analysis decisions were made in this case and how historical information was used to inform these.
6. Understand how agencies work with parents who are hostile, intimidating and/ or resistant to working with professionals/ services and how this may have impacted on agency responses in the case.
7. Understand how professionals can better understand and identify issues of cumulative neglect and harm suffered.
8. Understand how potential issues of coercive control in the parents' relationship were identified and responded to.
9. Understand obstacles and challenges in achieving consistent positive change in frontline practice in working with neglect, given the amount of work that has been undertaken previously in Bradford as a consequence of other reviews.
10. Given the time period of the review, the Independent Reviewer and Panel will consider the impact of Covid-19 on the management of the case and how professionals responded to the concerns in the case.
11. Identify any areas of good practice that are identified in the case.

2.2 Reports have been received from:

- Bradford Children's Services
- Bradford Education
- Bradford and Airedale Health and Care Partnership
- Bradford District Care NHS Foundation Trust
- West Yorkshire Police
- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals Foundation Trust
- Incommunities (Social Housing Landlord)

2.3 The Safeguarding Board commissioned an experienced independent review author to undertake this review. Representatives of the key agencies have been members of a Review Panel to assist and advise in the completion of this report. The Independent Reviewer thanks the Panel, the Bradford Safeguarding Unit and the practitioners and managers who participated in a learning event for their assistance.

3. Family Details and Background

3.1 Child B was born in 2012. The family moved to Bradford when he was 8 months old, and his sister Child C was born in 2013. The family moved in 2015 to their latest

address. Child B started primary school late, and he and Child C began attending school in September 2018. All members of the family are White British.

3.2 Child B was always described as a pale and thin child by staff in school. He had one particular friend at school. Child B has delayed development because of a lack of stimulation and delayed attendance at school and was placed in a class the year below that for his chronological age. School became aware that Child B had an issue regarding food. School staff noticed that he was not eating his food at lunch on two occasions, once in Autumn 2021 and once in December 2021. After discussion with parents, it was thought that these episodes were anxiety related and as Child B told school that he did not like noise and crowds, he was allowed to eat his lunch in a small room off the dining room. School discussed issues about Child B being sick in March 2022 and advised parents to encourage him to eat and not to punish him if he was sick.

3.3 Child B had very limited contact with his GP between 2018 and 2020; one telephone consultation in 2018 and two face to face appointments in 2019.

3.4 Child C was described by school as a happy girl. She too has developmental delay and was also placed in a class the year below that for her chronological age. She had been weighed aged 5 in October 2018 when her weight was on the 25th centile. There had had only two telephone consultations and two face to face GP consultations about Child C in 2018 before the serious incident in 2022.

3.5 School reported no concerns about the children's presentation in 2022. Their uniform and hair were clean. Neither child was very active, they did not enjoy PE, but they did play outside during break and lunch times. The children have been known to the School Nursing service since 2017, but the service had very limited contact with Child B before July 2022.

3.6 Mother had experienced significant adverse childhood experiences; she had been identified as vulnerable, with a low IQ and agencies had found it difficult to successfully engage her in work as a child when she was a victim of abuse and exploitation. She was only 18 when she had Child B and was in a relationship with a man over 20 years her senior which began when she was 14. Mother experienced agoraphobia and had been prescribed anti-depressants for many years. She also had chronic migraines. Mother had had a medication review with her GP in October 2020 and Child B was taken for a flu vaccination that month.

3.7 Records indicate that Father has suffered with anxiety and panic attacks after a health episode in June 2017. He also has chronic insomnia. In September 2020 Father told his GP that his children shouldn't attend school due to his health problems, but he was advised that he did not need to shield. Father had had a medication review with his GP in May 2021.

3.8 Father appeared to professionals to be controlling on occasion and challenging to professionals. He had no convictions, but West Yorkshire Police had investigated an allegation of malicious communications and harassment made by an adult in April 2020 against him which did not lead to any further action. In June 2021 Police were contacted by a health clinic after Father became verbally aggressive when asked

some questions whilst attending an appointment for Mother. When Father went into school to collect work for the children in February 2021 during the pandemic, he said that he was becoming frustrated with the children at home and losing his temper. Staff noted a smell of alcohol on Father's breath on that one occasion. In September 2021, Father told school staff that if he found out who had made a recent referral, 'they'll regret it'.

3.9 Mother and Father had been in a relationship for approximately 15 years at the time of the serious incident in 2022. Neither parent was known to Adult Social Care or Mental Health Services. There is limited information around the couple's relationship in the main period under review. Father always accompanied Mother to her health appointments. There were no referrals about domestic abuse. However, referrers from the community in April 2018 and August 2021 stated that Mother appeared scared of Father. Both parents have generally declined offers of support from school or health professionals.

3.10 There was no genogram (a visual tool that shows a family tree and provides a pictorial representation of a family system) in Children's Services' records. The only other family member highlighted by agencies after the significant incident was maternal grandmother, but professionals had had no contact with her. Child B spoke of a maternal great grandmother and Mother referred to a seriously ill uncle during a phone call with a Social Worker in August 2021. The parents identified an adult child of Father and another adult friend as people who may have been able to help on the day of the serious incident in July 2022.

4. Family Involvement in the Review

The Independent Reviewer could not invite the children's parents to contribute initially until advice was sought from the Police and the Crown Prosecution Service because of an ongoing criminal investigation. The reviewer was able to meet with both parents in December 2023 with an agreement that the ongoing investigation was not discussed.

5. The Bradford Context

5.1 Ofsted rated Bradford Children's Services as inadequate in October 2018. Inspectors noted the pressures of increasing demand for services, high caseloads and challenges in recruiting permanent workers. Ofsted have made regular monitoring visits since then and the local authority have been implementing an improvement plan. The Independent Child Safeguarding Practice Review Panel published a report 'Child Protection in England' in 2022 which was a national review into the murders of Star Hobson in Bradford and Arthur Labinjo-Hughes in Solihull, and it made local and national recommendations. Bradford Children's Services was judged to be 'inadequate' in the last inspection report published in January 2023.

5.2 Bradford Children's Services and Bradford Children's Safeguarding Partnership have commissioned several child safeguarding practice reviews in recent years. Child neglect has featured in a number of these reviews and the Partnership have recognised many similar themes and points of learning. The Independent Reviewer has helpfully been given access to drafts and completed reports of other reviews which have been undertaken.

5.3 Bradford Children and Families Trust came into operation in April 2023 and has been set up to 'stabilise, recover and improve Children's Services under new leadership'. An Ofsted monitoring visit by Ofsted in November 2023 found some early signs of improved practice in child in need and child protection work since the last inspection. A further monitoring visit in February 2024 reported an increasing number of permanent staff and better management support to staff to help them understand children's experiences and identify risk.

6. Key Events

6.1 The review has focused on the two years before the serious incident but has also considered key events in the preceding period of the children's lives to ensure historical context.

Pre 2020

6.2 In March 2013 a Paediatrician wrote to Children's Services about Child B (then 11 months old) and his low birth weight. They informed Children's Services that Child B was not brought to an appointment as it clashed with an appointment regarding Mother's pregnancy. In September that year, another Paediatrician wrote after an appointment noting that Mother had been previously assessed by a neighbouring Social Services who had no concerns and that close health monitoring of Child B's weight would be required over the next 12 months. The purpose of these communications is recorded as being for information.

6.3 In May 2017 Police shared a referral they had received about the children with Children's Services **(Referral 1).** The referrer raised concerns that parents were calling Child B (now 5 years old) insulting and derogatory names and that the children had no toys. Also, that Child B was placed in a modified baby walker and prevented from playing with toys or his sister. Their diet was poor. They had delayed speech and did not attend pre-school provision. The referrer stated that Child B had been observed with bruising. Children's Services contacted Health Services but did not revisit the issues around Child B's weight and general development. Education were also alerted and they opened a case in respect of Child B as a 'Child Missing in Education' and a home visit was completed. Concerns around the anonymous referral and Child B not being on school roll were addressed with parents. Education provided feedback to the Multi-Agency Safeguarding Hub and also advised parents that they would make a further home visit to help them apply for a school place. Child B was legally required to attend school in September 2017. Parents denied name calling and no bruising was observed by the Social Worker. The couple were

advised to get rid of the baby walker. Parents declined Early Help support and the referral was closed with no further action.

