Nottinghamshire Safeguarding Children Partnership

Learning Bulletin – Child R – June 2020

This briefing has been produced for all multi agency staff working with children and their families. The briefing sets out to share important information and learning from Child R Local Child Safeguarding Practice Review (LCSPR) carried out in Nottinghamshire in 2019/20.

Summary of the LCSPR

Child R (age 15) was found on the settee in the living room unresponsive. Emergency services were called, and the child died later in hospital.

The child's death was due to anorexia nervosa which had not been recognised as a potential problem in the child's life. Issues of possible parental neglect were investigated with no criminal charges being made.

About Local Child Safeguarding Practice Reviews (LCSPR) which have replaced Serious Case Reviews (SCRs).

This is the first LCSPR for Nottinghamshire.

LCSPRs are expected to:

- Be proportionate to the circumstances
- Focus on potential learning
- Establish & explain why events happen
- Practitioners should be fully involved
- Family included where possible
- Reach recommendations to improve child outcomes

Highlights from this LCSPR

The child in this case was a 15 years old, white British child who was living at home with both parents. Child R was described to be happy, friendly and loved animals.

During Year 9 at school, Child R was part of a friendship group who would eat lunch together.

Child R passed the entrance exam for an out of area selective grammar school.

The child left their local school to await a grammar school place which, owing to the strict admissions criteria, never materialised.

During the wait for the grammar school placement Child R received Elective Home Education **(EHE)** which was appropriate to the child's educational needs.

Child R was initially seen at the GP practice on a number of occasions with chest pain symptoms that were appropriately investigated and considered to be attributed to stress and acid reflux. The symptoms are not indicative of anorexia nervosa although any frequent attendances for non-specific conditions may be cause for concern.

Child R was not involved with any agency for 13 months which is not unusual for children receiving EHE.

Unbeknown to the parents and professionals Child R began controlling their diet to eat only very little, what they perceived to be "very healthy food" and was taking part in extreme workouts to lose weight.

The LCSPR found three main areas of learning

- eating disorders in adolescence
- engaging adolescents in their own health care
- promoting child health welfare in the school and elective home education settings

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Eating disorders in adolescents

Anorexia Nervosa (AN) is a type of eating disorder with a mortality rate of up to 20% even with appropriate recognition and treatment. Eating disorders are becoming more prevalent.

It was not clear when Child R's eating disorder started. Evidence found on the child's mobile phone suggested that the child had restricted their food intake for some time and had kept a photo diary of progress, and was actively keeping this secret from their parents. The final results of which were fatal.

Features of AN and as indicated in this LCSPR include:

- Restrictive eating.
- Excessive exercise.
- Difficulty in the suffer recognising that they have a problem.
- AN is very complex and children need specialist services to support them.
- AN is a disease which often causes sufferers to act in a very secretive and manipulative way, including hiding their poor eating habits, wearing baggy clothes or covering their face with hair, often effectively hiding the extent of their problem from loved ones and professionals.
- Sufferers can continue to function at a deceptively high physical level even when severely malnourished.
- Professional curiosity is important in all areas of practice.
- Parents and professionals need to be aware of the warning signs and seek early help.

Where to get help or advise for someone with suspected AN.

GPs can help with initial diagnosis and referral.

Child and Adolescent Mental Health Services (CAMHS) Eating Disorder Team
Call - 01158 542299

Beat **(charity for eating disorders)**
Call – Youthline – 0808 801 0711

Freed-Beeches (Charity for eating disorders)
Call - 01909 479922

Engaging adolescents in their own health care

Children receiving EHE were not routinely getting the same level of school nursing services which other children get when they are in school. This has now been addressed and EHE and school nursing share information to promote the health of children in the area.

There was a number of useful practice learning areas for GPs and primary care

Main areas of practice learning included:

- **Was not brought** (previously known as did not attend) – need to ensure each missed appointment is reviewed including missed investigations such as blood tests. Monitor via scheduled tasks on electronic patient record.

- **Continuity of care** – children should see the same clinician to promote communication and trust.

- **Faltering weight in children** – when weighing children remember to compare the result with any other previous weight and trends recorded, using a growth chart.

- **Opportunity to see adolescents on their own** - give the child chance to speak with a professional confidentially.

- **Use of HEADSSS** – a psychosocial tool for interviewing adolescents about issues affecting their life.

Health/**E**ducation/**A**ctivities/**D**rugs + alcohol/**S**ex + relationships/**S**elf-Harm + depression/ **S**afety.

Promoting child health & welfare in the school and elective home education settings

Child R left school without any professional curiosity around why the parents had suddenly opted to EHE their child.

In the days prior Child R leaving there had been some low-level concerns around the child's "pale and gaunt" appearance which was to be monitored. Once the child left the opportunity to monitor the child was lost.

Information sharing between school and the EHE service did not happen as well as it should have.

School health was not aware of the child's change of status.

Main areas of practice learning:

- Professionals should flag children on their record systems to highlight their EHE status.
- BE AWARE – There is no legal regulation for children receiving EHE to be seen.
- BE AWARE – EHE advisors are only legally regulated to inspect an EHE child education programme annually.
- BE AWARE – EHE children may not have their homes visited – education programmes must be seen but seeing the child at home is not required.
- BE AWARE – EHE children can be socially isolated and this increases vulnerability.

Additional information

Elective Home Education: Departmental guidance for local authorities April 2019

Nottinghamshire and Nottingham City Interagency Safeguarding Children Procedures and Guidance