



Gloucestershire
Safeguarding Children
Executive

Rapid Review

2nd April 2020

0120LS(RR)

Rapid Review Report: 0120LS(RR) Date: 2nd April 2020



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This report sets out:

1. Family Background
2. Rapid Review Details
3. Report on Case under Review
4. Other Relevant Information
5. Identified Learning
6. Recommendation
7. Themes of Potential National Interest
8. Decision to Proceed to CSPR

1. Family Background

Child's Last Name	S
Child's Forename	L
Child's Middle Name	A
Age at time of incident	15 years
Gender	Female

2. Rapid Review Details

- Date: 2nd April 2020 @ 2:30pm held by Conference Call

- Rapid Review Panel (The Panel)

Attendees

Detective Inspector, PPU, Gloucestershire Police
 Senior Administrator, GSCE Safeguarding Support Unit
 Business Manager, GSCE Safeguarding Support Unit
 Designated Nurse Safeguarding Children & Safeguarding Adult
 Manager, GCCG
 Named Nurse Safeguarding Children, GCS
 Divisional Nursing and Midwifery Director, GHNHSFT
 Gloucestershire Hospitals NHS Foundation Trust
 Head of Service, GCC Childrens Social Care
 Head of Service, GCC Childrens Social Care
 GSCE Independent Scrutineer
 Deputy Designated Safeguard Lead, Secondary School
 School Counsellor, Secondary School
 Designated Safeguard Lead, Secondary School
 Student Support Mentor
 Safeguarding in Education Manager, GSCE Business Unit

3. Report on Case under Review

LS has alleged that her step father has been sexually abusing her on at least '50' occasions since she was approximately 6/7 years old. She has said that this has taken place when she was alone with him in the house. LS was spoken to jointly by the police and the social worker on 10 March 2020

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and this was followed up with a forensic examination and Achieving Best Evidence (ABE) interview where she confirmed what she had said at school.

LS's Step-Father has been arrested and at the time was bailed with conditions from 11th March 2020 including to stay away from the home address. Bail was later cancelled. At the point at which it was cancelled, LS had been safeguarded and her brother had no intention of returning to the family home. Of note is that he is a licenced gun holder and there were a number of guns, ammution and bullet making kits removed from the property.

There is a concern about how protective LS's Mother is. At this stage it is not known whether it is because Mother is unable to protect LS, due to fear of what may happen. It is also not known if Mother is unwilling to protect LS, because she does not believe the allegations against Step-Father. Concerns have also been raised regarding Mother's mental health and how she would be able to care for LS emotionally and physically.

LS has a 16 year old brother who has also been spoken to but he has not made any allegations of a sexual nature. However he has reported historical physical abuse from Step-Father.

- Key Events

Date	Detail of Key Event
July 2008-October 2009	LS was subject to Child In Need Plans due to concerns around routines, Mother's mental health and mother's drug use.
07/09/2009 to 22/07/2016	Attended Primary School
May 2013	Initial Child Protection Conference held due to worries over Step-Father subjecting children, particularly LS to humiliating behaviour. LS retracted her statement on a future visit and there was not sufficient evidence to suggest significant harm to her and HS. Threshold for child protection planning not met. This was based on a retraction of the disclosure by the subject child.
04/07/2013	CYPS referral - Referral received for family to attend Incredible Years programme
20/09/2013	Family did not attend IY group Social Worker informed. Closed file
Aug 2013	CIN planning initiated following ICPC. No evidence of CIN plan until August 2013 children not seen alone post ICPC
22/10/2013	Case closed to Social Care. No Social Care information on either LS or brother HSs S1 record so unaware why they were subject to CIN
19/03/2014	Seen by GP. Generalised Abdominal Pain. Of note the urine sample was dropped in the next day (20/03/2014) and had glucose and ketones present. Contacted Mum on same day arranged to see LS and admitted her to paediatrics with suspected diabetes.

