Annual Report 2023 to 2024

This short briefing note summarises the key learning points from the independent Child Safeguarding Practice Review Panel's latest annual report. The report analyses 330 serious safeguarding incidents which occurred between 1st April 2023 and 31st March 2024, and 82 Local Child Safeguarding Practice Reviews considered by the Panel in this same period, to identify national patterns in practice. Read the full report here: https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel

In addition to key data about the children and their families who are the focus of reviews, this year's annual report gives attention to three specific themes:

1.   **Safeguarding children with mental health needs:** We found evidence of practitioners working tenaciously to engage and understand children's needs, which helped them be robust advocates in the context of care planning. The learning highlighted the need for awareness and assessment of demographic and situational characteristics that can impact a child's mental health and attendant risk. There were ongoing issues concerning suitable interventions, including confusion over the suitability of child and adolescent mental health services (CAMHS) involvement, long waiting times without support, and tensions involving thresholds for services. There is a critical absence of early intervention services for children with emerging emotional and mental health needs, and their families.

2.   **Safeguarding pre-school children with parents with mental health needs:** Reviews highlighted that parental mental health was often overlooked as a potential risk factor when considering parents' capacity to care for their children. There tended to be an over-focus on visible contextual factors, such as home conditions, with less consideration of mental health, despite indicators of both historical and current deteriorating mental health. Findings also identified a lack of effective communication between and within statutory and non-statutory services, particularly adult services and child services.

3.   **Extrafamilial harm:** Findings highlight both issues and opportunities for effective collaboration and information sharing. Learning has stressed the need for practitioners to identify and support additional needs of children that may put them at greater risk of extrafamilial harm, such as disabilities and neurodiversity, as well as the frequent crossover between harm occurring inside and outside the home. Education continues to play a pivotal role in protecting children, while online activity has become an increasingly important factor facilitating extrafamilial harm.

For each theme, we have identified a series of reflective questions to help inform the practice and policies of strategic leaders, managers and those working directly with children, young people and families.

Spotlight theme: Safeguarding children with mental health needs

- Over a fifth of children were recorded as having a mental health condition. This includes post-traumatic stress disorder, depression, obsessive-compulsive disorder, or generalised anxiety disorder.

- Most distressingly, 92% of the children who died by suicide were recorded as having a mental health condition. This demonstrates the importance of sufficient mental health support and placements for children.

- Among children with a mental health condition who experienced serious harm, child sexual abuse or exploitation was the most prevalent cause.

Learning for direct practice:
- Although children may primarily come to the attention of agencies to be safeguarded from abuse and neglect, it is critical to consider the interrelationship between neglect, abuse and mental health.

- Working closely with multi-agency colleagues, including those with specialist mental health knowledge, and adopting a Think Family approach can assist in the assessment of risk and need, helping to identify where family members are able to help protect the child and identify when their mental health may be deteriorating.

- Keeping the voice of the child central in plans and interventions to support their mental health is crucial for fostering their engagement. Given that many children with identified mental health needs are adolescents, they should be fully involved in the care planning process. It is also crucial that a child's capacity to fully understand and consent to interventions, whether health-related or not, is understood.

- Assumptions about diagnoses (whether related to mental health, neurodiversity, learning needs or disabilities) need to be avoided and there needs to be recognition that they might not be the sole cause of presenting behaviour. This can support a better understanding of how best to respond to the child. Seeking advice and support from specialists can help in formulating the appropriate response.

- Following up on referrals made for mental health assessments or support services is crucial to ensure outcomes are known and integrated into plans.

- Good working relationships between general health and mental health practitioners and others are particularly critical when safeguarding children with mental health needs. Practitioners need to understand relevant information sharing processes in their area, including those relating to communication about missed appointments, children not being brought to appointments, hospital admissions or discharges, changes in professionals working with the child, or changes in medication.

We have set out below some questions that you might want to reflect upon as a professional, either individually, as part of supervision, or as a group:

Reflective questions for practitioners:

- When working with a child with mental health needs, do you ensure you check and accurately record if they have a formal diagnosis? Do you feel confident raising questions about the diagnosis if it is unclear or if the child's presentation and behaviour appear inconsistent with the diagnosis?

- How confident are you in exploring and understanding the voice and experiences of children with mental health conditions? How well do you engage with specialist providers to support you, and are you clear about what to do with any information you receive from the child (such as escalating safeguarding concerns or instigating multi-agency processes)?

- Are you confident in your understanding of the legislative frameworks concerning mental capacity in children and young people and how this might apply to children with mental health conditions? Do you know when and what children and young people can consent to?

