

# Workshop:

## Safeguarding through a case study (Maria)



# Background

- Maria is 15 years old currently placed in a residential unit. The local authority has been involved since birth with Maria.
- There is strong background of neglect while living with her parents.
- Maria is a young person who has a diagnosis of Autism and Learning Disability, as well as other physical health needs such as hypermobility syndrome, plagiocephaly, a divergent squint and historic congenital hip dysplasia.
- Maria is a primarily non-verbal communicator and struggles to regulate her feelings and emotions.
- When dysregulated, Maria can display significant behaviours of concern such as hitting, biting and kicking those around her, throwing objects or breaking furniture, and self-injurious behaviour including scratching and hitting her own face and body.
- Maria attends one of the local special schools in the borough.
- Siblings within the family home
- Known to numerous services: Social Care, CAMHS, SALT, OT, Special School Nursing, paediatrician, integrated care board.

# Maria's Needs

- Autism and Severe Learning Disability
- Uses one word (spoken language)
- Uses Picture Exchange Communication System (PECS).
- Cognitive functioning is significantly below her chronological age; hence she requires supervision when out in the community and needs support for all personal care.
- Sensory processing needs and uses different activities to regulate herself.
- She likes to be naked in her bedroom and explore masturbation and will use her fingers to touch her vulva and rub this area vigorously. She has learnt that masturbation is a private activity, and she does this in her bedroom.

# Concerns - October 2022

- Concern raised by health partners and school about Maria.
- Increase in frequency and severity of behaviours presented by Maria.
- Injuries in different areas of the body with, on occasion, no clear explanation as to how this has happened.
- Spending a lot of time in her bedroom and masturbating. Inserting two objects in her vagina and attempting to insert a toothbrush.
- Request to purchase a vibrator.
- Presenting with dysregulated behaviours, stripping, urinating, defecating, smearing self-harming behaviours and attacking staff and children.
- Difficulties in transport to and from school, stripping and covered in blood when arriving at school.
- Not making any progress at school. Regression such as not using pecs, not speaking and not engaging with the programme.
- Concerns about child sexual abuse. Red Flags
- Increased behaviour that challenges during her periods.
- Changes to medication

# Multi Disciplinary Meeting (MDT) -15 minutes

You are part of the network MDT how are you going to address these concerns ?

# Challenges

- Disagreements in the professional network about causes and reasons for behaviour including evidence or indicator of abuse.
- Is the traffic tool the appropriate tool for children with learning disability ?
- Professionals not having all the information from other agencies, which led to mis-trust and professionals feeling left out or drawing conclusions.
- Disagreements in professional's opinion about the time spending in her bedroom, human rights v the need to being engaged in meaningful activities.
- Overload with information and exchanges between professionals.
- Differing distribution lists for information sharing/raising concerns
- Not all actions agreed in the MDT were followed.
- Changes in the professional's network, which contributed to some of the actions not being followed up.

# What did we do- Good Practise

- Regular MDT.
- Sec 47 completed.
- Consultation with Lighthouse
- Use of traffic light tools for sexualised behaviour
- Regular communication between professionals involved.
- Meeting with school and care home to facilitate and improve communication.
- Discussed in Safeguarding partnership meetings.
- Seeking legal advice about purchasing a vibrator and would this need to be authorised by court, considering applying for deprivation of liberty orders.
- Involving new professionals to help us to interpret behaviours and what we need to do.

# November 2023-Concerns

- Increase in severity and frequency of behaviour that challenges, including behaviours described below:
- Defecating, urinating, smearing, stripping and displaying behaviour that challenges.
- Concerns from professionals' network about child sexual abuse and observed behaviours indicate red flags.
- Maria being excluded from school following a serious incident with other young people.
- Increase of behaviour that challenges, leading to placement serving notice.
- Maria gain 12 kg in a year.
- Increased behaviour that challenges during her periods.
- Regression such as not using pecs, not speaking and not engaging with the programme.



# Multi Disciplinary Meeting (MDT) -15 minutes

You are part of the network MDT how are you going to address these concerns ?

# Challenges

- Professionals not having up to date information regarding completed actions and concerns addressed.
- Information from different agencies not adding up.
- Third party information making it difficult to distinguish between concerns and facts.
- Understanding professional boundaries between different professionals.
- Professionals at the network forming a certain view: difficult to accept alternate theories
- Difference in professionals view about the causes of these behaviour, was this because of CSA, sensory seeking behaviours, trauma and loss or organic causes.
- Her human right to privacy versus professionals' concerns about abuse.

# What did we do ? Good Practice

- Continued with the regular MDT.
- Medical review with parental consent.
- Inclusion of parental views
- Functional behaviour assessment completed.
- 1:1 LD nurse supporting staff at home.
- Each agency providing chronology of events and involvement which lead to having a full picture of concerns and incident. This led to sec 47 investigation being initiated.
- Regular medical reviews involving the parents and seeking consent.
- Regular exchange of information between professionals
- Professionals agreeing that something is not right and her behaviour that challenges is the way Maria is communicating with us.
- Agreed a peer review.
- Not allowing professionals disagreements to take away the focus from the child.
- Consultation with the Lighthouse

# Lessons learnt

- Earlier use of Communication Tool. Use of positive behaviour support plans
- Appropriate sensory stimulation/activities available out of school.
- Effective multi-agency working to see the full picture
- Importance of focus on Child's voice.
- Professional disagreement to be utilised for more meaningful conversations – not to take focus away from child
- Actions from MDT to be SMART ? Action Plan. Role clarity.
- Professional Curiosity/Persistence
- Viewing records of each agency, particularly of residential to get a picture of child's life.
- Record keeping – Timely information sharing
- Volume of information shared
- Keep communicating although some of the conversation may be difficult