



Bristol Safeguarding
Children Board

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Response to 'Becky' Serious Case Review by Bristol Safeguarding Children Board

Introduction

This Serious Case Review concerns a young person called Becky who was 16 years old when she died in February 2015. She is described by those who knew her as a caring, loyal, funny young woman who was gaining confidence and overcoming challenges in her life. She had close friends who she loved spending time with and she cared deeply about her family. Following an extensive police investigation and trial, in November 2015 Becky's Step-brother was convicted of her murder and his partner was convicted of manslaughter.

Local Safeguarding Children Boards are required to commission Serious Case Reviews in cases where a child under the age of 18 has died as a result of abuse or neglect. Following Becky's death the Bristol Safeguarding Children Board commissioned two experienced independent reviewers, Bridget Griffin and Jane Wiffin, to undertake a Serious Case Review. Bridget and Jane were supported by a review team of senior Bristol representatives who had no previous involvement in the case.

The purpose of a Serious Case Review is to consider what was known at the time by professionals, and how organisations worked together. This provides an insight on practice in the system which is used to inform improvements. This Serious Case Review considers the involvement of professionals who worked with Becky and her immediate family in the three and a half years prior to her death. It does not consider the circumstances in which Becky died or contributory factors related to her Step-brother and his partner as these are being addressed by a Domestic Homicide Review in line with current statutory guidance. The Domestic Homicide Review is not yet complete.

The independent review concludes that it found no evidence that the murder of Becky could have been predicted or prevented by any professional working with her. Despite this, as with any report of this kind, the review process identifies areas of practice where positive opportunities exist to modify practice and policy.

The BSCB accepts and agrees with all the findings that have been made and are set out in the independently authored report.

Findings

Finding 1 Services need to be focussed on an evidence based understanding of the needs and circumstance of adolescents; the absence of this can lead to adolescents inappropriately becoming the focus of concern, and being seen as "troublesome" rather than troubled because of their circumstances.

Questions to the Board



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- Are services appropriately structured in order that evidence-based approaches can be provided for adolescents that agencies find hard to engage?
- How can BSCB support professionals to feel equipped and confident to carry out this complex work?
- What can BSCB learn from the work of voluntary sector agencies about dealing effectively with disclosures?
- How will BSCB be informed of changes achieved through the learning and development in this area?

BSCB Response

Both this review and the Operation Brooke Serious Case Review found that the vulnerability of adolescents is not always recognised, nor is their behaviour understood as the result of experiences of difficulties. As a result the BSCB has maintained a significant focus on the response to adolescents in the city.

The BSCB has sought to raise public awareness of adolescent vulnerability and build expertise in the professional workforce to better understand adolescent behaviour. The BSCB held an annual conference in summer 2017 with over two hundred professionals in the city. It was designed and presented by young people from participation groups in the city. The speakers highlighted the links between abuse and what presented as 'problematic' or 'risky' adolescent behaviour. In 2016 the BSCB supported a citywide campaign led by Avon and Somerset Constabulary raising awareness of recognising challenging adolescent behaviour as symptoms of child sexual exploitation. This campaign continues on an annual basis and the BSCB will be supporting it in 2018. Further to this the BSCB training team have offered specialist safeguarding adolescent courses throughout 2017-2018; these will be continuing in 2018-2019 and can be accessed by any professional in the city. The courses and their impact upon day to day practice are monitored through our training impact assessment process.

The BSCB recognises that the provision of multiple services which were only contracted to offer short term support to Becky may have proved a barrier to her engaging effectively. The BSCB has contributed to the development of new integrated Early Help pathway for families who do not meet the threshold for statutory involvement. This remodelled service will launch in 2018-19 and will include cases being considered by a multi-disciplinary professional meeting to ensure the most appropriate services are offered to families in a coordinated way. This support will offer oversight and expertise to professionals. The BSCB will be reviewing the effectiveness of this model, considering the experiences of adolescents like Becky.

In addition a programme of CASCADE training has been rolled out across the schools in Bristol. CASCADE brings together mental health leads in schools and Child and Adolescent Mental Health Services (CAMHS) to embed long term collaboration and integrated working. This has been an important development in establishing a multi agency network of professionals who work closely together to improve the response to children and adolescents emotional wellbeing.