- What interim support (local, regional or national) is available to children with mental health needs and their families while they are awaiting assessment or to access services? Do you understand what early support and early help services exist in your area? Do you know how to refer to them?

Reflective questions for strategic leaders and senior and middle managers:

- How well do you understand the specific mental health needs (and diagnoses where available) of children in your areas, both those receiving support or services and those awaiting assessment or placement?

- What do you know about the specific needs of and service responses to children from different groups, including Black and minoritised communities, children with disabilities and children who are neurodiverse? How well aligned is current service provision to those identified needs?

- What do you understand about the rates of and reasons for unsuccessful referrals to CAMHS or other mental health and emotional wellbeing support services in your partnership area? Do you have processes in place to ensure referrals are high quality, containing the necessary information for appropriate assessment?

- How effective are your current arrangements in supporting children with identified mental health needs as they transition to adult services? Are there appropriate alternative mental health support services for those who will not transition to adult services?

Spotlight theme: Safeguarding pre-school children with parents with mental health needs

- Over half of incidents involving the death or serious harm of a child aged 1-to-5 years old involved a parent or relevant adult with a mental health condition.

- Although concerns about parents' mental health perinatal and postnatal are often discussed, there is a critical absence of support for parents with mental health needs who have children between the ages of 1 and 5.

- Fifteen of the children aged 1-to-5 years with a parent with a mental health condition died and 12 experienced serious harm. Most of these deaths and serious harm were reportedly due to the actions of the parent or relevant adult, usually involving assault or homicide. Extreme neglect was the reported cause of death or serious harm in six reviews.

Learning for direct practice:

- When there is information about a new pregnancy, and a parent has previously known mental health needs, there should be thorough assessment of current and future needs to inform any plans required to support the parents and new baby.

- Knowledge about fathers, or other adult partners (regardless of sex or gender), is important in understanding any risk of harm or protection they may provide. Understanding whether they experience or have experienced mental health difficulties is also important.

- The impact on the pre-school child of living with, or being cared for, by a parent experiencing mental health difficulties needs to be understood to support assessment of their needs and of any risks that there may be.

- The mental health of some adults can deteriorate quite rapidly. Contingency planning may be necessary so that appropriate and timely support can be provided when necessary.

- The focus of work with families may be on one or two presenting issues that prompted the initial engagement with agencies. It is important to consider how different issues may interact with each other.

- Before closing down referrals or contact with a family, when agencies have not been able to engage successfully with parents, it is important to explore why this has been the case and whether different approaches would assist.

- Effective and timely information sharing between health and other agencies is imperative and requires close co-operation between adult and child services. An integrated and comprehensive family history, including about current and historical parental mental health, will support practitioners from different services to work together, and respond to any early indicators of concern or changes in the mental health of parents.

We have set out below some questions that you might want to reflect upon as a professional, either individually, as part of supervision, or as a group:

Reflective questions for practitioners:
- How do you make sure that you understand what life is like for this group of young children?

- How might a Think Family approach support you to have a rounded and accurate view of a child and family's needs? Is this based on a good understanding of family history, and knowledge about the support and strength of family networks? Is there shared consideration of the impact of parent's mental health needs on the development, wellbeing and safety of the child?

- What opportunities are there for improving working with other services, including across adult and children's services?

Reflective questions for strategic leaders and senior and middle managers:
- Is there good understanding and evidence about how well children with parents with mental health needs are supported and protected in your area? What do you know about the specific needs of, and service responses to, children from different groups, including children from Black and minoritised communities, disabled children and young carers?
- Do you need a system of periodic review of families where they have been closed to services and agencies have not been able to engage with parents/carers?
- What systems are in place in your area for the sharing of information between GPs and other health services (especially health visiting, maternity and mental health) where family members are registered with different GPs? Are there barriers that can be overcome? If IT systems are a problem that cannot be easily or quickly addressed, are there effective alternative processes that are used consistently?
- How effective is collaborative working and information sharing between statutory and non-statutory children's and adult services in your area, including in relation to adult mental health, alcohol and substance abuse, and domestic abuse? Do nonstatutory services understand when and who to contact when they need to raise potential safeguarding issues?
- How effectively does your safeguarding partnership work with education and childcare providers working with pre-school children in your area (including childminders)?

Spotlight theme: Extra-familial harm

- Almost a quarter of serious incidents featured harm perpetrated by adults and peers who were not members of the child's own family. This includes gang violence, child sexual abuse, and child criminal exploitation.

- Our data shows that education continues to play a pivotal role in protecting children from harms outside the home.

