

# Lessons Learned



Warwickshire  
Safeguarding

## Anna's Story....

Anna had been known to Children's Services throughout her life from being a year old and had experience of being in Foster Care. Her childhood had been marked by poor home conditions, the suicide of her sibling, the problematic drinking of her parents and domestic abuse. In addition, her mother suffered from emotional ill health and made multiple suicide attempts. Anna as a child was referred to at points as her 'carer'.

Anna had extensive involvement with multiple agencies, including health services. Anna suffered a range of long-term physical health issues which caused her a high level of pain, affected her mobility and resulted in her taking strong medication. Anna also struggled with her mental health and would have episodes of self-harm and made several attempts to take her own life. At the age of 18, Anna was diagnosed with Emerging Personality Disorder (also known as borderline personality disorder).

In her teens, Anna became a mother to her daughter Ella Rose and both were placed in a mother and baby Foster Care placement. Upon leaving the placement Anna and Ella Rose moved many times. Anna was described as a loving mother and Ella Rose was a happy child; however, Anna struggled to maintain the living conditions at the family home that she shared with her partner, Ella Rose and their many pets and provide adequate care for Ella Rose. Subsequently, Ella Rose was placed on a Child in Need plan. This was eventually stepped down to Early Help following Anna making improvements to the condition of the home and ongoing stability provided by Ella Rose's father, Anna's partner and Ella Rose's paternal grandparents.

After initially making improvements to the home conditions and presentation of Ella Rose, Anna was unable to maintain this, and concerns were raised that led to agencies becoming involved with the family again. Anna agreed for Ella Rose to stay with a family friend whilst she cleaned the property. Sadly, Anna took her own life a week later.

## What we have learned....

Anna was not seen by the Social Workers involved as a person with care and support needs despite her obvious mobility issues and the appalling state of the home which demonstrated a long-term failure to cope. The focus was on Ella Rose. Given her level of vulnerability, pain management and mobility issues there appeared to be no consideration of a longer-term plan to support Anna. Adult Social Care were seemingly never consulted or involved in the assessment of Anna, which determined whether she required support.

**Learning for Practice:** *Everyone has a responsibility to take a 'Think Family' approach in the context of safeguarding children and adults. All practitioners have a shared responsibility which must be at the heart of practice across all partner agencies and referrals should be made to relevant agencies where areas of support are identified.*

Both Anna and her family had a history of suicide and psychiatric illnesses. There is no evidence that Anna's repeat attempts to take her own life was seen as a pattern suggesting future risk of suicide or self-harm by services working with her.

**Learning for Practice:** *Those with a diagnosed mental health problem, who have made previous suicide attempts and have a family history of suicide are considered to be at higher risk of taking their own lives. Therefore, it is important that the factors that increase the risk of suicide are considered when working with families and undertaking assessments.*

# Lessons Learned (cont.)



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## What we have learned (contd.)...

There was a pattern of Anna struggling to cope, receiving support from agencies, making short term improvements in her standard of care of herself and Ella Rose then once support is withdrawn a return to not coping. Given her level of vulnerability, pain management and mobility issues there appeared to be no consideration of a longer-term plan to support her. **Learning for Practice:** *It is important to recognise patterns and cycles of improvement and deterioration when working with families and practitioners need to be mindful of avoiding 'Professional Optimism' when improvements are made.*

It is also pivotal that the school did not escalate their concerns in the stepping down of Ella Rose's supervision from CIN to Early Help despite the school having frequent concerns about Ella Rose's presentation and home conditions. **Learning for Practice:** *If any practitioner has concerns about the course of action being taken to safeguard a child, use Warwickshire Safeguarding's Escalation Protocol to resolve any issues.*

The impact of Anna's Emotionally Unstable Personality Disorder and implications of this for the care of her child also does not seem to have been understood and decision making about the progress she was making was largely dependent on one source, Anna herself, and not verified.

**Learning for Practice:** *The feelings and behaviours associated with EUPD are very difficult to live with and deserve understanding and support. Consideration should be given to those living with such disorders and the capacity to manage day to day life such as, maintaining good levels of cleanliness within the home and care of children.*

The problem of hygiene and pets; the review learned at points that there was a dog, a snake and four cats in the house throughout the period her daughter was a CIN. Given the history and background to the case it would be of value to know if this type of information if gathered was able to contribute to an understanding of the potential risks faced by Ella Rose in the home environment by the pets, and the capacity of her parents to manage her, the home, and the pets. **Learning for Practice:** *Research states that there is a known link between child abuse and the care of pets. Pets within the home are often overlooked when professionals work with families and undertake assessments. Practitioners should consider pets present within the family home when undertaking assessments.*

## What do I need to do....

### Advice for professionals

1. Read the 7 Minute Briefings on: [Professional Curiosity](#), [Suicide Awareness](#), [Parental Capacity to Change](#), [The Importance of History in Assessments](#), [The Links between Animal, Child and Vulnerable Adult Abuse](#), [Children of Parents with Mental Health Problems](#), [Escalation Protocol](#) and [New Partners Joining Households](#)
2. Familiarise yourself with Warwickshire Safeguarding's [Escalation Protocol](#) and Warwickshire's [Think Family Protocol](#).
3. Find out more information about [Emotionally Unstable Personality Disorder](#)
4. Find out what support available to improve educational outcomes for disadvantaged pupils in state-funded schools in England via [Pupil Premium](#).

### Advice for communities

1. Safeguarding is everyone's responsibility. If you are concerned that a child might be at risk of abuse or neglect, talk or report your concerns to [Warwickshire Children's Social Care](#).
2. If you, or someone you know, is struggling with their mental health, support can be found at: [www.warwickshire.gov.uk/mentalhealth](http://www.warwickshire.gov.uk/mentalhealth).