Reflective Discussion Learning Briefing - Izzy

Purpose

This briefing shares learning from a multi-agency reflective discussion with practitioners held in May 2026 in relation to a little girl we will call Izzy.

It was agreed that a reflective discussion with relevant partners involved in Izzy and her mum's life would be helpful. The reflective discussion therefore explored strengths and challenges in practice to help us identify learning and next steps.

Understanding the child and what happened

Izzy is a little girl aged 3 who was living with her mum. She also spent time with her dad, his partner and her half-brother and sister. Izzy attends nursery and is or was known to lots of services in the community, including Health Visiting, Portage, Speech and Language and Paediatrics. Izzy has Global Developmental Delay and was being assessed for autism.

Izzy's mum struggled with her mental health since she was a teenager and was sectioned twice before Izzy was born. Mum shared that her mental health has improved since she had Izzy. She continues to work with adult mental health services to support her with depression and to help her manage her ADHD. The family was also briefly known to Local Authority Housing due to previous worries about being evicted. The family were then re-housed by a family friend who is a landlord.

At the beginning of the year, Izzy missed a week at nursery, which was unusual for her. Nursery followed their policy and called home on day three but couldn't get an answer and were unable to leave messages. Around the same time, Izzy's dad was unable to contact mum, so he asked the landlord to get in touch with her. The landlord couldn't get an answer and was unable to get in the house, so he called police.

Police found Izzy's mum unresponsive on the floor. Izzy was found naked in her cot. She was dehydrated and had a fever. Police found cannabis in the home, a dirty happy on the floor and mouldy food. It was unclear how long it had been like this. Izzy was taken to hospital for treatment and due to worries about neglect she was taken into police protection and then placed with foster carers. Izzy's mum was taken to hospital where she was later found to have pneumonia.

Strengths

Relationships There is a good relationship between mum, Izzy and nursery staff. Nursery know Izzy well and staff have seen her and mum most days since she started. Mum describes nursery as ‘fab’ and says Izzy ‘loves’ it there.

Mum shared she has a good relationship with her psychiatrist and can talk with them. The psychiatrist prescribes medication – it may be that mum sees this as the solution rather than seeking therapy or other support.

Supporting Izzy’s development Izzy was supported by Portage before going to nursery. Mum and Izzy attended several summer drops ins together. Izzy’s mum was organised, and she had a good understanding of Izzy’s needs.

Portage saw Izzy and mum together at home twice. The home was clean, and Izzy had toys to play with.

Izzy’s attendance at nursery was generally good when living with her mum, she was always well presented and had everything she needed for her sessions. Izzy settled in well to nursery. She gets additional support for her needs, her talking and walking have improved, and she has made friends there.

Supporting mum - Mum was open about her ADHD with services. Nursery worked with this, e.g. sending mum texts as she could be forgetful. Although mum’s ADHD *could* affect her timekeeping and organisation skills, there was no evidence of this impacting on Izzy.

Mum struggles to read or fill in forms. Portage supported mum with her housing application and shared this information with the health visitor.

The health visitor helped mum get a bed and some toys for Izzy when the family moved house as finances were more of a struggle at that time due to the move.

Working together – children’s services There was good awareness, information sharing and co-ordination between the services directly involved with Izzy, such as health visiting, portage and nursery.

They were aware of each other’s involvement and would sometimes sign post to each other, so the family got enough support.

Family network – Mum shared that Izzy’s dad had been unable to contact her in the days before she was unwell. He contacted the landlord who is a family friend.

The landlord came to the home, noticed the lights were on and the car was outside. He was unable to get in so called police, who then got access to the house and found Izzy and her mum. The family network was central to Izzy and her mum being found.

Challenges

Supporting mum with her mental health Adult mental health services have found it hard to engage mum to talk about her experiences. Mum has a history of trauma. **She was involved with children's services as a child and finds it hard to trust professionals, which impacts on her forming trusting relationships.**

Staffing challenges and abusive behaviour at times from mum towards workers meant mum experienced some changes to her care co-ordinator, further impacting on relationships. Mum shared she wasn't always told beforehand about her care co-ordinator changing, so she hasn't always felt prepared for this.