July 2016	Whilst family was being supported through CIN plan there were further concerns raised, again, in reference to potential neglect. There is also worry from a professional (Doctor) around the relationship between LS, her mum and her step-dad however the decision was taken that there was not enough information to warrant investigation at the time.
01/09/2016 to present	Secondary School – remains on roll
27/06/2017	Primary Mental Health Team - LS seen at Acorn House in company of her Mother. Reason – LS Assessment of cyclical mood. Advised Family Therapy would be beneficial
21/11/2017 to 23/11/2017 and again on 06/12/2018	Had contact with the Hospital Education service. This remains open
18/10/2019	Seen at GP with oral thrush and a history of 3 days vulvitis. The oral thrush was confirmed on examination and prescribed treatment - she has also self-treated her vulvitis with over the counter medicines. She was noted to have poorly controlled diabetes and these symptoms are in line with that according to GP conversation.

4. Other Relevant Information

- Are there any other siblings or children to consider? Yes – HS (Age 16)
- Was the child on a CP plan at the time of the incident? No
- Was the Child on a CP plan at any time prior to the incident? No
- Is the case linked to a complex abuse investigation? No
 - Other Immediate Safeguarding Considerations None
 - Medical Details – see chronology

• Key Questions Emerging:

- Was there professional Curiosity Displayed?
 - Is there evidence to demonstrate professional curiosity with regards to the disclosure and subsequent retraction of a criminal offence?
 - The young person disclosed abuse seven years previously. Was the intervention initiated thereafter of a sufficient nature to address the initial concerns?
 - Were enquiries made with mum to establish whether she is a victim of Domestic Abuse and whether she has capacity/commitment to safeguard to her children? Was the Voice of the Child sought or heard?
 - Were there appropriate opportunities for LS to develop a relationship with key professionals during the planning period?
 - Did professionals adequately challenge reasons for retraction of allegations? Her account was detailed and credible.
 - Was allowing the family to remain together subjecting the victim to the perpetrator and diminishing opportunities for full disclosure?
 - What evidence of CIN plan is there from May to August 2013? Did Agencies fail to go back and speak to the children after the Initial Child Protection Conference?
- Hidden adults in the child’s life

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- Should the Panel consider if the police should request military records in relation to Step-Father, what would this elicit?
- Was information sharing a factor?
 - Were Health trust/s invited to and did they attend a Child In Need meeting 22/10/2013?
- Was Domestic Abuse and its impact understood by professionals?
 - Was Domestic Abuse identified within the family involvement by Children's services and the Single Assessment?
 - Was Domestic Abuse known or suspected and acted on by any other agency?
- To what extent has the current Covid-19 crisis impacted either on the circumstances of the child or family or on the capacity of the services to respond to their needs?

Appraisal of the case

Was there professional Curiosity Displayed?

Was information sharing a factor?

- LS first made disclosures of sexual abuse in her primary school setting. What were the secondary school made aware of? Secondary School confirmed that they have on file paperwork in connection with the Initial Child Protection Conference (ICPC) and also a couple of Child in Need (CIN) reports. The primary school passed on all of their information. However some of the information discussed at the Rapid Review came as a shock to colleagues from education establishments.
- Was enough curiosity displayed by Police and Children's Social Care (CSC)? Regarding the disclosures of chastisement and nakedness, there was no curiosity or suspicion that this was sexual in nature.
- The ICPC was a multi-agency meeting and all agencies had a part to play. The decision at that meeting by all agencies present was that the threshold for significant harm was not met, and the family's needs could be met through a CIN plan. However, there is a lack of recording of CIN plan meetings subsequent to this.
- Following minimisation of allegations in 2013, Mother was then unobtainable. Were agencies therefore not able to get information in order to make a recommendation at the ICPC? Mother was really avoidant preceding the ICPC which led to the decision to hold an ICPC. Leading up to the ICPC Mother and Step-Father behaved impeccably and worked with professionals, including signing a written agreement and an acknowledgement from Step-Father that some of his behaviours had been inappropriate. There was a lot of professional optimism.
- Health records hold no information about why LS was subject of a CIN plan. Communication and information sharing regarding the CIN plan is absent, not robust and/or quite flimsy.
- Concern was raised about sharing of health information when there is a lack of understanding regards the need for consent to share prevented the appropriate sharing of health records It could not be confidently said that health information would be shared today. In LS's case there are School Nurse reports which are consistent that there were no unmet health needs. The CIN plan was closed before the diabetes diagnosis.
- Even now, GP records are often not correct regarding whether children registered with them are subject of CIN or CP plans.

