1. Background

West Mercia Police were notified that a 2-yearold had a large, sore and infected burn on her foot that parents had not sought medical attention for. The child has 4 siblings and there were long standing concerns about the children not attending school, poor home conditions, missed GP appointments for immunisations and the children's frequent ill health. The family had previously been open to Targeted Early Help.

2. Recognising safeguarding risks

An anonymous referral to First Point of Contact (FPOC) requested support for the family. The way that the Early Help form is set up meant that subsequent questions were related to support and not safeguarding risks. The concerns raised of poor home conditions and frequent illnesses should have triggered a referral to COMPASS.

3. Escalation to Children's Social Care

Where families don't engage in Targeted Early Help then this should be considered as to whether or not this increases safeguarding concerns and level of risk. If so, the case should be stepped up to Children's Social Care. The process for this is currently being considered by Early help managers.

8. Lived experience of the child/ren

The daily lived experience of the child/ren needs to be explored and understood by all practitioners. If practitioners are observing poor home conditions, children who are absent from school, appearing hungry and frequent family illnesses then they should consider how that feels for the child/ren, speak to them about it and gain their views of what a day in their life looks like for them.

7. Professional curiosity

Professional curiosity should be exercised by all practitioners. What parents say should be explored and considered alongside what multiagency practitioners are seeing, what children are saying, and any previous concerns documented in case records. The Partnership have developed training for this which can be accessed here: Learning Event Professional **Curiosity SSCP**



6. Recognising and responding to neglect

The children's absenteeism from school was Educational neglect and was symptomatic of other issues for the children which were not fully understood. All agencies to ensure there is an improved and continued focus on neglect and the tools and pathways to support practitioners in recognising and responding to neglect.

Schools should involve School nurse's whenever there are concerns for children's health. School nurses can be the conduit between school and other health agencies, referring on and providing support as necessary. School Nursing Service can be contacted by phoning 0333 358 3654 or emailing Shropcom.spoa@nhs.net https://www.shropscommunityhealth.nhs.uk/scho ol-nurses-shropshire

5. Unseen men

Practitioners should seek to understand if the child's father, or any other males are in the household or have contact with the children. They should be included and considered in any assessments. All agencies to ensure that practitioners are signposted to the SSCP webpage with the Unseen Men learning briefing and linked webinars.

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4. School Nursing Service