6.4 In July 2017 a Paediatric Liaison Nurse at a hospital contacted the Health Visiting Team to share information that Father had presented at Accident and Emergency with Mother and both children present and was admitted to a ward. He had discharged himself from hospital earlier as he did not want to leave Mother caring alone for the children due to her ‘phobias’. This was not followed up by the Health Visiting Team and was a missed opportunity to explore the impact of Mother’s mental health on parenting.

6.5 In November 2017 Child B’s case was reopened to the Children Missing in Education Team when a School Nurse highlighted that Child B was still not on roll in a school. Parents had declined a place at School A which they had been offered and insisted that Child B should attend School B, their preferred choice, although it was oversubscribed.

6.6 In April 2018 the Children Missing in Education Team made a further home visit as the children had not been seen by the local authority since December 2017.

6.7 There was an anonymous referral to Children’s Services later in April **(Referral 2)** stating that the children were not in any education and were still in nappies and pushchairs. (Child B was now 6 years old and Child C was 4 years old). The referral stated that they had no beds, had limited toys and play opportunities, did not go out and Child C was not in pre-school provision. The caller believed that the children’s mother may be scared of their father.

6.8 An assessment was recommended and completed by the Social Work Assessment Team in early July 2018. As part of this, a Social Worker completed the Three Houses exercise[1] with both children. The assessment noted that Child B and Child C were not in education as their parents had refused the offer of a school which was not their first choice. Child B was offered a school place at the family’s preferred school during the period of the assessment.

6.9 The outcome of the assessment was to step down to Early Help for family support to help parents with implementing an appropriate routine for the children, toilet training the children and support with getting the children into school once an agreed school place was identified. The Family Support Coordinator referred the family onto a commissioned family support service on 17 July because of a backlog at the Early Help Gateway. There was a delay in establishing contact as there was no telephone number for the family, and parents then declined to work with that service in a telephone call on 30 July. The Support Service Manager had expressed a concern that it was worrying that the family would not let any professionals in and told the worker that she would chase this up the following week. A Targeted Early Help Worker rang the Gateway on 31 July and let them know that the family did not

[1] This is a tool which helps to gather information and capture a child’s thoughts about any worries, what is going well and what they would like to happen.

accept support, but the children were not stepped back up for consideration of further social work involvement.

6.10 In November 2018, Children's Services received an anonymous referral (**Referral 3**) stating that Father was nasty and bullying to Child B; he called him names and made him upset and cry. Father allegedly poked Child B's head and pulled on Child C's hair. Father allegedly expressed a very negative view of little boys. The referrer stated that Mother never intervened to protect the children and that Child B appeared reluctant to say much. A Social Worker telephoned Mother who denied the allegations and suggested they were malicious. Enquiries were made of school, who reported that parents appear to be quite proactive and are protective of the children. School shared that there had been some concerns around Mother's mental health. The Social Worker referred to 'a history of anonymous referrals being made' and assumed that Early Help had ended their involvement (when it had never begun) and the referral was closed.

6.11 School told the Social Worker that children attended regularly and did not raise any concerns, but there were concerns about Mother's mental health. School completed the 'Three Houses' exercise with the children; no concerns were raised but Child C appeared reluctant to say much. The record indicates that Mother gave consent for checks to be undertaken, but as no information from health professionals is recorded, it is concluded that Children's Social Care did not undertake these checks.

6.12 In September 2019 Child B's parents reported him to be vomiting but otherwise well. Based on parents' account, the GP considered that there might be a behavioural element to the vomiting, and this could be related to school avoidance. The GP sent an electronic task to School Nursing requesting their support to help avoid low school attendance. Child B was placed on an allocation waiting list.

6.13 In November 2019 Mother said that the vomiting had resolved, she was 'happy with how things are going' and that Child B had not missed any school. The School Nurse advised Mother that she could request support in the future and no further input was given.

2020 -2022

6.14 In November 2020, School B made an Early Help Module contact due to the children's non-attendance at school and lateness (**Referral 4**). Children's Social Care spoke to parents who stated that school was not sending work to them for the children to complete. Father shared that he had had a heart attack and therefore considered himself to be vulnerable. Children's Social Care then spoke to the School Designated Safeguarding Lead and advised them to address this situation using the school attendance route.

6.15 In December 2020 School B completed an Early Help Module contact which was essentially registering an Early Help Assessment Tool: the focus being on the children's attendance. It appears that this assessment was never completed.

6.16 In March 2021 School B contacted the advice line in Children's Services/ Integrated Front Door and a Social Worker advised the Designated Safeguarding Lead that the threshold would not be met for Children's Services involvement; school should complete a MARF but did not feel it would progress further. This advice was not followed. It could have included a chronology around concerns.

6.17 In April 2021, parents requested to home educate the children and stopped sending them to school. When the Education Safeguarding Team informed the parents that they would apply for a School Attendance Order, parents agreed to send the children to school, and they returned in May.

6.18 In August 2021 Children's Services received a detailed written anonymous referral (**Referral 5**) alleging neglect, emotional abuse and physical harm. It stated that the children were dirty. Also, that Child B had been seen looking extremely malnourished and observed with a black eye. Father allegedly called the children 'bastard' and 'cow.' The referrer stated that parents could be aggressive and had been banned from a local café. A Social Worker spoke to parents and children by telephone. Parents denied the allegations and said they were happy for a Social Worker to visit any time.

6.19 A Social Worker recorded in September that School B had no safeguarding concerns and reported that the children had a lot of energy and did not appear malnourished. The Social Worker contacted the School Nursing Service and requested that the children's height and weight be measured. They were advised that this request should be made to the GP but there is no record of a Social Worker contacting the GP about this.

6.20 In September 2021 Children's Services recorded that an assessment was not completed as the family refused to give consent.

6.21 Also in September 2021, Parents met the new Head Teacher at School B and said Child B could be anxious when eating and can fill his mouth and then let it out, as if being sick. They also said that both children would attend in PE kits on PE days as they were anxious around changing. Two weeks later, a mentor spoke to parents about the fact that Child B was not eating very much at lunch at times and school staff were monitoring and encouraging him.

6.22 In December 2021 School noted that Child B was not eating a lot at lunch again. He stated the hall was too noisy and busy. Child B was happy to eat in a 'hub' room where it was quieter.

6.23 In March 2022, Child B was upset about the illness of a family friend and did not eat much at lunch. This information was relayed home and Mother said that he ate that evening. Four days later, Child B was sick at lunchtime; he did not tell anyone, and it was discovered later. Child B said that he was rushing his food to get outside. The following day, Child B's teacher met Father who said he made Child B clean up the sick at home if it happens. School B started a sticker chart to help encourage Child B to eat lunch.

6.24 Also, in March 2022**,** both children were concerned that their learning mentor might tell Father that they had said that the cooker at home was broken as he 'won't like it'. Staff did not ask parents about this to confirm whether this was the case and, if so, if the cooker had been repaired.

July 2022

6.25 It is useful to consider in some detail how concerns increased and parental contact with professionals escalated during this month up to the serious incident on 29 July.

6.26 Child B and Child C attended school for most of the month until school closed on 22 July. On 20 July, School B recorded that Child B said that he liked eating his lunch in the hub away from the main dining room.

6.27 The GP surgery had 7 contacts with the family between 11 and 29 July 2022, all regarding Child B's vomiting and weight. This included five telephone consultations and two face-to-face appointments. Of these interactions, one was with an experienced GP, three were with locum or trainee doctors, and three with other health care professionals. Parents expressed concerns about Child B's eating but Father indicated that he thought that this was a behavioural issue.

6.28 On 11 July Mother called the GP and said that she was worried that there was something wrong with Child B. Father had a telephone consultation with a GP and stated that Child B was forcefully vomiting to avoid school and had done so for four years. The recorded outcome from the consultation was that Child B needed a CAMHS assessment ('School Nurse to refer') but it appears that neither the GP nor the School Nurse took any further action.

6.29 On 14 July Father called the surgery and had a telephone consultation with a GP. The GP documented that Father complained of Child B being "fake sick" - a problem since 2019. Father asked the GP for naso-gastric feeding equipment and food supplements for Child B. The GP documented 'no weight loss, no diarrhoea, no abdo(minal) pain, having school lunch fine.' The GP also documented 'advised Dad this is a non-organic illness and there is no medication or medical diagnosis I can offer.' The GP messaged the School Nursing Team for 'behavioural advice'. Father told school that the GP stated that Child B did not have a medical issue and that the GP was going to make a referral to School Nursing and CAMHS.

