

Appendix E: Case study safeguarding

Safeguarding Case Study: For the basis of confidentiality, there are four siblings three 11+ years who will be named A, B and C and one 5-11 year child who will be named D

Gender: x3 Females x1 Male

Age: 5 – 15 years

Ethnicity: Other white background

Reason for involvement: An invitation was received by the Healthy together Team to attend a strategy meeting for 4 siblings, one primary school aged child (D) and three secondary (11+) young people (A, B, C). It was unknown at the time of attending the meeting which schools the children attended. The Concerns that were related to the following:

- Poor school attendance for all children.
- A, B, C & D had outstanding health needs with non-attendance to medical appointments.
- A, B & C had episodes of missing from home where they were later found out of area.
- Concerns around parenting capacity
- Parental drug and alcohol misuse
- Known possession of weapons by the children's father.

The case has escalated, and an Initial Child Protection is to be convened at a later date.

A, B, C and D having been exposed to these adverse childhood experiences, which indicate they are at risk of their own risk taking behaviours, and the unknown impact on their mental health and physical health needs.

A, B & C live within Leicestershire but attend a Leicester city school. Following the demobilisation of the 11+ school nursing service in Leicestershire County and Rutland. School nurses are not commissioned to offer a service to young people (11+). Previously Healthy Together would have supported A, B & C by completing a report to share at the initial conference, detailing any health needs or concerns known to our service. We would have attended the Initial Child Protection Conference and complete a holistic Health Assessment where any physical and Emotional health needs are further identified as well as capturing the voice of the children. Any unmet health needs identified through this assessment which required support from healthy together, would include face-to-face packages of targeted interventions in school. The long- term impact on A, B & C is not yet known, and it is essential that their current needs are identified through a holistic assessment and support is provided where necessary. It has been highlighted that A, B & C have been left feeling unsupported by Health Professionals and the Safeguarding process.

D lives with his siblings' A, B & C in the Leicestershire and attends a Leicestershire primary school. D will receive the full offer from the Healthy together School Nurse team as children under the age of 11 years have not been affected by the demobilisation process. The Healthy together School Nurse for D will attend the ICPC, a Baseline health assessment offered to D, and any identified targeted health needs addressed through targeted work or

onward referral to the appropriate services for D. A, B & C will not have a health representative from Healthy together through this process and it remains unknown at the time of writing this case study which service that will be.

Outcome:

This case study identified that for the children and young people within this family to have any support from our service depends on where they live and not due to their individual health and emotional needs. The 11+ children due to attending a city school but living in Leicestershire have no service offered at all to them under the interim process and demobilisation of the 11+ school nursing service in Leicestershire County and Rutland. This will greatly impact on the opportunity for them to achieve their best possible outcomes emotionally, physically, and socially. For sibling D however the full offer from Healthy Together is given.

For the School Nurses within the Safeguarding team this decision is currently being met with challenges. The social workers do not appear to be aware of this interim measure and have strongly challenged our staff. They are insisting that Healthy Together continues to offer the same service particularly who will be completing the Baseline Health Assessments for A, B & C. They are challenging staff as to why four siblings residing at the same address could result in only one of them getting any Healthy together support. Challenges have been met by the parents how Health within the Safeguarding process is only seeing one of their children, when all four have identified needs and require support.

It is a concern that three out of the four children within this family have no support from Healthy together to assess their health needs and offer support to enable them to have positive outcomes moving forward .