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- Step-Father disclosed that he had PTSD but that was never verified. His punishment of the children was seen as an aspect of his armed forces background and not linked to possible child sexual abuse (CSA)
- Mother was described as really anxious about Social Workers talking to LS before she talked to her Social Worker. Why did LS change her story? Was she closed down by Mother and Step-Father? She was subsequently given little opportunity to talk about what had happened to her. 12 sessions of Play Therapy did not get her to a point where she could or would talk openly.
- Primary School sent a MARF in April 2013. The Panel felt that disclosures made by LS then would ring alarm bells in current practice. However, it is acknowledged that in 2013 LS remained with her family where they would have had significant influence on her actions.
- The CIN plan was closed relatively quickly and interventions were deemed by the Panel to not be thorough. Case records were not as comprehensive as the Panel believe they would now be. There is no evidence of any interventions with Step-Father and it is not clear whether parenting work ever happened.
- Post the ICPC nobody, not even the Social Worker, saw LS alone whilst she was open to CSC. She was however seen alone with Play Therapy which may have influenced the Social Work practice to not speak to her alone at that time. There were three CIN meetings and Step-Father did not attend any, this was never discussed or challenged

The Review meeting attendees agreed that there was a lack of professional curiosity at the time, compounded by a distinct lack of the voice of the child throughout. Information sharing is considered to be a factor specifically in interpretation of the need for consent to share within the Health economy and under general data protection and child protection legislation the sharing of information with safeguarding partners. However, the Panel believed that aspects of this case would be handled very differently now. Practice did not meet the expectations professionals now have and would now attract use of the escalation process. However information sharing is still an issue present in local and national SCR's and CSPR's.

Was the Voice of the Child sought or heard?

- The Panel discussed and concluded that there is still not a very clear practice understanding about how the retraction of a disclosure of a criminal offence by a child is managed. The Panel however agreed that if this case was to happen now the retraction would be handled very differently, for example convening a Strategy Meeting to consider the disclosure and subsequent retraction in isolation. The Panel were concerned however that this is still not a formal policy and although agencies investigate retractions to identify potential reasons, there is no agreed multi agency joint process and method of recording.
- Communication between the agencies stopped when the CIN plan ended.
- LS's voice seems really clear in her disclosures and she described what happened to her in great detail. Professionals were taking notes but not hearing what she was saying. The information was available but it is not clear what agencies were doing about it; the expected agency response to the disclosures was not documented or communicated.
- Is there a risk there may be other cases that have been missed? If there is the Panel concluded that it would be virtually impossible to identify them now.
- Would GPs now consider other reasons for UTIs rather than focus on the diagnosed diabetes? The GP did attend the ICPC and gave a written report. Was it explicitly detailed to professionals at the ICPC that there were concerns about sexual abuse? LS was diagnosed with diabetes in

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2014 and her symptoms (UTIs and thrush) are not uncommon in poorly treated diabetes. Was the fluctuating management of LS's diabetes a distraction from considering CSA?

- LS repeated to numerous adults that she was not sexually active. Her Mother accompanied her to GP appointments but she saw the School Nurse alone, including when she requested a C-Card
- The Panel discussed two current Serious Case Reviews (SCRs) looking at the learning linked to understanding the signs and symptoms of child sexual abuse. The Panel concluded that these SCR's covered the concerns raised about professional curiosity with regards to CSA.

Was Domestic Abuse and its impact on the child and family understood by professionals?

- Was domestic abuse a known factor in Mother and Step-Father's relationship? This is suggested in LS's most recent disclosure. A report from LS's nursery setting stated that Step-Father would give Mother two minutes to collect LS or he would drive off. The Panel concluded that this did indeed indicate coercive control.
- Health Visitor notes of the time would be held in written records and domestic abuse information was not recorded in the same way that it is now, these notes were not available from this time but are being recalled. At the time the Panel concluded that domestic abuse would have been difficult to establish without a direct disclosure. Current practice is that Mothers are being routinely asked about domestic abuse. School Nurse contact was with LS and not Mother so the question of DA would not have been broached.
- At the time Mother was not spoken to alone, which is contrary to current practice. It is understood that there were elements of coercion and physical abuse but at that time this was not verified with little or no professional curiosity applied.
- Strategy Meetings held in the MASH now have Gloucestershire Domestic Abuse Support Service GDASS overseeing and supporting issues to be raised around domestic abuse. Findings from previous SCR's have resulted in the GDASS contract being re-evaluated to increase capacity in the MASH. However, the Panel felt there could be disconnection with localities where GDASS may not be routinely involved unless requested to do so. This disconnection could be looked at in more detail.