6.30 The GP contacted the School Nursing Service that day regarding 'induced vomiting.' A School Nurse reviewed Child B's record and planned to undertake a holistic assessment and consider support options, possibly from the Child and Adolescent Mental Health Service.

6.31 There were then ten days when parents did not raise any concerns with professionals about Child B.

6.32 On 25 July, Father called the GP again for advice. A Trainee Health Care Professional spoke with him and unsuccessfully tried to speak to Child B. The supervising GP advised that Child B be booked in with an HCA for height and weight measurement and with a School Nurse for advice regarding supplements. Father was unhappy that supplements were not prescribed and ended the call abruptly.

6.33 Father also called the School Nurse and reported that Child B was shutting down, losing weight and not eating, not even yoghurts, and suggested that this was due to an expected change of teacher at school. Father indicated that he had thought the School Nursing Team would provide supplements for Child B. A School Nurse advised that this was not their role and that parents should offer Child B meals but not to force him and to try smoothies and yoghurts. Father was advised to see the GP to have Child B examined and that a School Nurse would be allocated that week. Father called the GP practice. A School Nurse sent information to parents regarding eating disorders, without clear evidence that Child B had an eating disorder. The next day, an appointment for a video consultation on 12 August 22 was sent by the School Nursing Team.

6.34 On 26 July, Father accompanied Child B for an assessment by a HCA for height and weight measurements. (The last time Child B's weight had been recorded in his GP record was in October 2018, when Child B was 7 years old). His height on 26 July was on the 9th centile and his weight was below the 0.4 centile. His Body Mass Index was 10.9 (when this should have been approximately 17).

6.35 After the consultation, Father again called the GP practice reporting Child B's weight loss and asking what to do next. He requested a face-to-face appointment and was offered one the following day.

6.36 On 27 July Father accompanied Child B to the appointment in person with a trainee GP. Child B told the doctor that food gets stuck in his throat, he feels sick and cannot swallow. He can eat chips and chocolate without problem. The doctor made general observations regarding presentation and affect noting that Child B was not talkative initially but started smiling and answering questions. Also, that Child B was clean and well kempt and had good interaction with Father. GP spoke to the on-call consultant at Bradford Royal Infirmary (BRI) who advised an urgent referral to Paediatrics (which was made that day) and for parents to encourage soft and solid foods in the meantime.

6.37 In the afternoon a concerned member of the public reported to the GP surgery that they had witnessed Child B's father over-chastising/ handling him roughly in public on the way to/ from the GP surgery. The GP recorded that they discussed these allegations with a Safeguarding Lead at BRI, and they had agreed not to act on these allegations as no concerns were raised during the GP consultation. No record of this discussion has been found at the hospital. It is usual practice for GPs to gain advice and support from the Health and Care Partnership Safeguarding Team which is not based at BRI.

6.38 On the evening of 27 July, Police received a call from a member of the public expressing concern for two children including a boy described as 'very within himself

and very thin' stating that and the bones in the boy's neck were visible. The caller said that they had seen the family and saw the boy fall over in the street and begin to vomit. The man, who appeared to be angry and shouting, was holding the boy up by his shirt, apparently to prevent him falling over again. Research identified the family and their address. A Police assessment was conducted, and an officer assessed the risk of harm as Low. A Standard Graded Concern for Safety log was created, and a supervisor endorsed the log for a welfare visit to be made by the Police (with a response time of within 48 hours).

6.39 On 28 July Mother called the surgery and said that Child B was not eating. The receptionist noted that Mother referred to Child B as 'it'.

6.40 On 29 July a trainee GP had a telephone consultation with Father who was still worried about poor oral intake. The Doctor advised that supplements should not be started prior to paediatric assessment and advice was given about what to do if Child B's condition worsened (i.e. if he was lethargic or not passing urine for 12 hours, then take him to the emergency department). Parents were aware that they could call the surgery if they had any concerns. In consultation with the supervising GP, a decision was made to make a referral to Children's Services (**Referral 6**) due to the weight loss in combination with the bystander witness account of rough handling and the mother referring to Child B as 'it'. Parents were informed and a multi-agency referral form was sent.

6.41 On the evening of 29 July the Police visited the family home and took the children to hospital. The home was very cluttered, the family appeared to be living in one room and there was a lock on the kitchen door.

7. Analysis of Agencies' Involvement with the Family

Referrals, Responses and the Operation of Thresholds

7.1 The first referral in 2017 closed when parents denied allegations and declined support. Home conditions were observed to be good. It is not clear how far the Social Worker considered the vulnerability of the children and their parents, the relationship between the couple given father's alleged controlling behaviour or how much the couple were encouraged to access Early Years provision.

7.2 When a second referral was made in April 2018, Children's Services established that Education had been involved and had recently made a home visit albeit a doorstep visit. The decision to undertake an assessment was appropriate, but the assessment was not very detailed and any relevant records from the local authority which had undertaken a pre-birth initial assessment in respect of Child B were not requested. The Step-down plan to Early Help was not well developed.

7.3 The response by Children's Services to the third referral in November 2018 was not robust. Parents were spoken to by telephone. Health professionals were not consulted. There was no contact with Early Help professionals, although their recent involvement had been assumed. School spoke to the children although Child B

'appeared reluctant to say much'. There is a reference to 'a history of anonymous concerns' but this appears to have minimised rather than increased professional curiosity. There was no reflection on the common themes being raised within referrals.

7.4 In November 2020, School B raised concerns with Children's Services around school attendance and lateness and the fact that the parents appeared to have learning needs. Social Care spoke to parents who said the school was not sending work and that Father was vulnerable. A social worker advised School B's Designated Lead to use the school attendance route. In early December 2020 School B submitted an Early Help Module contact form to register that they were planning to complete an Early Help Assessment Tool (although this was never completed). In March 2021, School B were advised by a social worker that they should complete a MARF, but the threshold would not be met for Children's Services involvement. This was contradictory advice and unfortunately School did not follow up their telephone call with a completed assessment form. It could also have included a chronology to illustrate a range of concerns. This review has been made aware of other relevant information which School B could have shared and highlighted to provide a more rounded picture of the children and the school's concerns (see 7.39 – 7.42). The procedure and Integrated Front Door advice now is that Multi-Agency Referral Forms are not completed, and that schools ring up for advice as per the David Thorpe Model which was updated in 2023. There has been discussion in the Review Panel about whether schools and other agencies should continue to share written information after their initial discussion.

7.5 The fifth referral to Children's Services in August 2021 was detailed and very concerning. Initially a Social Worker recommended closing the referral, but this did not happen following Team Manager oversight. Parents refused a home visit and an assessment, but agreed to checks with school. The Review Panel judge that it would have been appropriate to have held a strategy meeting at this point to consider a section 47 investigation[2].

7.6 Previous referrals were listed in each referral (other than the referral in November 2018 which appears to have been omitted through human error), but it is not clear that they have been reviewed and further considered by Social Workers and the common issues identified.

7.7 The GP Practice made a referral to Children's Services on 29 July 2022, two days after a member of the public had shared concerns for Child B. It would have been appropriate to have shared this information and the issues around Child B's eating with Children's Services on 27 July. The degree of weight loss indicated by his measurements should have led to Child B being seen on the same day by a Paediatrician.

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[2] If a concern arises that a child may be suffering, or likely to suffer, Significant Harm, then the local authority is required by Section 47 of the **Children Act 1989** to make enquiries (section 1.2.4 of the West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures).

7.8 When the Police received a call expressing concerns for the welfare of Child B on July 27, an officer completed a THRIVE (Threat, Harm, Risk, Investigation, Engagement) assessment in accordance with policy and procedure. It assessed the risk as Low, and the log was graded as Standard (i.e. requiring deployment within 48 hours which was achieved). The Police did not liaise with Children's Services which would have been appropriate. This could have flagged up previous concerns and indicated that a more urgent multi-agency response was required, particularly if the concerns raised with the GP had been shared. The Police visited the children on 29 July with little information sharing or planning.

7.9 West Yorkshire Police referred this matter to the Independent Office for Police Conduct in September 2022. Following an independent investigation, the IOPC stated that there was no case to answer and no performance issues, but it was appropriate for West Yorkshire Police to reflect on this incident.

7.10 An issue raised in Review Panel discussions is that screening information provided by a specialist Health practitioner based in the Integrated Front Door (and employed by the Integrated Care Board) is solely about children aged 0-18 years old details and does not include relevant adult health histories. If there is information on a child's record about their parent e.g. maternal mental health, then this will be shared but health practitioners cannot provide additional information due to issues around consent. Practice is that information will only be shared if the child is under two or five years old and nursing staff only see the mother's record. If the 0-19 service are contacted for information they have access to a mother's records (and occasionally a father's) records if the child is under 5 years old. A parent's health record is closed to the 0-19 service when the child transfers to the school nursing service.

