

RSCP Briefing:

Working with 'malicious' and 'unsubstantiated' referrals in Child Protection



Background



A <u>review</u> of Child Protection in England, published by the Child Safeguarding Practice Review (CSPR) Panel in May 2022, looks at the circumstances leading up to the murders of Arthur Labinjo-Hughes and Star Hobson in 2020 and explores why the public services and systems designed to protect them were not able to do so.

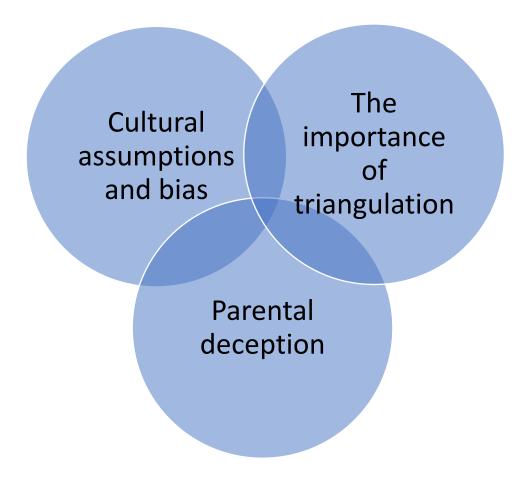
Different family members, in some cases on multiple occasions, raised concerns with police and social care professionals about the harm that they believed Arthur and Star were suffering. Throughout the review the 'Key Practice Episodes' relate to what is recorded in assessments as 'malicious referrals' from family and friends, without a full and thorough multi-agency assessment.

'Their framing of the concerns raised by wider family members as 'malicious' was accepted without enough investigation or triangulation with other sources'. 12.29 p92

This briefing seeks to develop the multi-agency consideration in Redbridge in regard to the collation and responses to those outside the immediate family who seek to provide information of the lived experiences of children.







Parental deception



The parents/primary carers of Star and Arthur both described the concerns and referrals made by wider family and friends as 'malicious' and this was in part accepted by services assessing the safety and well-being of their children.

Multi-agency professionals identify important behaviour characteristics of parental deception:



- falsification
- omission
- evasion and
- distraction

However different professions working in child safeguarding can identify and respond differently to these features.

Health and social care professionals have reported that they were making a distinction between **benign deception** (where parents were reluctant to be open with professionals for various reasons) and **malicious deception**. Whereas parental deception was perceived by police practitioners as one of the strategies used by parents to hide abuse and subsequently avoid agency intervention.

The inference being that these professionals rationalise parental deception and this may affect how they might respond and what actions they may take.

Cultural assumptions and bias

Ideas about a child's situation and welfare can be heavily informed by intuition, which whilst based on experience, is often influenced by our biases.

Assumptions and biases relating to culture, ethnicity, gender and sexuality affected how practitioners understood Arthur and Star's daily experiences and risks to their safety.

Arthur and Star's stories also highlight the **behavioural biases** that can impact upon information sharing within and between agencies:

- **Confirmatory bias** can impact judgement and action it prevents practitioners from working in a child focussed way or effectively assessing the risks that a child faces as they naturally seek to find evidence that supports the fixed view they hold, and other information is avoided, ignored or disregarded.
- **Source bias** is the tendency to interpret information depending on its source not substance, for example, the view in Star's case that family members' referrals were malicious.
- **Diffusion of responsibility** the tendency for people in groups to fail to act on the assumption that someone else is responsible, an issue identified as a frequent contributor to children's deaths or serious injuries (Brandon *et al.*, 2009). In Solihull, the police did not share photographs of Arthur with the MASH because they knew that children's social care had made a home visit and assumed that issues were 'in hand'.

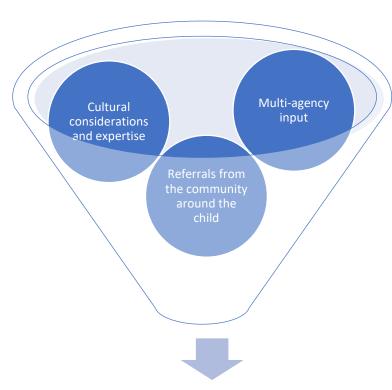




'The explanation that the referral might have been malicious and rooted in a dislike of Frankie and Savannah's same sex relationship was also too easily accepted'. 7:16 p75



Triangulation



Triangulation of up to date information and Strategic Meetings

Research and serious case reviews have highlighted the tendency of professionals to develop fixed ideas about a child's situation (positive or negative) and to stick to this notion, validating information which supports the existing hypotheses and rejecting any information which appears to contradict it.

There were missed opportunities for **critical thinking and challenge** - within and between agencies and to consider information altogether e.g. Strategy Meetings were not held prior to the home visit to see Arthur and before Star's Child Protection Medical.

'a single agency assessment process – where decisions are being made by individual professionals in relative isolation – was not an appropriate way to fully interrogate and analyse all of the evidence available'

Risk assessments are always informed by multi agency information gathering which includes listening to family and friends.

'Star's wider family members were not listened to. The growing weight of concerned voices speaking on behalf of Star should have prompted professionals to reconsider the escalating risks to her. Framing family concerns as being 'malicious' was inappropriate and distracted professional attention from what might be happening to Star'.



Learning & key points for practice

Robust multi-agency strategy discussions are always being held whenever it is suspected a child may be at risk of suffering significant harm

Referrals should not be described as malicious in professional conclusions, due to the risks associated with this language.

How do you work with other agencies to build a full picture of what is happening in a child's life?

Questions to reflect upon, either

individually, as part of

supervision, or as a

What aspects of working with families whose engagement is reluctant and sporadic do you feel more/less confident with? What do you consider to be typical signs of parental avoidance?

What opportunities do you have - formally or informally - to challenge decisions within your and other agencies and to consider different professionals' perspectives?

What behavioural biases. e.g. confirmation bias, might impact upon your information sharing and seeking practice?

group

What assumptions might you hold relating to culture, ethnicity, gender and sexuality? In what ways might this affect your practice?

Do you consistently speak to and listen to the views of family and friends who know a child well? What barriers can get in the way of you doing this?



Useful Documents

Redbridge Thresholds Document

https://www.redbridgescp.org.uk/wp-content/uploads/2022/04/Redbridge-SCP-Multi-Agency-Thresholds-Document-March-2022-1.pdf

London Safeguarding Children Procedures and Practice Guidance - 7th Edition, 2022 https://www.londonsafeguardingchildrenprocedures.co.uk/info_sharing.html

Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/ Information_sharing_advice_practitioners_safeguarding_services.pdf

Working Together to Safeguard Children 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/ Working_together_to_safeguard_children_inter_agency_guidance.pdf