



## WST Learning Lessons Briefing

### CHILD K

#### BACKGROUND

Child K was 11 years old when she died. Her great uncle admitted killing her in a violent attack. He has since been convicted of manslaughter on the grounds of diminished responsibility.

Child K was a bright, happy and popular girl. She had a good sense of humour, made and kept good friends and always looked out for more vulnerable children in her class.

Child K's parents were very young when she was born and her care was taken on by her paternal Great Aunt, who later applied for and received a Residence Order giving her parental responsibility for Child K. Child K had on-going contact with her father who lived locally. She attended school with her father's children from a different relationship and got on with them all as their big sister.

A Serious Case Review was commissioned by Wolverhampton Safeguarding Children Board (WSCB) to examine the case in detail and to identify important learning that can be shared with relevant agencies.

Please go to the link below for the full overview report:

<http://www.wolverhamptonsafeguarding.org.uk/images/Learning-lessons-DHRs-SCRs-SARs/20190513finalreport.pdf>

This briefing outlines the key themes identified by the review. We ask that it is shared widely and discussed at team meetings to help professionals understand how to apply the learning in the context of their daily work.

#### LEARNING THEMES AND WHAT THEY MEAN FOR PROFESSIONAL PRACTICE

**Theme 1 - Agencies should consider how they obtain 'situational awareness', particularly in relation to children and vulnerable adults when having non-direct contact with individuals.**

There were no specific questions asked about where Great Uncle was staying, nor who with, during contact NHS 111 helpline.

***What does this mean for professional practice?***

When having contact with individuals, professionals should explicitly ask the question whether there are children or vulnerable adults in the household, including any who might visit the household. They should also try to ascertain what impact the current circumstances may have on any such vulnerable people.

If circumstances are disclosed that may impact on a child or vulnerable adult, professionals should always consider these in the context of safeguarding and assess if referral to the Multi-Agency Safeguarding Hub is appropriate, or if other support needs to be put in place to minimise or remove the risk identified. Further guidance is available on Wolverhampton Safeguarding website ([www.wolverhamptonsafeguarding.org.uk](http://www.wolverhamptonsafeguarding.org.uk)).

**Theme 2 – Agencies should seek to understand the impact of a relative’s (or a regular visitor’s) mental health on the circumstances within a household where a child or vulnerable adult is present, particularly if their mental health doesn’t improve or gets worse.**

Family members had concerns about Great Uncle’s mental health and they sought help on four occasions. Contact was again made with professionals on the evening of Child K’s death due to concerns about Great Uncle. He hadn’t slept for 72 hours and was clearly unwell.

***What does this mean for professional practice?***

Professionals should:

- Ascertain what behavioural changes have taken place in the context of a person’s emotional well-being, and clearly document these and any actions taken in patient records
- Consider what the impact would be if things don’t improve or get worse, and factor this into their decision making
- Obtain guidance from the appropriate agencies as to what options are available if things don’t improve or get worse so that this can be clearly communicated to family members.

**Theme 3 – Agencies should demonstrate professional curiosity in order to understand the nature and impact of any perceived changes in mental well-being.**

While it is rare for a person to have their first psychotic episode in their fifties, it is not impossible. It is of course possible that Great Uncle had psychotic episodes earlier in his life that were not observed by others, or that were thought to be part of his previous health issues. In this case, the lack of any recorded history of psychosis may have been considered by those involved on the day before Child K’s death as a

reason to think that Great Uncle's symptoms on that day could not be a psychotic episode.

***What does this mean for professional practice?***

Professionals should consider signs of poor mental health in the wider context of emotional mental health and well-being and seek to understand any underlying signs or symptoms that may point to issues with emotional well-being even if they don't indicate obvious mental health problems.

Professionals should seek to increase their knowledge on the signs and symptoms of poor mental well-being and the support available both from statutory and voluntary bodies. Guidance should be sought from their supervisor in the first instance who can signpost them to relevant agencies and professionals. There are also lots of useful online resources available, some of which are listed below:

- *MIND* <https://www.mind.org.uk/information-support>
- *Rethink* - <https://www.rethink.org>
- *Papyrus* - <https://papyrus-uk.org/>
- *Samaritans* - <https://www.samaritans.org/>