Status of the Referrer

7.11 The Child Protection in England Report 2022 recommended that professionals should guard against 'source bias'; workers should respond to anonymous referrals and those from family and friends with the same rigour and open mindedness as any other referral.

7.12 The identity of the referrers in May 2017 and August 2021 were known to professionals but the referrers wished to remain anonymous to the family. The two adults who contacted the GP Practice and the Police in July 2022 requested the same level of anonymity. The referrers in November 2018 and in July 2022 were completely anonymous and chose not to give their details to Children's Services.

7.13 The referrers in May 2017 and in August 2021 stated that they were happy to be contacted to discuss anything further. There was no contact in 2017 with the referrer and only a limited conversation with the other referrer in 2021. It states on the referral form in 2021 that no feedback was to be given to the referrer because the referral was anonymous which is not strictly accurate.

7.14 Parents consistently denied the allegations against them and on occasion said that they had been malicious. The 2022 Child Protection in England Report advised against professionals designating concerns as 'malicious referrals' without a full and

thorough multi-agency assessment, including talking with the referrer, and agreement with the appropriate manager. That Panel went as far to say that it believed 'that the use of such language has many attendant risks and would therefore discourage its usage as a professional conclusion.'

Assessment Practice

7.15 The social work assessment completed in June 2018 was superficial and of poor quality. It was based on two home visits. It consisted largely of parents' self-reported information and presented a very positive picture of home life. The Social Worker did not display professional curiosity, or respectful uncertainty. They concluded:

'*In terms of Signs of Safety where 10 is fully safe and 0 is not safe at all, I would scale this case as 9. I feel that both parents love their children and want the best for them and are protective of them.*'

This was even though the Social Worker recognised a lack of routine during the day, the children not being fully toilet trained and still wearing nappies out in public. Although there were some positives noted about the children's presentation and home conditions, this was an overly optimistic assessment of the children's circumstances.

7.16 In their recording, the Social Worker described a positive relationship between the parents and children but their assessment of a good attachment (the connection a child develops with their caregivers) is based on limited observation.

7.17 The Social Worker recorded that the children 'attend for routine [GP] appointments' but did not consider if the children were taken to appointments when they were unwell.

7.18 There was no evidence in the Children's Social Work records that:

- The previous local authority had been contacted to request information from their pre-birth initial assessment of Child B and involvement with the family there.
- Any checks were made for social work records for Father or his older child or any indication of a request to access any information held.
- Any communication took place with maternal grandmother, who was the emergency contact held by school and any discussion about her contact with the children and her knowledge of the parents' relationship.

7.19 The impact of Mother's depression and anxiety on her parenting was not considered, particularly when Child B and Child C were not going to school. Maternal mood had been discussed by Health Visitor 1 in October 2013 when she was reported to be on long term anti-depressants and in December 2013 when it was recorded there was no evidence of post-natal depression, although there was ongoing anxiety. Maternal mood was not discussed again by the Health Visitor but

subsequent contacts by Health Visitors for both children did not indicate any anxiety or depression.

7.20 Mother shared with a Social Worker in April 2018 that she put both children in reins as she was terrified of the children running away or getting abducted. She was terrified of letting her children go and could not face them being looked after by other people or professionals. This possibly explains Mother's reluctance to accept schools or prioritise the children’s attendance but there was no programme of work to explore this further.

7.21 Given the insulting and hostile language allegedly used by Father/ parents about Child B in the May 2017 referral (and reported in subsequent referrals), it would have been appropriate for a Social Worker to carefully consider the relationship between the children and parents and also ‘the meaning of the child’[3] for the parents at that time and in assessments that followed.

7.22 No Social Worker completed a genogram or ecomap to help understand the family’s wider network or isolation which would have been helpful.

7.23 Regarding the home environment, health records state that housing conditions were ‘satisfactory’ throughout the time Health Visitor 1 visited and for Health Visitor 2’s home visit in July 2017. As the children were receiving universal services, the family received few home visits from any agencies in 2022 prior to the Police visit in July. A worker had visited the family home on 24 May 2022 to conduct a routine gas maintenance check in the kitchen area for Incommunities. The worker does not recall finding anything concerning during that visit to the property.

7.24 As highlighted in the Daniel Pelka Serious Case Review[4], it is good practice for practitioners to use evidence-based assessment tools to assist and inform complex assessments. Bradford Safeguarding Partnership introduced a Neglect Toolkit in 2019. The Partnership have previously commissioned training about the use of the Safeguarding Children Assessment and Analysis Framework (SAAF)[5] which has been highly rated by staff who have attended the course. However, it is intensive and expensive and a limited number of practitioners across agencies have received the training. The Partnership has been made aware that attendance at training particularly by Children’s Social Care has been limited recently.

Parental Consent

7.25 There was a lack of consistency in how the issue of parental consent was addressed by Social Workers and their Managers. In May 2017 and August 2021 Children’s Services dispensed with parental consent due to safeguarding concerns

[3] Reder and Duncan’s two studies of fatal child abuse in the 1990’s highlighted the importance of considering the psychological meaning that a child has for his or her parent(s) (1995, 1999).
[4] Coventry LSCB – Final Overview Report of Serious Case Review re Daniel Pelka - September 2013
[5] A seven-stage model described in Bentovim, A., Cox, A., Bingley Miller, L. and Pizzey, S. (2009) Safeguarding Children Living with Trauma and Violence: Evidence-based Assessment, Analysis and Planning Interventions.

at the point of referral. In April 2018, the consent box was not completed in the referral and information form.

7.26 In August 2021 Children's Services progressed the referral for an assessment to explore risks and protective factors present, as well as obtaining understanding of the children's daily lived experience. This assessment opened on 3 September 2021, but the Assessment Team closed it down because parents did not give consent for the assessment to progress. It is difficult to understand why this decision was taken given the previous referral history, a reluctance by parents to work with professionals, and the detailed written referral which outlined a significant number of concerns. It is also hard to understand why this refusal did not lead to the decision about whether a strategy meeting was required being revisited.

Stepping Cases Up and Down Between Early Help and Children's Services

7.27 Following the referral in 2018, a decision was made to step down the children to Early Help Support although parents had a history of not accepting services. There is no record of Health Services or School B being notified of the outcome of the Children's Services assessment and/ or the decision to step down to Early Help. The Education Social Worker Service were aware and contacted the Team Manager for the Assessment Team to raise concerns around disguised compliance and the Assessment Team's decision to step down to Early Help.

7.28 Although the contingency plan was to consider stepping the children back up to Children's Services in 2018, this did not happen. The commissioned service made the Early Help Gateway aware of parents' refusal to work with them, but this did not then lead to a re-evaluation of the situation. When stepping children down to Early Help, there needs to be an identified Lead Professional and Team Around the Family. Membership and clarity around roles and responsibilities in terms of monitoring progress and who will step up children back up to Children's Services if progress is not achieved or concerns continue should be agreed.

The Recognition of Neglect, Working with Parents and Carers Who Are Resistant to Accepting Services and Working with Professionals, and Appropriate Responses

7.29 There are unique features around the health of Child B, but this review has identified several common issues around identifying and addressing neglect of children in families. The recent analysis of serious case reviews 2017-19 highlighted 'a potential lack of willingness, time, or ability to identify indicators of neglect, as well as signs of neglect not always being recognised by frontline staff'. There was also evidence in the study of:

- Professionals struggling to identify long-term neglect, resulting in many children living with neglect for a long period of time.

- Professional overoptimism and a reluctance to challenge parents perceived as being "difficult to work with" for fear of alienating them. (Barriers to effective practice identified included workload issues and lack of time and relationship dynamics between professionals and families).
- Inadequate information sharing leading to no coherent overview of the daily lived experience of children and the level of neglect which they are experiencing; some children may be living 'hidden in plain sight.'[6]

7.30 There is some evidence of these issues arising in agencies' work with Child B and Child C**.** Professionals do not appear to have considered Bradford's Neglect Toolkit and strategy during their involvement with this family.

7.31 Many safeguarding reviews have highlighted the importance of aspects of practice which are important in all safeguarding work, but particularly important in identifying and responding to neglect.

