

Lessons Learned



Amy's story...

Amy was 12-year-old girl who lived with her siblings, mother and her mothers' new partner, Frank (the perpetrator). Family life for Amy and her siblings was poor. There was little sense of stability or safety; with violence, disapproval and a lack of care and affection ever present at home. Frank was controlling and aggressive; often interfering and intimidating professionals who offered support and medical care to the children.

Amy became known to services when she attended an appointment at the GP reporting to be pregnant by an older boy she met at a party. Amy was 12 years old at the time. Shortly after Amy's pregnancy was confirmed one of Amy's siblings disclosed that they had been physically abused by Frank. Frank was removed from the home and it was then that Amy disclosed that Frank had raped her on several occasions which led to her pregnancy. After Frank's arrest, Amy and her siblings were removed from the family home, but a placement could not be found to accommodate them all. Amy's placements were often unsuccessful, so she regularly moved.

Shortly after Amy's daughter was born, she was removed from Amy's care. Amy believes that she made the right decision for her baby to be placed for adoption, however feels she shouldn't have been allowed to bond with the baby before her being removed. She says she struggles daily with the sadness she feels because of losing her but believes that she made the right decision for her baby's sake. The reviewers and Warwickshire Safeguarding are grateful to Amy for helping all agencies to learn from her reflections on her experiences and wish to pay tribute to the good grace, resilience and maturity she has shown.

What we have learned: *(The statements highlighted are those expressed by Amy)*

There was a failure to recognise and respond to the issue of coercive and controlling behaviour *"Why did professionals fail to check parental rights... this led to Frank being in the room at all times," "A direct question i.e. "is it someone in the house?" Would have helped agencies to better understand what had actually happened to me." "I should have had a choice in deciding who went in to medical appointments with me" "Following my disclosure to the school, why did social workers visit me at home to discuss this with me and not come and see me at school"*

Learning for Practice: Always check parental responsibility. Remember to 'Think the Unthinkable' and be aware of the motives behind coercive and controlling behaviour.

There was a failure to put the child first *"Why were my feelings not considered or identified," "Why was I not seen alone, away from home, away from Frank" "Why was I not asked what outcomes I wanted" "Following my disclosure to the school, why did social workers visit me at home to discuss this with me and not come and see me at school"*

Learning for Practice: Always create opportunities to see the child alone. Make sure the voice of the child is always heard.



Lessons Learned (cont.)

What we have learned (cont.):

There was a failure to recognise anger as a healthy and appropriate response to trauma *“Why was I allowed to bond with my baby when the plan was always to put her up for adoption... I was allowed to fall in love with her and bond which was like having a limb ripped off me when she was removed 2 months later..... I was only 12 years old”, “I didn’t feel supported or listened to whilst being moved around the system.”*

Learning for Practice: Always consider the impact of the child’s experience on their emotional well-being and offer a range of appropriate support

There was a failure to provide effective advocacy for the child *“Professionals should have been revisiting my preferred options on every visit. I wanted to go into care before the baby arrived but wasn’t given the opportunity to express this,” “Professionals should have been asking me what I wanted to happen on every visit”*

Learning for Practice: Always consider advocacy to enable children to have a voice about their wishes and feelings and to promote them at any multi agency decision making meetings.

What do I need to do...

Advice for professionals

1. When a new adult joins a family, who is open to Children’s Services and are deemed to be vulnerable, partner agencies need to assess the likelihood of risk of significant harm posed by that person to the child/ren in that family. Information should be recorded and authorised by the responsible social worker’s line manager and referred to partner agencies, if deemed appropriate. It would be expected good practice that any judgement of Risk of significant harm be based on verified information from more than one source.
2. Ensure you use ‘healthy scepticism and cautious optimism’ in your practice when making assessments in decisions concerning families. This approach should be reviewed in supervision.
3. Make sure your training in identifying potential indicators of coercive and controlling behaviour is up to date.
4. Escalate to your safeguarding lead if a child is repeatedly not brought to medical appointments.
5. Always create opportunities to see the child alone. Ensure that any child brought to an antenatal clinic is seen on their own during the first appointment.
6. Ensure that effective advocacy is in place to ensure the voice of the child is central to case management. Read paragraphs 10-14 of [Working Together to Safeguard Children \(A Child Centred Approach to Safeguarding\)](#)

Advice for Communities

1. When thinking about a new partner joining your household consider background checks to ensure they are not a risk to you or your children. Read this information about [Clare’s Law](#) and [Sarah’s Law](#).