

Lessons Learned



Charlie's Story....

Charlie was a little over 1 years old when they sustained extensive and life changing injuries as a result of a fire at the family home. Charlie lived with their mother, father and 4 young siblings. The family lived in a two-bedroom property in a close-knit community and kept many pets, including large dogs. At the time the fire started Charlie and their young siblings were left unsupervised whilst their father was at work and their mother had gone to visit a neighbour nearby.

Prior to the fire no safeguarding concerns were raised regarding Charlie, however on one occasion when professionals visited the home, mum was on her way back from a neighbour's house. The home conditions were recorded by the Health Visiting Service as messy with rubbish on the floor and that the property was overcrowded with the parents being subject to rent areas. Other agencies were also aware of information that would raise questions about level of supervision of the children. This included the children watching horror movies and a report of one of the children not wearing a seatbelt in the car on the way to school. In addition, Mum would often rearrange or miss routine or pre-arranged appointments. This was often attributed to dad working long hours and mum being busy looking after a large, young family.

The family were open to Early help on two separate occasions. The first instance was following reports of Charlie's sibling, Ben, exhibiting challenging behaviour at school and at home. Shortly after another Early Help was initiated after the school became aware that Charlie's older siblings were struggling with the recent loss of a family member.

The school submitted two separate referrals to the MASH following reports that Ben had been bitten by one of the family dogs and another when Charlie's older sibling, Dani, attended school with an unused small Kayser gas cylinder (used in dentistry and aerating cream but also as laughing gas) that they had found on the road on the way to school.

What we have learned...

The review has identified that some information was known to professionals which raised questions about the level of supervision of the children and about specific potential risks at home in relation to pet dogs and internal bedroom doors which could not be opened.

Learning for practice: Professionals need to objectively assess low-level neglect/ and risk when undertaking multi-agency holistic assessments that include the history of parents and carers (i.e. parents themselves who were known to agencies due to abuse or neglect) to better understand their life experiences and the voice of the child/ren and other family members. If there is not a thorough, holistic assessment which considers the voice of the child, any adverse childhood experiences of their parents and any potential support and stresses in the wider family and environment, professionals will not fully understand the complexity of children's lives or a family's circumstances.



Lessons Learned (cont.)

What we have learned (contd.)...

It would have been helpful if the school had completed a chronology as part of their Early Help assessment and/or to accompany their referral/s to the MASH. This could have been multi-agency if joint working had been established with the Health Visitor.

Learning for practice: *Where professionals are concerned that a child may be at risk of abuse or neglect, it is important that chronologies are kept in order to provide a valuable overview of events and any trends or patterns of behaviour to be shared with the MASH.*

The Early Help assessment focussed on the needs of the two oldest school age children. There was limited communication with the Health Visitor and GP and Health records did not record that an Early Help intervention had been in place for this family. This limited the scope and quality of the assessment. **Learning for practice:** *It is important to recognise that Health Visitors and GP's hold a unique overview of families and may have information to help those working with a family to consider a 'Think Family' approach. For this reason, it is important that Health Visitors (where younger children are present within a family) and GP's are invited to contribute information to child protection work and be offered the opportunity to send a representative or a written report should they not be able to attend face to face themselves.*

Following the reports of Ben being bitten by one of the family dogs, workers in the MASH and the Police Officer appear to have limited their investigation to a consideration of whether the breed of dog was listed as a dangerous dog breed rather than whether the dogs were suitable for the family and their overcrowded house, what the children's views were and whether the parents actually took the actions discussed to ensure the children's safety. **Learning for practice:** *Don't forget to consider the risk that pets may pose, particularly dogs, to a child's safety when undertaking assessments.*

What do I need to do....

Advice for professionals

1. Read Warwickshire Safeguarding's Briefings: [The Importance of History in Assessments](#), [Children Home Alone](#), [Professional Curiosity](#), [The Voice of the Child](#), [Child Neglect](#) and [Safeguarding Children around Dogs](#).
2. Familiarise yourself with West Midlands Child Protection Procedures: [2.9 Neglect](#).
3. Visit Warwickshire Safeguarding's website for useful information and resources regarding [child accident prevention](#).

Advice for communities

1. Safeguarding is everyone's responsibility. Neglect is child abuse. Knowing the signs can make it easier to spot and take action. Visit the [NSPCC website](#) for more information on the potential signs