7.32 Multi-agency planning and working is crucial in the assessment of Neglect, but the first multi-agency meeting held about Child B and Child C was the strategy meeting held after the children had been taken to hospital in July 2022. Agencies were often working in isolation with the children and family.

7.33 As neglect is cumulative, good agency recording of safeguarding and welfare concerns is essential. School B did not keep good records for these children pre-September 2021; there was limited recording about the children on the Child Protection Online Management record keeping system (CPOMS) There were n*o* CPOMS records between March and September 2020*.* When a Social Worker contacted School B about the children in September 2021, the new Headteacher shared that, as far as he was aware, both children were in school, happy and school had no concerns. The children had not been highlighted to the new Senior Management Team as pupils of concern and this was not indicated in handover records. This was compounded by Social Workers' overreliance on school to substantiate or refute allegations.

7.34 Information sharing between agencies needs to be clear and thorough and concerns around neglect requires thorough, holistic assessment.

7.35 Children's Services contacted Health Services for information in 2017 but did not revisit the issues around Child B's weight and general development. When the School Nurse shared information with Children's Services in August 2021, this did not include the previous concerns about weight and vomiting, only the fact that immunisations were up to date. School Nurses have access to a shared patient record for the children, so any relevant information from the GP would have been visible in the patient record if the School Nurse felt there was reason to check, and on the safeguarding children node of the record if felt to be significant.

[6] DfE Complexity and challenge: a triennial analysis of SCRs 2014-2017 Final report M Brandon, P Sidebotham, P Belderson, H Cleaver, J Dickens, J Garstang, J Harris, P Sorensen and R Wate (March 2020)

7.36 School did not complete a multi-agency referral form in March or April 2021 as advised by Education colleagues.

7.37 It is not clear that the detail of the concerns raised in individual referrals were shared by Social Workers with the key professionals in the children's lives, particularly the numerous concerns in the September 2021 referral. Also, the outcomes of assessments were not shared with other agencies.

7.38 The use of chronologies by agencies is important to identify patterns of families struggling, low level neglect and other forms of abuse and any escalation of concerns. This is highlighted in the Partnership's neglect training. Chronologies can help to ensure that information sharing is not selective or incomplete. Agencies could send them alongside 'conversations' or in response to information requests from Social Workers.

7.39 School B has compiled a timeline of information about the children, and issues noted, for this review. This level of detail could usefully have been provided to the Social Worker, particularly in September 2021.

7.40 In reviewing their records, School noted examples of possible low-level neglect by parents or financial difficulties:

- In February 2019 Child C attended school in pumps on a snowy day and Mother said that they would dry when asked about them.
- In October 2019 staff noted that Child C's shoes were too tight.

7.41 Parents regularly refused support or stated that they would consider School offers of help but did not take them up:

- Parents refused the offer of Early Help Support in 2017.
- Parents declined School offers of referrals to School Nursing and help with the cost of PE kits in February 2019 and a referral for Child C for speech and language therapy in February 2019 and again in September 2019.
- In February and September 2019, parents said that they still had not arranged an eye appointment for Child C as advised but would do so. Child C complained about not being able to see lines in books clearly. An appointment was never made.
- Father refused a laptop for the children to help with work as he did not want them to have any access to the internet.

7.42 Professionals need to be mindful how deception and disguised compliance can lead to drift and delay if not carefully managed.

- In November 2017 Mother told a School Nurse that the children were not at school due to herself, and her partner having had heart attacks recently and 'getting them to school was not her priority'.

- In March 2021 Father told School that Bradford District Attendance Team staff had agreed he could keep children off school until he received his second vaccine, which was not the case.
- Child B has stated that he wore long sleeved clothing to avoid drawing attention to his thin appearance and this may have been a thought-out strategy by Parents.

7.43 Supervision is not referred to in the individual agency reports for this review. Reflective supervision is important for social workers and other professionals and particularly so in cases of neglect; it can enable practitioners to carefully consider a child's lived experience, to test thinking and discuss the significance of information and to explore risks and needs in detail. It could have directed workers to use the Neglect Strategy and Toolkit.

Recognition of Educational Neglect

7.44 Bradford's Continuum of Need and Risk Identification Tool (updated January 2023) has one reference to Educational Neglect and describes it very generally as 'failing to ensure a child receives an education'. In 2007, Horwath described educational neglect as 'failure to provide a child with age-appropriate stimulation and learning experiences. This can include school attendance and failing to respond to special educational needs'[7]. The impact of this form of neglect on long term development is not always recognised. There is still a lack of consensus nationally around what constitutes Educational Neglect, what is the threshold for a safeguarding response and what is the best response to it. It is a complex issue and one which is not referred to in Working Together to Safeguard Children 2018 or detailed in the Keeping Children Safe in Education (KCSIE) 2023 national guidance. KCSIE does acknowledge that 'Children being absent from education for prolonged periods and/ or on repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect'.

7.45 There are many reasons why parents do not enrol their children, or send them, to school and it is important that these are all explored by professionals. This issue has become even more complicated as some parents have become anxious about attendance since the Covid 19 pandemic.

7.46 The recent NSPCC summary of learning around neglect (2022) advises that children missing education should be recognised as a potential safeguarding concern. Neglect can overlap with other forms of abuse.

Issues Around Monitoring the Health of Young Children and Distinguishing when Medical Concerns become Safeguarding Concerns

[7] Horwath, J. (2007) Child Neglect: Identification & Assessment

7.47 Child B's birthweight in 2012 was on the 2nd centile and his weight had decreased to the 0.4th centile (6.28kg) when recorded in December 2012 by a Bradford Health Visitor. Child B was weighed at home 22 times by a Health Visitor before 2015 and his weight followed the 0.4th centile apart from one occasion in April 2013. In his letter to Children's Services, a Paediatrician estimated that Child B's weight centile should have been between 0.4th and 50th centile. The letter was copied to the Health Visitor. The Paediatrician referred Child B to a Dietician, but parents declined this service after an appointment in July 2013[8]. Child B's weight increased and was between the 2nd centile and 9th centile between April 2013 and October 2015 which was the last time he was weighed by BDCFT 0-19 services.

7.48 Child B's weight was closely monitored until he was three and a half. It had last been recorded in his GP record in October 2018, when he was 6 years old. His height was only measured once, at his 6–9-month review, before the serious incident in July 2022 when it was on the 9th centile. In view of the concerns around faltering growth, it would have been good practice for Health Visitors to complete both weight and height measurements.

7.49 Parents assured the Health Visitor at each contact that Child B was eating a variety of foods. When seen in March 2017, it would have been useful if the Health Visitor had explored what types of food Child B ate throughout the day and portion sizes in more detail, possibly through the use of a food diary.

7.50 The Child Missing in Education Team recorded making a referral in late June 2017 to the Health Visiting Service highlighting concerns around both children not being toilet trained and parents requiring parenting support. This is not recorded in the health record for Child B, but a Health Visitor noted in Child C's record discussing toilet training in May with parents who raised no issues. Then, when the Health Visitor called and texted Mother in June after the referral from Education, there was no response.

7.51 Child C's weight fell from the 2nd centile to the 0.4th centile in the first 7 months of her life in 2013/14. Weaning advice was given and her weight returned to the 9th centile by May 2014. Her weight appears to have remained between the 9 – 25th centile until she was 5 years old. There was no reason for her to be weighed between 26 months and 5 years of age.

7.52 There was a written handover of the children from Health Visitor to School Nurse in September 2017, but no evidence of discussions about them which could have been useful. There is a reference in Child C's health record that Mother had 'anxiety and agoraphobia' and 'both parents reported to be 'hostile of services' after recent Paediatric Liaison Nurse contact. This is not included in Child B's records

7.53 The assessment undertaken by Children's Services in June 2018 identified that the children (who were by this time 6 years and almost 5 years old) had not been

[8] The Faltering Growth Policy in the current West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures now advises that when continued monitoring of a child's growth and development is required because of concerns about faltering growth, this monitoring will usually take place as part of an Early Help/ Early Support assessment with timescales reflecting the needs and age of the child.

seen by a Health Visitor in recent years and did not have contact with a School Nurse. Although a school concern was that the children may have delayed speech and language and social and emotional development and it was noted that both children were not toilet trained, there was no discussion with a GP or School Nurse about these concerns or a request for a new health assessment.

