**QUICK REFERENCE LEARNING POINTS FROM HARROW SAFEUGARDING PARTNERSHIP**





 **RAPID REVIEW – CHILD N**

**Learning about Neglect of Medical Care, Forced Marriage and Families that Move Frequently**

**Background**

A 14-year-old girl died during a visit to Pakistan with her mother and brother. Different explanations for her death were provided by the family.

Both children had life-threatening medical conditions that required regular medication, but it appeared that the family were more responsive to the brother’s medical care.

They had not been living in Harrow long and there was a history of concern regarding suspected forced marriages for financial gain in relation to the mother. The mother had also fled a relationship due to domestic violence.

The mother had the same medical condition and whilst living in another area she received inpatient treatment. The children were placed in foster care and it was reported that the children did not want to return to her care.

Although not long in a Harrow School, her teachers raised concern about the children’s low attendance and later made a referral to MASH when during virtual contact with the girl, they felt her demeanour had changed significantly. Uncharacteristically, she was wearing a veil and looked nervous about speaking in front of others in the room. The school were concerned about potential Forced Marriage or FGM. She died shortly afterwards.

**Difficulties in tracking families who move frequently**

The family had numerous moves around the country. This worked against practitioners getting to know them well. It also created difficulty in understanding their circumstances and behaviours in the context of past experiences. The impact of multiple moves was seen to multiply risk. No one area gets a full picture before a family moves on. This risks a ‘stop and start’ again experience of support for such vulnerable families. Children tend to fair best when they have stability of home, school and peer groups, so the impact on their lived experience is significant. **Learning**: **practitioners must be robust in seeking and obtaining histories from previous areas.**

**Good Practice:** The school was proactive and persistent in seeking histories from previous schools. This reached them after the children had stopped attending regularly, but this did not obstruct them in raising their concerns with MASH. When the family were in Pakistan, the school went to great lengths to maintain contact with them. In the short time the school knew these children, they quickly identified actual and potential concerns.

**Neglect of Medical Needs**

Doctors in a previous area expressed concern about a high level of non-attendance for these children and they decided a safeguarding referral should be made, but this appears not to have been acted upon

The GP recognised in retrospect that the mother brought her son for treatment, but not her daughter. It was also noted that prescriptions were sought for the mother and her son more frequently than for the daughter. **Learning: Family records need to be linked on GP systems**

School nursing services in Harrow had no knowledge of these children. **Learning: MASH lead to communicate relevant details with the school nursing service, as well as ensure cross border information sharing takes place.**

**Impact of Covid-19**

Medical vulnerabilities placed the family at high risk to Covid-19 and may have affected their willingness to access services

The school’s virtual contact with the children initially reduced its ability to see the children in a normal school environment, but it did allow for some contact and important observations when the family were in Pakistan. There were concerns about not knowing who might be in the room with the child - not knowing if the children were free to express any concerns.

Covid placed pressure on the GP service by affecting continuity of care as families were more likely to be seen by different doctors and there were additional delays in records being transferred from previous areas.

**Working with Families potentially engaged in Criminality**

The Border Force raised concerns about the mother having possibly been married for payments and was viewed as vulnerable to exploitation. She informed the police when she was a victim of domestic violence that her mother had coercive control over her with regard to her finances and benefits. There was also reference to cannabis growing at one of the family’s known addresses.

These factors may have contributed to the family’s evasiveness with local services and may have been a factor in the number of times they have moved. **Learning: such factors** **are often relevant in the stability and accessibility of support for the children and their mother. In particular, their access to medical care and education.**



**Culture, Ethnicity and Language**

There were discrepancies in some agency records about the identity and gender of relevant family members.

It was also unclear if there were any language barriers and whether an interpreter was needed for certain family members.

The mother did not respond to her daughter’s medical care in the same way as she did for her son, and the grandmother held that a man’s right to have sex with his wife whenever he wants is right and acceptable.

The report of the mother being married for payment needed to be considered in the context of possible exploitation and forced marriage, especially as she was described as vulnerable.

**Learning**: **Overall, there were several cultural and language issues pertinent to this case that required greater professional curiosity in terms of their impact on the upbringing of the children.**