- Black children formed the largest ethnic group of children who had been criminally exploited outside their homes, or experienced other forms of youth or gang-related violence. This over-representation of children from Black and minoritised communities raises important questions about racial bias in safeguarding practice and reviews.

Learning for direct practice:

- Identifying early indicators of risk of extrafamilial harm, particularly missing episodes, is essential for preventing harms escalating into exploitation or entrenched gang involvement. Missing episodes should be carefully analysed to understand patterns and inform risk management and potential disruption work.

- As far as possible, children experiencing extrafamilial harm should have contact with a single lead practitioner who has oversight of their lived experience and support needs. This person can act as an advocate for the voice of the child.

- Significant 'reachable' moments in children's lives can provide opportunities for improving engagement. These moments may be positive or negative in impact but can be a means of establishing a 'hook' for engagement where children may be more receptive to change. These can include transitions and incidents that increase contact with services, such as escalations and referrals, arrests and hospital admissions.

- Exploring innovative approaches to engaging children experiencing extrafamilial harm might help improve service engagement and understanding around children's lived experiences and the risks they are facing.

- Maximising all potential support for children to continue in education when they are facing risks outside the home is critical in helping prevent further exposure to extrafamilial harm.

- Practitioners need to be able to work well with families, and especially parents and carers, to improve outcomes for children experiencing extrafamilial harm. This includes developing positive relationships, understanding and responding to any risk of harm factors associated with the home environment, and assessing the ability of parents or carers to help keep children safe.

We have set out below some questions that you might want to reflect upon as a professional, either individually, as part of supervision, or as a group:

Reflective questions for practitioners:
- Are you confident that you can recognise the early indicators of extrafamilial harm? What resources do you have access to, to prevent risks from escalating?

- How can you work with your professional networks to enable meaningful engagement with children experiencing extrafamilial harm? How do you discuss and explore challenges in this area of practice with your peers or managers?

- Do you know your local services that can support children experiencing, or at risk of, extrafamilial harm? Is there any specific support for families including siblings?

- If working with a child whose vulnerability is increased by other support needs such as neurodiversity, what training and specialist health or social care support is available to you to further your understanding of the child's communication and ability to engage?

Reflective questions for strategic leaders and senior and middle managers:

- How might the analysis presented in this report influence your local children safeguarding partnership strategy and approach to working with children who are at risk of extra familial harm?

- What do you know about the experiences of different groups of children, including Black children, girls and children who are neurodiverse or have disabilities?

- Do you need to review and clarify your local partnership arrangements for responding to extrafamilial harm? Is there good understanding and use of these arrangements? Does this include the community and voluntary sector?

- Are you confident as a partnership that practitioners are effectively using screening and assessment frameworks for extrafamilial harm and developing appropriate action plans and interventions in response? How do you review the impact of local practice to know what is working well and where improvements need to be made?

- What formal and informal support is available to all staff who work with children experiencing, or at risk of, extrafamilial harm?

- Are local strategies in place to make the local environment safer for children and to work effectively with them?

Conclusion – what can we learn from serious child safeguarding incidents?

Safeguarding children and young people involves continuous reflection and analysis of some of the factors that influence professional decision-making and delivery of services to children and their families. Our annual report provides detailed analysis of data and qualitative information provided in rapid reviews and child safeguarding practice reviews undertaken by local safeguarding partnerships across England.

Analysis of the three spotlight themes considered in the report highlights some important themes in multi-agency practice. They point to the continuing need for strong co-ordination in the work of all agencies and professionals, including in seeking and sharing information about what is happening in children and families' lives. The importance of strong and effective links between children's and adult services has also been clearly evidenced.

The analysis has underlined once more the imperative of bringing skill and imagination to finding out what life is like for children, knowing what they are thinking and feeling, and not making assumptions about their lived experience. In too many reviews, there was limited reflection and consideration of the impact of children's race and ethnicity, including of any professional bias in the way that children's needs for protection were identified and addressed.

The importance of education settings, including pre-school provision, has been highlighted as a key feature in how effectively children are safeguarded. While not a formal statutory partner, these settings can have 'real time' knowledge about what is happening to children and families. The government's recently published policy statement 'Keeping Children Safe, Helping Families Thrive' sets out important measures to strengthen the role of education within multi-agency safeguarding arrangements (Department for Education 2024). Implementing these measures in a consistent and effective way will be crucial.

We invite safeguarding partnerships to use the data and analysis in our annual report to reflect on and benchmark their local context and practice. In this way the annual report can help strengthen strategic and direct practice, building on what is working well while continuing to improve how agencies work together to safeguard children.