7.54 In November 2018 parents exercised their right to opt out of the National Child Measurement Programme and completed an opt out form for Child C. As she had been weighed in October 2018 and was not due to be weighed until 10 – 11 years old, this decision to opt out had little consequence. Parents did not return a consent form for Child B, so they did not actively opt out. However, Child B was not seen by the School Nurse in his reception year alongside classmates to complete these measurements and the reasons are unclear. This was a missed opportunity for the School Nursing Team.

7.55 When the GP asked School Nursing for support to Child B and his family in September 2019, there was no rationale given in terms of triaging need or the speed in which a response was expected. In November, Mother's self-report that Child B's health issue had resolved was accepted and there was no information sought from school regarding attendance and presentation at school or feedback to the GP.

Child B's Health at School

7.56 In September 2021, when a Social Worker requested that Child B and Child C have their weight and height measured to inform an assessment, a School Nurse could have attempted to facilitate completion of these measurements by sending an electronic task to the GP practice to directly request them to undertake it. There was also no assurance gained by the School Nurse that this measurement had been achieved.

7.57 When the School Nurses received a referral from the GP in July 2022 regarding 'induced vomiting', a School Nurse reviewed Child B's record and planned to undertake a holistic assessment and consider support options, possibly from Child and Adolescent Mental Health Service.

7.58 When Father called the School Nursing service on 25 July 2022, he was advised to see the GP to have Child B examined and that a School Nurse would be allocated that week. A School Nurse sent information to parents regarding eating disorders, without clear evidence that Child B had an eating disorder. A School Nurse advised Father that it was not the role of the School Nursing team to provide supplements for Child B (as he requested) and that parents should offer Child B meals but not to force him and to try smoothies and yoghurts.

7.59 Parents shared information with professionals about Child B's vomiting from 2019. Health and Education professionals appear to have too readily accepted Father's explanation that Child B's eating issue was behavioural and not organic in nature. Differential diagnosis is an important process in medicine. It is a method of analysis of a patient's history and physical examination to arrive at the correct diagnosis. It could have helped to avoid any confirmation bias as the reason suggested by Father for Child B being sick quickly became the accepted narrative.

7.60 This review recognises that professionals were working in a confusing and complex situation with Child B. Teachers were completely unaware of Child B's health condition and the potential for the medical crisis that arose only two weeks after the end of term. Expert opinion had been requested by the GP from the Hospital and a referral was made for a paediatric appointment. Health professionals are advised to 'Suspect neglect if parents or carers fail to seek medical advice for their child to the extent that the child's health and wellbeing is compromised, including if the child is in ongoing pain'[9]. Child B's parents made repeated requests for medical assistance in July 2023, but these were based on one particular account of his health condition. It is notable that there was a short period between 14 July and 25 July when parents did not contact the GP.

Pre-School Provision and the Admission of Children to Primary Schools

7.61 Neither Child B nor Child C attended nursery, playgroups or children's centres which could have promoted their development and helped them to be 'school ready'. Due to financial pressures, Early Help Services contracted significantly in Bradford and elsewhere in the decade after 2010. There is no record of any proactive contact with the family by Family Support Services between 2015 and 2017.

7.62 Child B was legally required to attend school in September 2017. However, he did not attend until September 2018 when his younger sister also started school. Parents refused a place at School A in late June 2017 for him because they wanted him to attend School B which was closer to their home. The Admissions Team offered parents a third option which they also refused. An appeal for a place at School B was successful in May 2018. Parental reluctance appears to have been compounded by bureaucracy which led to significant delay for a young child who was already identified as displaying some delay in areas of his development.

7.63 When Children's Services closed down the referral in May 2017, there should have been consideration of what the contingency plan would be if Child B did not start school in September. It is concerning that School A did not contact the School Admissions Team which would have been expected practice or take any other action when Child B did not attend school that September. There is no suggestion that they thought that that Child B was going to attend the alternative option School C. The CME Team made the decision to leave the case open until children were returned on roll. Normal practice is that when an application is completed or parents are appealing, the case is open to the Admissions Team.

7.64 Child B and Child C were both kept back an academic year when they began school, and this remained the case in 2022. School identified that both children required additional support and assessed them to be at level 3. Children assessed to be at level 5 have an Education and Health Care Plan.

[9] National Institute for Health and Social Care Excellence. **Child maltreatment: when to suspect maltreatment in under 18s [CG89]** (22 July 2009 Last updated: 09 October 2017)

The Impact of Covid

The Impact on the Family

7.65 When Police visited in July 2022, all the family were living and sleeping in one room and all the rooms in the home were cluttered. Kitchen cupboards could not be opened as there is so much clutter on the floor and there was a lock on the kitchen door. Parents have subsequently told Housing staff that they suffered with poor mental health during Covid which led to a decline in living conditions at home.

7.66 No social worker, health professional or school staff member had visited the home for some time so it is difficult to say how long this decline in conditions had been going on for, but the investigating Social Worker in July/ August 2022 considered that these conditions would have existed for some time. Parents have described buying things online during Covid to cheer themselves up and stated that this contributed to the clutter.

The Impact on Social Work Practice

7.67 Children's Services have explained that there had been a mobile Health and Social Work Unit which made home visits using PPE where there were significant safeguarding concerns during the pandemic. There is no suggestion that Covid restricted any contact by Social Workers at the family home in this case, but it does appear to have reinforced the practice of telephone contact with parents and children.

The Impact on the Delivery of Health Services

7.68 During the pandemic, telephone triage of calls to GP practices and video appointments for patients in some services were introduced and have continued after the pandemic. Hubs were available for face-to-face appointments with personal protective equipment. The GP practice have acknowledged that it would have been appropriate for an earlier appointment in person by a more experienced doctor to have been offered to Child B.

7.69 Business Continuity Plans were put in place for School Nurses during the pandemic. High need cases were seen face-to-face. It has been questioned whether the circumstances of Child B as described at the time, would or should have triggered a high need response. Child B was offered a video appointment by the School Nursing Service in August. An urgent appointment in person with a Paediatrician would have been appropriate given the description of Child B as 'shutting down, losing weight and not eating' on July 25.

The Impact of Covid on Children's Education and Responses to Non School Attendance

7.70 Child B and Child C had excellent school attendance, almost 100%, in 2018/19. Then School closed in March 2020 due to the pandemic. When it reopened in June 2020, Child C did not return to her class which had reopened, and parents did not

take up the place offered to Child B as a vulnerable child. Father collected work very intermittently and refused a laptop.

7.71 The children did not return to school in September 2020 and missed the whole term. There was a home visit by school staff on 6 October recorded and a telephone call on 12 December during which the children were overheard. School closed again in January 2021, but key groups of children were able to attend. Child B and Child C did not attend again until May 2021 but their attendance then until the end of the academic year was very good.

7.72 The children’s attendance in the autumn term 2021/22 was good apart from 7 weeks between October and December 2021 when parents kept the children off school citing a bullying issue regarding Child C as the reason. Regular home visits should have been completed. The current Headteacher has updated the school’s attendance policy which states that follow up home visits need to be completed regularly for any child who does not attend school. The children’s attendance between January and July 2022 was excellent.

Elective Home Education

7.73 In April 2021, Father wrote to school indicating his wish to home educate the children. The Education Safeguarding Team had appropriately raised concerns about parents’ request given the family’s history and previous difficulties in 2017-2018 and worked to resolve the matter. They advised school to complete a Multi-Agency Referral Form (MARF) and send it to the Integrated Front Door. The Education Team would usually provide opportunities to parents to demonstrate the education taking place, but they immediately wrote a letter informing parents of the intention to pursue a School Attendance Order as the team considered that the children would not receive education at home. Father indicated that he would return the children to school. The children eventually returned on 17 May 2021. If Parents had not returned the children on roll, the Elective Home Education Team would then have made a referral to the Integrated Front Door alongside the application for a School Attendance Order.

Hearing and Representing the Voice of the Child

7.74 A Social Worker had completed the ‘Three Houses’ exercise with the children in early 2018 and this is recorded in one sentence each for both children in the assessment. Both children stated that they had no worries and would speak to their parents if they had any concerns. School also completed this exercise later in the year.

7.75 In August 2021, a Social Worker spoke to Child B by telephone and recorded this discussion in detail. Child C became upset and did not want to talk to the Social Worker on the phone call. It would have been more appropriate to have spoken to Child B and Child C in person. In early September 2021, School completed the Three Houses exercise with Child B and Child C again and no concerns were raised.

7.76 Between September 2021 and July 2022 both children had regular check in sessions with a Mentor, Headteacher, Deputy Headteacher and class teachers in School B. The children would always say they were happy at home and school.