Timeliness of information sharing

- The ICPC was held 23rd May 2013 but minutes were not made available until 14th November 2013. The Panel concluded that there needs to be reassurance about timeliness and dissemination of minutes. For a significant length of time the multi agencies working with this family did not have that information. The Panel asked if this was a factor in practice today. The Panel were informed that GSCE are seeking assurances from the Child Protection and Conference team with regards to timeliness of ICPC and RCPC, the Panel requested that in addition and at the same time the team are asked to give assurances with regards to the timeliness of the dissemination of minutes to all contributors to these meetings.

Hidden adults in the child's life

- Anonymous referrals received by CSC May to October 2011 regarding Mother using drugs, neglect and children being cared for by a friend of birth Father (PJ). LS made an allegation that PJ kissed her. Section 47 enquiries were undertaken due to concerns LS was being sexually

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abused by PJ. Following talking with the children no concerns were highlighted and the case was closed. No interventions were undertaken.

- Very little information was known about Step-Father. There were no criminal offences recorded against him. Would obtaining military records have given more detail to the ICPC? His claim to have PTSD was not investigated, but the Panel questioned if it was relevant and could that have had an impact on the case?
- The Panel queried if the police will consider whether military records should be obtained as part of the current criminal process.

The Panel discussed actions already identified from current Local SCRs that address the findings highlighted in this Rapid Review

- As part of identified learning from a local SCR, CSC are to develop a CIN strategy for the County for GSCC Delivery Board approval.
CSC have responded through current improvement and remodelling of services, as part of this process they will be creating operating models for Children In Need in partnership with their safeguarding partners.
- Information sharing is a current GSCC priority with activity underway to consider how this will be tackled going forward including understanding how nationally this is being addressed.
- The period when a written agreement was in place in this case mirrors the use in practice in previous years. Reliance on written agreements was noted in learning from a previous SCR. CSC have assured the GSCC that written agreements are not in use today this is backed up through QA audit findings.
- Understanding the signs and symptoms of Child Sexual Abuse is addressed through two current local SCRs and multiple national SCRs. The Panel felt the activity planned in place and planned in Gloucestershire should meet the findings from this Rapid Review.
- Professional curiosity is being addressed by multiple actions from local SCRs meeting the identified learning in this Rapid Review.

FURTHER CONSIDERATIONS

Is HS safe?

HS has a Social Worker and has had an opportunity to talk at length. He has things he's working through, for example he thought he and LS were close and that she shared information with him but she did not talk to him about the sexual abuse. HS is being supported on a CIN plan and is not at risk of significant harm. He is living with his girlfriend and her parents and is working as an apprentice with a butcher. Professionals are looking at other housing options with him. He is angry with his Mother; it has been made clear to him that he is not safe living with her; Step-Father is now free to return to the family home. HS is having contact with LS and his Aunt.

Any other safeguarding concerns?

Step-Father has an older daughter and a 4 year old granddaughter. Children's Social Care is aware of and has assured the Rapid Review Panel that they are appropriately managing the potential risk.

5. Identified Learning

Learning Identified	Single Agency / Multi Agency	Actions
The Panel concluded that the CIN plan for LS was not successful in achieving positive outcomes with limited effective multi agency engagement, including	Multi agency	The Panel concluded that there was an existing action culminating from a local SCR for CSC to lead on a review

