

Learning Briefing - Sarah

Learning from a Child Safeguarding Practice Review (Sarah)

Introduction

The subject of this review is Sarah. Sarah was 17 years old at the time of her death. Since an early age, Sarah had suffered from epilepsy, which had been managed by medication. In June 2017, Sarah became a Child Looked After under a voluntary agreement between the Local Authority and her parents, as her behaviour presented increasing challenges and her putting other household members at risk. This behaviour meant Sarah became involved with several agencies. Sarah was accommodated with foster carers, but when these placements broke down, more latterly she resided in residential accommodation and then semi-independent living arrangements.

Sarah was reported as missing from these placements on numerous occasions. There were concerns regarding Sarah's vulnerability and in particular the effect of her medical condition. There were concerns regarding Sarah's relationships with men who were older than her and the relationship with one male in particular. Sarah was considered at risk of being both criminally and sexually exploited.

In June 2019, emergency services were called to the home address of this male as Sarah had suffered a seizure and was unconscious. Sarah did not recover, and sadly passed away.

An independent lead reviewer was appointed to undertake the review. They met with the practitioners involved and with Sarah's family and produced a report highlighting the learning from the case and any good practice. The reviewer also made a number of multi-agency recommendations. The full report can be read here;

[CSPR-Sarah.pdf \(safeguardingworcestershire.org.uk\)](https://safeguardingworcestershire.org.uk/CSPR-Sarah.pdf)

Good Practice Identified –

- There was good support from the specialist epilepsy services who also recognised and highlighted risks of Sarah not complying with her medication regime.
- Adult support services which were in place for the male recognised and reported concerns regarding activity with young people.
- Very early on in the case foster carers raised the concern of Sarah potentially being sexually exploited and continued to raise these concerns.
- Social Care support was provided to Sarah at health appointments. The specialist epilepsy team found it invaluable to have a carer present who knew Sarah and her history.

- When Sarah was being admitted to hospital for a planned procedure a student nurse displayed good professional curiosity in obtaining more information and appropriately passing the required information on.

Learning Identified -

- The use of a Missing Intervention or MACE (Multi-Agency Child Exploitation) meeting must not be used in place of child protection procedures. It is important that where a child has reached the threshold for statutory intervention then child protection procedures in line with the Children Act 1989 should be used.
- The Worcestershire GET SAFE¹ risk assessment tool has been developed during the period of this review, and all professionals should be using that risk assessment tool where they believe that a child or young person may be at risk of exploitation. If the outcome of that risk assessment is that in that professional's opinion the child is experiencing exploitation then a referral to Worcestershire's Children's Social Care should be completed via the Family Front Door and the risk assessment tool submitted via the Multi Agency Get Safe Portal, to which all practitioners have access via the following link; [Login \(worcestershire.gov.uk\)](https://login.worcestershire.gov.uk). In this way the risks to that child or young person are considered within the child protection procedures.

MACE meetings need to be effective with appropriate attendance and clear actions, which are recorded and followed through. Minutes of the meetings need to be made available to the relevant agencies. Local guidance on the purpose of MACE meetings and how they should be held can be found here; [Exploitation tools and pathways \(procedures.org.uk\)](https://procedures.org.uk) The process for the convening of Missing Meetings should be clear, particularly where there are multiple missing episodes. The specific push/pull factors need to be considered and mitigated appropriately. Further information on children who go missing is available on the West Midlands Regional Procedures website via the following link; [2.19 Children missing from care, home and education | West Midlands Safeguarding Children Group \(procedures.org.uk\)](https://procedures.org.uk)

- Children Looked After meetings should consider any current risks (CSE, drugs use and medical risks) within the overall plan for the child. Families need to be told of the arrangements for these reviews in a timely fashion to allow their attendance, and all relevant agencies should attend or submit a report in their absence.
- If professionals are concerned that the child or young person has an impairment, this should not stop them undertaking formal assessments under the Mental Capacity Act whilst awaiting a cognitive assessment. Further guidance for professionals in relation to the Mental Capacity Act and how it relates to young people can be found via the

¹ GET SAFE the Worcestershire name for our multi-agency support and protection for children and young people at risk of Criminal Exploitation. Get Safe stands for **G**angs, **S**exual **E**xploitation, **T**rafficking, **M**odern **D**ay **S**lavery, **A**bsent or **M**issing, **F**orced **M**arriage and **C**riminal **E**xploitation

following link; <https://www.safeguardingworcestershires.org.uk/wp-content/uploads/2020/02/Childrens-MCA-Learning-Briefing.pdf>

- Practitioners need to gain a better understanding of a child or young person's capacity to help reach informed decisions during the process of becoming more independent.
- If placements are changed, families and other agencies should be notified in a timely way by the practitioner responsible for the change of the placement.
- Professionals need to understand the concept of **contextual safeguarding**, be able to identify risks and understand how they may be able to disrupt or change them. Contextual safeguarding supports an approach to understanding and responding to children and young people's experiences of harm beyond their families. It is recognised that the different relationships children form in their neighbourhoods, schools and online can feature violence and [abuse](#). Parents and carers can have little influence over these contexts and young people's experiences of extra-familial [abuse](#) can undermine parent-child relationships and parent/carer capacity to keep them safe. The Get Safe risk assessment tool provides a means by which professionals can consider each aspect of that child or young person's life and the risks that may exist within them in the context of home and family, school, their peers and their neighbourhood, so supporting a contextual approach to safeguarding.
- It is important in cases of Child Sexual Exploitation (CSE) that there is a coordinating keyworker or role who can link important strands of concern and build a relationship with the young person, and practitioners understand the importance of that role. Again, since this review was commissioned Worcestershire now has access to keyworkers and other specialists in supporting children and young people who may be being exploited via the CLIMB service who have partnered with the West Mercia Police and Crime Commissioner, and a dedicated Get Safe team who works closely with partner agencies here in Worcestershire. The team is contactable for advice on 01905 845568 or at getsafe@worcschildrenfirst.org.uk
- All agencies, including their legal advisors, should be aware of the legal remedies available to intervene at the earliest opportunity to protect the vulnerable. Civil orders should not be overlooked because there is a possible criminal case. The review highlighted that a more timely and innovative approach to early intervention and disruption of those who were believed to be exploiting Sarah may have reduced the risks to her. Sexual Risk Orders (SRO) and Interim Sexual Risk Orders are civil remedies and can be used to manage such risks. Further, the fact that a criminal investigation is ongoing does not mean that such civil means of protecting the victim cannot be progressed alongside. Further information on civil order can be found here; [Sexual Offences Act 2003 \(legislation.gov.uk\)](#)

- Practitioners should not overlook the importance of mental health support and counselling services for the child or young person. Information on the support available can be found here:
https://www.worcestershire.gov.uk/info/20572/childrens_and_young_peoples_wellbeing/1580/mental_health_support_for_children_and_young_people or
<https://www.hacw.nhs.uk/camhs>
- When professionals are dealing with a child or young person with serious or chronic conditions, it needs to be clear who will monitor the condition on a daily basis. Where a child who is looked after has significant health needs, there needs to be a consistent health link, ideally the nurse responsible for children being looked after. This role should help to bridge the gap between pharmacy and GP surgery e.g., if the young person is not collecting medication.

Further information on Worcestershire's response to CSE and other forms of child exploitation can be found on the Get Safe website. [Get Safe - keeping children and young people safe from criminal exploitation | Worcestershire County Council](#)