7.77 It is important that all staff are ‘aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/ or they may not recognise their experiences as harmful’. For example, children may feel embarrassed, humiliated, or be being threatened[10].

The Couple’s Relationship and Possible Domestic Abuse

7.78 Given the undiagnosed but suspected learning difficulties of Mother, her vulnerability as a child who experienced abuse and exploitation, the fact she was a young parent with a considerably older partner, there were indications of a power imbalance in the couple’s relationship and possible control and coercion which would have benefitted from further exploration in 2015 after the family moved to Bradford.

7.79 There is no documentation around domestic abuse being discussed by Health Visitors. Routine or targeted enquiry around domestic abuse was not standard practice in 2013 nationally. The only observations recorded around parents’ relationship were once in September 2013 and once in October 2013. The health record states that there was “good support from husband who is always present at visits”. This statement is open to interpretation. It is possibly an example of coercive control. The couple’s relationship should also have been considered in more detail within the social work assessment.

8. Service Developments in Bradford During the Period Covered in this Review and Since August 2022

8.1 Bradford Council are currently implementing an improvement plan with partners This review has highlighted some of the areas of concern about practice which Bradford have been working to address since the Ofsted inspection of 2018. It highlights again the importance of effective information sharing, multi-agency working and thorough assessment of children’s needs and risks in their lives.

8.2 The Integrated Front Door (IFD), a revised service to receive contacts and referrals to Children’s Social Care, went live during the pandemic in June 2020. It replaced the Multi Agency Safeguarding Hub (MASH) which also had representation from Health, Police, Social Care and Education.

8.3 Bradford launched a new Adverse Childhood Experiences (ACEs) Trauma and Resilience Strategy on 16 March 2021. Bradford District Safeguarding Children Partnership have facilitated training from the Bradford District Adversity, Trauma and

[10] Department for Education (2023) Keeping children safe in education. Statutory guidance for schools and colleges

Resilience Workforce Development Project to help professionals identify ACEs and work to help parents to build resilience.

8.4 Bradford Children's Services Practice Model was introduced in July 2021. It outlines a new restorative approach and practice expectations including use of the signs of safety model of working, completion of chronologies and undertaking direct work with children.

8.5 Bradford Safeguarding Children Partnership updated its Neglect Strategy in 2019 and a further update was completed in May 2023. A priority is to evidence the impact of local services for individual children and reflect learning from both national and local Child Safeguarding Practice Reviews in policies and working practices to build a culture of continual reflection and learning. The Partnership published a Neglect Toolkit in 2019 and it was updated in July 2022. It includes a neglect screening tool introduced in May 2022.

8.6 Bradford Childrens Services introduced the David Thorpe Conversational Model in November 2022. IFD advice is that MARFs are not completed and all agencies including schools ring up for advice as per this model. Some concerns have been expressed within the Partnership and the Review Panel about the potential lack of an opportunity to follow up a conversation with supporting written information such as a chronology.

8.7 Due to concerns that referrals to the IFD around Educational Neglect were not reviewed appropriately, and a reluctance to consider these concerns previously, the Heads of Service have developed a written agreement of processes in February 2023 that Children's Social Care and the Education Safeguarding Team need to follow in such circumstances.

8.8 School B have had an external safeguarding review and mini audits in March 2022 which found their attendance and safeguarding practice to be effective. If a child is off school, parents are contacted on the first day and home visit completed on Day three. For children where there are safeguarding concerns, a home visit will be undertaken on Day one.

8.9 In the Safeguarding Week held in June 2022, Bradford District Safeguarding Children Partnership ran a well-attended event jointly with the Safeguarding Adult Board looking at Child Neglect and Adult Self-Neglect. On 30 November 2022 Bradford District Safeguarding Children Partnership ran an event in conjunction with Bradford University on the topics of Childhood Neglect and Child Criminal Exploitation. Over a hundred attendees were provided with opportunities to reflect on issues around neglect, including identification and potential barriers to putting best guidance and advice into everyday practice.

8.10 The Review has been informed that the role of the Lead Practitioner has evolved over the last few years in Bradford and there is a more robust and comprehensive support package available to support partners to work more effectively with children and families at an early stage. Currently, schools and Health Visitors all have a linked Early Help Coordinator who provides training and support to use the Early Help Module and the tools available.

8.11 This Review has also been informed that the step-up/ step-down process between Early Help Services and Children's Services since 2018 has changed and improved significantly. If a Lead Practitioner wants to 'step-up' a family, this is done via the IFD with robust and supportive discussion (in line with the David Thorpe Model). The Early Help Coordinator can also assist with this. Families are brought to multi-agency team allocation meetings for discussion which are overseen by Team Managers and Service Managers from both Social Work and Early Help Services. The current situation, when a family are 'stepped down' for family support and do not engage, is that this needs management discussion and oversight before closure. If the support was offered via in-house family support, there is also a further discussion with the Social Worker/ Team Manager who stepped the family down. If the support was offered by a Voluntary and Community Service Organisation, this is discussed back at the Integrated Front Door.

8.12 The Government announced in March 2023 that Bradford will benefit from the national Family Hubs Start for Life Programme. Existing Bradford Family Hub Services will expand with this additional funding which will be focused mainly on pre-birth to babies up to 2 years.

8.13 Bradford Education report that Admissions processes are a lot tighter in 2023; schools undertake follow up visits and if children do not go on school roll or parents refuse, then the Admissions Team will review the information and notify the CME Team to ensure that children do not slip through the net. Also, the Admissions Team review all the children who have not accepted their school place and do not close them down until they are back on school roll. The Admissions Team also pursue School Attendance Orders where parents are refusing to put them on roll.

8.14 Action has also been taken in 2023 in recognition of the fact that multiple unauthorised leave during term time is a significant issue for Bradford schools (with double the rate of absences due to unauthorised leave being taken in Bradford compared to the national average). The vision in Bradford is that no child will be a "persistent absentee", that is, a child who is absent from school for 10% or more, the equivalent of missing half a day of school each week.

8.15 Bradford Children and Families Trust came into operation in April 2023 and 'has been set up to stabilise, recover and improve Children's Services under new leadership'.

8.16 Bradford and District Safeguarding Partnership has made developing strategies and tools to enable effective multi-agency responses to concerns of neglect a key priority for 2023-25. In 2022/ 23 it established a Neglect Subgroup to embed best practice in the recognition of neglect and provision of support to struggling families. The Subgroup has refreshed the Neglect Strategy and are also exploring how child protection medicals should be prioritised at an earlier stage to enable interventions by services to help prevent issues escalating.

9. The Role of the Community in Safeguarding and Positive Professional Practice

9.1 This Review has recognised the importance of members of the public sharing concerns about children's welfare with statutory agencies. The referrals made by members of the public about Child B and Child C were crucial and led to agencies eventually intervening and safeguarding these children in July 2022. This Review considers that Children's Services could have acted earlier to understand the life experiences of Child B and Child C and intervene but anonymous referrals on July 27 did ensure that action was taken before further harm was experienced by Child B and Child C.

9.2 Like the national review in respect of Star Hobson and many other reviews, this review has emphasised again the need for professionals to consider anonymous referrals as seriously as any other referrals about children.

9.3 Health Visiting Services maintained contact with the family throughout the children's early lives and completed a high number of visits related to Child B specifically around his weight monitoring. This ensured that the children and particularly Child B was reviewed routinely and there were opportunities to identify any changes in circumstances or concerns.

9.4 The School Nurse identified that Child B had not begun school as planned. The Children Missing Education Team and School Nursing Team have a well-established relationship and often share information to ensure that children do not slip through the net.

9.5 The Elective Home Education Team were proactive in responding to the parents' request to home school the children, challenging this request as far as possible under the legislation and this ensured that children were placed back on the school roll.

9.6 The children have made it clear during the ongoing Police investigation that they loved school and had positive relationships with staff. Their attendance was excellent during the 2021/22 academic year and school staff had worked hard over a number of years to build a positive working relationship with parents to achieve this level of attendance.

9.7 The prompt actions of the Police Officers on 29 July 2022 in taking Child B and C to hospital and those of hospital staff helped to avert a potentially fatal outcome for Child B. It remains concerning that matters reached this critical point.