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the lack of sharing information and the statutory duty to do so. There was a Lack of recording, poor information sharing with some agencies not aware of CIN plan in place for LS.		of the CIN process to create a multi agency protocol including multi-agency safeguarding partners and relevant agencies including education.
The Panel requested that the Child Protection and Conference Team assure the GSCE of the timely distribution of ICPC & RCPC minutes and to include this with an existing action for the service with regards to the assurance to the GSCE in the improvement of the timeliness of ICPC and RCPC meetings including detail on measurable milestones that indicate improvement is successfully achieved and sustained.	Single Agency	The Panel requests that the Child Protection and Conference service assures the GSCE on improvements to the timeliness of the distribution of minutes to all contributors including detail on measurable milestones that indicate improvement is successfully achieved and sustained.
The Panel were concerned that LS's voice was not heard or acted on. She was not seen alone by professionals and was allowed to return to her family where they could have influenced her to change her disclosure.	Multi Agency	The Panel concluded that these findings were already in progress through identified learning from local SCR's with regards to the voice of the child and the child's lived experience.
The Panel identified the lack of professional curiosity with regards to Domestic Abuse and Child sexual Abuse	Multi Agency	The Panel concluded that these findings were already in progress through identified learning from local SCR's and that the current action plan in place more than adequately addresses these findings
The Panel discussed and concluded that there is still not a very clear practice understanding about how the retraction of a disclosure of a criminal offence by a child is managed in a multi agency arena	Multi Agency	The Panel expressed concerns that there is still not clear practice understanding about how retraction of disclosures are managed and therefore there is no jointly agreed protocols or processes for professionals to follow consistently. It requests that this is looked at with some urgency via the Quality and Improvement in Practice (QiiP) subgroup and a protocol presented to the GSCE Delivery Board for sign off by the third quarter of this year.

6. Recommendation:

The Panel concluded that this case does not need to proceed to CSPR.

- The nature of LS's case is anxiety provoking. However, the issues covered have been in depth and the majority of the identified learning has been highlighted in previous SCR's and is already being addressed through the GSCE SCR action plan.
- Practice in all agencies has moved on a long way since 2013; lessons learned are being addressed elsewhere and can be moved forward without the need for a CSPR.
- The Panel concluded that there was an existing action culminating from a local SCR for CSC to lead on a review of the CIN process to create a multi agency protocol including multi-agency

safeguarding partners and relevant agencies including education. However it reminds the GSCE that this action is still outstanding.

- Pivotal work around the retraction of a disclosure of a criminal offence by a child was not done and professionals missed the moment. It is clear that was the point things could have changed for LS and professionals now recognise this was crucial to the way LS was treated. The Panel feel that this is a pivotal piece of work and should be commenced as soon as possible by the partnership under the scrutiny of the QiiP Subgroup.
- The independent scrutineer commented that the Rapid Review enabled an extremely good multi agency debate. He concluded that there would not be any added value of a more in-depth investigation as it would most likely identify the learning already outlined in this Review and the partnership should proceed to addressing that learning.
- The Panel concluded that there were no COVID-19 implications linked to this case so the current National Panel Guidelines would be followed.

7. Themes of potential national interest:

Retraction of disclosure of criminal offences by children and the response from safeguarding partners.

8. Decision to Proceed to CSPR **No**

Report endorsed by:

Rapid Review Panel Chair:

29th April 2020

Quality and Improvement in Practice Subgroup Chair:

Date 7th May 2020

GSCE Delivery Board Chair

Date 7th May 2020

Report Submitted to the National Panel:

Date 11th May 2020



Child Safeguarding
Practice Review Panel

Andy Dempsey
Delivery Board Chair
Gloucestershire Safeguarding
Children Executive

1 June 2020

Dear Mr Dempsey

**National Review and Local Child Safeguarding Practice Review consideration
– Gloucestershire LS**

Thank you for your recent correspondence regarding the above case. The Child Safeguarding Practice Review Panel considered this case on 19 May 2020.

The case of LS does raise a potential issue of national importance relating to the retraction of criminal allegations made by children and may be a theme for possible further analysis or a future national review for which we may wish to draw on the learning from this case.

We thought that your rapid review was detailed, clearly identifying the learning from recent serious case reviews and that steps are being taken to implement the learning identified in this case. We agreed with your decision not to do a local child safeguarding practice review (LCSPR) on the basis that the missed opportunities in this case relate to an incident that occurred sometime ago and that changes to practice have since been made. We would, however, welcome reassurance from you that if a child makes a serious allegation or subsequently retracts their allegation that those allegations would now be subject to an appropriate level of scrutiny.

Should you require any further clarification in respect to this particular case please do contact the Panel via the secretariat at Mailbox.NationalReviewPanel@education.gov.uk

Karen Manners QPM, Interim Chair

CHILD SAFEGUARDING PRACTICE REVIEW PANEL