Bristol City Council will also be implementing a new approach working with children and families who have experienced Adverse Childhood Experiences. This model is an evidence based approach to engaging with children and adolescents, such as Becky, who have experienced complex life



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experiences. We will be working together as a partnership to support this new model being embedded within our systemic response to families with complex needs.

The BSCB recognises the significant value of the voluntary and community sector. The sector is represented on the Board by representatives from VOSCUR and Barnardo's ensuring the dissemination of learning and experience. We recognise that there is particular expertise in our voluntary sector sexual violence services in the management of disclosure and working with adolescents. The BSCB promotes the Bristol Survivor Pathway which promotes accessible services in this sector, including information for professionals on sources of support and advice. All core BSCB Training includes support for professionals to develop their skills in managing disclosure.

Finding 2 The inconsistencies within intra and inter-agency approaches to recording, analysis, planning, coordination and review makes joint working for children and their families less effective.

Questions to the Board

- Is the Board confident that record keeping is suitably robust in each agency and the function of record keeping is clearly understood by all agencies?
- What current mechanisms are in place to ensure that complex, multi-factorial risks and needs are effectively assessed and reviewed within non-statutory multi-agency interventions?
- How will the Board ensure that new multi-agency and multi-disciplinary developments are informed by this finding?

BSCB Response

There has been significant progress in ensuring that all agencies are using electronic recording systems. The CAMHS service has implemented an online recording system and in 2017 the BSCB Chair wrote to all Board members setting out her expectation that professionals had access to secure email communication to enable the sharing of information. The BSCB is aware of a small number of services that continue not to have this facility and is maintaining oversight of the plans in place to address this.

Since the period examined in this review the partnership has adopted a range of integrated recording systems to enable more effective intra- and inter-agency working. This includes the use of Connecting Care which enables health, police and social care professionals to identify if an individual is known to other services. In addition, the Early Help offer and services in the city are supported by the use of an integrated data system with data sources coming from multiple agencies. This indicates whether a child has a lead professional allocated or not, as well as flagging where there are multiple indicators of harm. In addition, schools in the city have implemented a new electronic recording system to enable more consistent record keeping processes.

Appropriately different services require the use of different assessment tools. However, the BSCB recognises a need to develop practice in this area. Improving the quality of assessments is a strategic



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aim for the BSCB in 2018-19. We recognise the need for thorough evidence based tools to assess neglect and we will be implementing the NSPCC Graded Care Profile 2 in 2018-19.

The new arrangements for multi-agency locality meetings to coordinate non-statutory support will ensure there is a structure to provide the review of delivery and outcomes.

This report and its findings have been shared with senior leaders involved in developing and commissioning new models of working. We will be testing changes to non-statutory support arrangements in the city against these findings.

Finding 3 Children in receipt of specialist services from Hospital education services (HES) have complex needs, and some require a multi-agency response to meet these needs. Despite this, HES are often working alone in providing services to children; such lone working does not meet the needs of all children.

Questions to the Board

- How can the Board facilitate the development of a partnership and accessible pathway between specialist services and other services that improves the coordinated multi-agency, multi-disciplinary response to a specifically vulnerable group of children?
- How can the Board support specialist services such as HES in undertaking the role of Lead Professional in cases at this threshold?
- How can the Board support the implementation of supervision arrangements for these specialist services?

BSCB Response

The BSCB recognises that improving the coordination of responses for those children with complex health needs which mean they are unable to access mainstream education is an area for development in the city. The implementation of the new model of working with families who do not meet the threshold for a statutory social care intervention will enable multi-agency coordination and access to services for children who are in alternative education provision and have specific vulnerabilities and needs. The BSCB will use learning from Becky's case to review the effectiveness of this model for children within alternative education settings.

Further to this the BSCB will be working with the Children and Families Partnership Board in the coming year to ensure that there is a clear understanding of the role of Lead Professional. The continued development of the Signs of Safety approach and training for our partners in education in using this model confidently will support organisations to fulfil a coordination and assessment role when children do not meet the threshold for statutory social care intervention.