10. Conclusions and Learning Points

10.1 Child B and Child C experienced neglect and physical and emotional abuse at home over a significant period of time. The Review has identified some common safeguarding issues, but the children's and their family's situation were particularly complex. Child B could have died in July 2022 due to an extremely rare and

undiagnosed chronic health condition which was only understood after Police Officers took him and his sister to hospital and tests and examinations were undertaken. In cases of neglect, parents often do not access health services for their children but Child B and Child C's parents made significant contact with their GP practice about Child B in the month before the children were removed from their parents' care. They appear to have selectively shared information. Child B's health condition is unusual, but health professionals appear to have accepted parents' suggested explanation readily and did not form their own hypotheses or consider alternative explanations before Child B's hospital admission. They underestimated or did not properly assess the level of risk and illness. A referral had been made for a paediatric appointment, but it could have been too late.

10.2 Child B and Child C had not accessed any pre-school nursery or children's centre and their parents delayed their attendance at school. Mother had experienced abuse and trauma in her childhood. She described to Social Workers her fear of the outside world, including school, and the risks she felt it presented to her children. Work with Mother around this at an early stage may have helped her and the children and highlighted the issues they were facing in their home life.

10.3 The children and their family would have benefitted from earlier intervention due to the vulnerabilities of both the children and their parents. However, parents' refusal to engage with services and the pattern of concerns identified will likely have required at least a child in need service response to make progress.

10.4 There were common concerns raised in each of the six referrals to Bradford Children's Services about Child B and Child C. Social Workers appear to have considered referrals in isolation although previous referrals were recorded in forms. There was inconsistent contact with agencies to gather information and consider the most appropriate response to contacts/referrals.

10.5 Team Managers in Children's Services were inconsistent in making judgements about when the threshold was met to dispense with parental consent to screen referrals and undertake assessments. Appropriate consideration of these issues and decisions are particularly important in cases of neglect because the refusal of assessments and services can be further indicators of neglect and can also indicate an increase in risk.

10.6 If Children's Services had coordinated a thorough, holistic multi-agency assessment of Child B and Child C in 2018 or 2021, this could have highlighted earlier parental neglect of the children's education and health needs, the impact of parents' mental health and parenting styles on the children and also the need for coordinated planned work with Mother and Father to seek to achieve improved outcomes.

10.7 This Review concludes that the threshold for child protection enquiries was met for Child B and Child C in August 2021 because of the history of parental non-cooperation and the seriousness of the many concerns raised in that referral. It would have been appropriate to have held a multi-agency strategy meeting in

response to that referral with a view to undertaking section 47 child protection enquiries.

10.8 This Review highlights the importance of considering educational neglect alongside other risk factors and formulating a multi-agency response when required.

10.9 The allegation of rough handling/ over-chastisement made to the GP practice on 27 July 2022 and the separate referral to the Police made later that day should both have led to an urgent discussion with Children's Social Care.

10.10 The serious health condition Child B had been living with and the critical, potentially fatal, health event he experienced in July 2022 came as a huge shock to staff at School B who had been trying to support both children.

10.11 Child B had an undiagnosed health condition which his parents did not recognise or seek help with until the month of the serious incident. School staff had seen Child B nearly every school day in 2022, they were aware that Child B was thin and had an issue with eating and periodically being sick and staff offered support, but they did not understand the significance of this. There had been no thorough child and family assessment of the children's needs involving health professionals as well as school, and parents' explanations had been accepted without consideration of alternative explanations.

10.12 There was insufficient consideration of the impact of Mother's adverse childhood experiences and her mental health upon her parenting. The parents' relationship was not explored despite the suggestion in referrals that Father could be aggressive and controlling and that Mother may be scared of him. Similarly, there had been no work with Father to explore his anxiety and insomnia, his reported negative attitude to the children (particularly Child B), and his need to accompany Mother everywhere, including to her own health appointments.

10.13 Mother and Father were reluctant to work with agencies or accept family support services. There was an element of disguised compliance and also deception. It is possible that parents always dressed Child B in long sleeved clothing to cover up how thin he actually was. The GP practice appear to have accepted Father's explanation that Child B's sickness was a behavioural issue due to anxiety or a reluctance to attend school without a health assessment and, in turn, a School Nurse sent information about an eating disorder charity to the family.

10.14 Services in Bradford have been working to strengthen the identification of, and response to, risk to children, particularly the longer-term impact of domestic abuse and neglect since the issue was highlighted by Ofsted in 2018. Neglect can take many forms and therefore requires critical thinking and good multi-agency assessment and intervention. This Review concludes that the Bradford Safeguarding Partnership have further work to do to embed and further develop its updated Neglect Strategy and Toolkit and needs to make decisions about how best to develop future training for staff in this area of work using the most appropriate assessment tools.

10.15 West Yorkshire Police have thanked the members of the public who came forward with concerns about Child B and Child C. This review has also acknowledged the valuable contribution which the public made to ensuring the children's safety in July 2022.

Learning Points

10.16 This Review has highlighted a number of learning points:

- Educational Neglect requires careful consideration and further assessment to clarify the impact on a child and whether there are other indicators of abuse and neglect (see paragraphs 7.44 – 7.46)

- Information sharing is a two-way process. Agencies need to share a full picture of the children they are consulting or making referrals about. Social Workers/ MASH workers seeking information should share with other agencies the detail of safeguarding concerns which have led to them making enquiries and also the outcome of assessments. (See paragraphs 7.8, 7.34 and 7.39 – 7.41)

- Social Workers should always consider the wider family in screening and responding to referrals. Genograms are an important tool in the assessment of families and can help professionals to identify sources of information, support and/ or risk in the wider family (see paragraph 3.10 and 7.22)

- Social Workers should speak to children face-to-face in response to allegations of abuse and neglect. It is important that there is not an overreliance by professionals in all agencies on contact by telephone and via the internet which has become more prevalent during and since the pandemic. (See paragraphs 6.10, 6.18, 6.27, 7.3, 7.67 and 7.68 - 7.69)

- It is essential that Social Workers seek information and relevant records from other Children's Services departments for families who have moved into their area. Also, that they review records that they themselves hold about parents either as children or as parents of other children (See paragraphs 7.2 and 7.18)

- The importance of Early Help Services to support vulnerable children and families and the need for pro-active encouragement of parents to take up these services (see paragraphs 6.9, 6.14 - 6.15, 7.61 and 10.2)

- The importance of routine and additional developmental surveillance of children, particularly when faltering growth has been identified at an early age (See paragraphs 6.2, 7.47 - 7.51 and 9.3)

- The need to clearly identify a lead professional when stepping down children from social work involvement to Early Help and to implement the agreed contingency plan if cooperation or progress are not achieved (See paragraphs 6.9 and 7.27 – 7.28)

- The findings of height, weight and BMI measurements need to be promptly analysed to understand their significance (see paragraph 6.34 and 7.7)

- Where children are scared about information being shared with their parent/ carer, professionals need to carefully weigh up the significance of such fears and the potential consequences of not sharing information with family or other professionals (See paragraphs 6.24, 7.29 and 7.34*)*

- The importance of differential diagnosis in medical assessment and careful consideration of multiple presentations at a GP practice or hospital and the importance of not accepting suggestions of an eating disorder so readily, especially in a younger child, without consideration of a medical cause (See paragraphs 7.59 and 7.60)

- The importance of escalating concerns or differences of opinion between professionals about decisions through the Resolving Multi-Agency Professional Disagreements and Escalation process (Amended May 2022).

11. Recommendations

The Reviewer is mindful of recommendations made and action planning already taking place in Bradford relating to other case reviews and therefore only makes the following recommendations for action:

1. The Safeguarding Partnership to share the learning from this Review widely.

2. The Safeguarding Partnership to undertake further work to overcome the barriers in sharing information about parents and carers as well as children in the Integrated Front Door screening process.

3. The Safeguarding Partnership and Children's Trust to consider how to further promote the use of genograms and chronologies by all agencies and how such information sharing could complement the conversational model at the Integrated Front Door.

4. The Safeguarding Partnership and Children's Trust to review how much detail about referrals is shared by Social Workers with other agencies in the screening process and when assessments are completed to ensure that professionals working with a child are fully aware of the risks and needs reported.

5. The Safeguarding Partnership to assure itself of the take up and implementation of the Neglect Toolkit in practice and to include Educational Neglect in more detail when it updates the Neglect Strategy, the Neglect Toolkit and the Continuum of Need document.

6. The Safeguarding Partnership to implement a strategy to improve take up of training including SAAF training (particularly by Social Workers) over the next year and to reach a decision around training in alternative methods for the assessment of neglect before the next update of its training programme April 2024 – March 2025.

Jim Stewart
Independent Reviewer

18/07/2024

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