The Hospital Education Service now has a Primary Mental Health Specialist commissioned through CAMHS based at the school. They are able to offer consultation and guidance to staff at the school. In the coming year the BSCB partnership will work together with CAMHS and social care to implement the new CAMHS Partnership iThrive model. This model includes the provision of risk management support by CAMHS that will reduce isolation of services working with children who have mental health problems

The Hospital Education Service will be implementing staff supervision arrangements by the end of the year. This is being supported through the work of the BSCB Education Sub Group.

Finding 4 The propensity for professionals to take parent/carer perspectives at face value without triangulating information from other sources, including observations of how a child or young person appears, can lead to a limited understanding of a child or young person's needs.

Questions to the Board

- How will the Board ensure that partner agencies provide the tools, reflective supervision and culture which help professionals to remain in a position of “respectful uncertainty” and display “healthy scepticism”?
- Is the Board assured that multiple hypotheses are used to explore and better understand complex family dynamics and is evidenced in recordings?
- Do Board partners have information systems and information sharing arrangements in place which adequately facilitate accurate triangulation of information?
- Are professionals encouraged to pose and consider reflective questioning within multi-agency discussion in order to improve assessments and understanding of family functioning over a period of intervention?

BSCB Response

Since the period examined in this review the BSCB have supported the development of improved multi-agency information sharing systems such as Connecting Care as well as systems to alert education settings of those children exposed to domestic abuse or who have gone missing in the previous 24 hours. The partnership has also worked to improve comprehensive access to secure email and has undertaken work to develop a new request for help referral form to enable better information sharing and capture.

Bristol City Council Children and Families Service has expanded the service's use of Signs of Safety. Signs of Safety provides a range of tools and approaches that support professionals to have clear and transparent conversations with families about concerns. There is an expectation in the model that the wider family are included in the safeguarding of children and that family safety discussions consider all family members. This approach has been rolled out across the partnership ensuring that all professionals have access to the tools and are working to the same methodology. Bristol is part of the Signs of Safety England Innovation Project which is driving national improvements in the use of the model.

In respect of supervision of professionals, in 2018 the BSCB published joint guidance with the Bristol Safeguarding Adults Board on effective supervision. When undertaking case audits we consider management oversight as a standing theme.



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In order to seek assurance on the effectiveness of the inclusion of complex family dynamics in assessments and recording, following the implementation of these models, the BSCB is scheduled to undertake multi-agency audits of practice as part of the 2018-19 BSCB Business Plan.

Finding 5 Professionals are less challenging of the lack of engagement of Fathers in child welfare practice leaving the risks they may pose unassessed and the contribution they could make to children's lives unknown.

Questions to the Board

- Can the Board be assured that the Think Family approach to considering all family members has been fully embedded within frontline practice?

BSCB Response

It is notable that the review found that Becky's Step-brother and other family members living outside the immediate family home were not always considered by many of the professionals working with Becky, and so there is only limited mention of him and them in the review. Bristol's Think Family approach is supported by the Signs of Safety methodology. This approach enables professionals to consider children's needs holistically, including understanding their extended family structures to ensure that a full picture of children's lives are ascertained. This is an area of practice in which there has been significant partnership training and development in recent years. In response to this finding the BSCB will audit assessments from across the partnerships to review how effectively this is now embedded in practice.

The repeat finding that fathers are not as effectively engaged with by professionals has now emerged in a number of reviews commissioned by the BSCB. For this reason we are not assured that this approach has been embedded, not least because we recognise the barriers presented by the large number of safeguarding providers primarily commissioned to deliver services during typical working hours, limiting the opportunities for professionals to successfully engage with working family members especially where there may be resistance to interventions.

The BSCB are committed to work towards improved practice in this area. The BSCB Chair has escalated concerns about the accessibility of services for fathers to the Health and Wellbeing Board and shared this report with the Chair of the Children and Family Partnership Board, which are responsible for partnership commissioning of services in the city. The BSCB will continue to challenge stereotypes of the role of fathers in safeguarding through its training and conference service. The BSCB are committed to promoting the improved integration of adult and children support services through the new integrated locality model and hope to use these as a template to share expertise across the workforce.