Professional curiosity Services supporting Izzy were unaware of past worries about mum's mental health or that she was involved with adult mental health services, meaning **they didn't know the full picture.**

Mum didn't volunteer this information to them as she didn't think they needed to know this. **Services involved with Izzy were aware mum had ADHD however there was a missed opportunity for them to ask about adult service involvement relating to this**. Mum shared that had she been asked directly about their involvement she would have spoken about it.

How practitioners make sense of home conditions can be subjective. The HEAT tool helps practitioners be more objective but isn't used by all services. **Services visiting the home didn't always record what they saw in detail. Describing home conditions would help evidence any judgements.**

Information Sharing Mum's mental health team were aware that she used cannabis following a home visit last year where they could smell it. Mum told them she didn't smoke in the house and Izzy wasn't there at the time.

This was not seen as a risk to Izzy however **there was a missed opportunity to consider what this could mean for Izzy's *wellbeing* and share this information with other services involved such as nursery and health visiting who could have kept an eye on the situation.**

Practitioners in adult services are often **confused about what information can and can't be shared, how it will be used and how child safeguarding and adults right to privacy interact.** They worry that sharing information could negatively affect their relationship with the parent.

Whole family working Izzy's dad doesn't have parental responsibility for her. This meant **practitioners didn't ask as many questions about dad or his role in Izzy's life** and this was a gap in their understanding. **There was a limited understanding of who was part of the wider family network**. Nursery had a contact for a 'granny' however they were unable to contact her when they couldn't get hold of mum.

Absence policy Prior to the incident, Izzy was in nursery the week before and she and her mum presented well. **There is no national expectation for children to attend nursery.** Nursery followed their absence policy at the time, which was to get in touch on day three. They were due to visit on day five however police attended before then.

Learning

Information sharing between adult and children's services: There was a gap in information sharing between adult mental health and children's services.

This may not have made much difference to what happened as mum had a physical health issue, however **it would have been helpful for services working directly with Izzy to be aware of support mum was getting for her mental health and ADHD, and her cannabis use** so they could keep an eye on things and have a fuller understanding of the situation to offer the best support to Izzy and her mum.

Adult services are indirectly involved with the child via the parents even though they may never see the child

Information sharing is hindered due to **confusion about the term 'safeguarding'** and what this means. Many practitioners interpret it to mean keeping a child safe from harm, **when it also means sharing information early to support a child's welfare.** This takes precedence over an adult's right to privacy. It is good practice to tell parents/carers when we are sharing information about them, unless doing so would place the child at risk of harm.

Professional curiosity – 'what does it mean for the child/adult?' All services could have **asked more questions and been 'respectfully nosey'** to better understand mum and Izzy's life. Adult services could have better explored the extent of mum's cannabis use and considered what this might mean for Izzy and record this in their records.

Services involved with Izzy could have asked more questions about what support mum was getting for her ADHD, which could have led to contact with adult mental health services and a fuller understanding of her needs and mental health.

Father inclusive practice: Services were aware of dad but there was some reluctance to involve him more because **he didn't have parental responsibility**. This shouldn't necessarily be a barrier – **if dads are involved in their child's life, we should ask more questions about this**, e.g. how often they see each other and what role dad plays, to help guide next steps

Involving the Family Network: The family network was central to noticing and responding when they couldn't get hold of mum, meaning mum and Izzy were found earlier than they would have been otherwise. **All services could ask more questions about the important people in a parent and child's life so they can have them as contacts or involve them in safety planning.**

Learning from Safeguarding Adult Reviews has highlighted the importance of adult mental health services having better conversations with patients about who else is in their life so they can involve them in safety planning, e.g**. 'Who else has a key to your house?' 'Who could we contact if we are worried and can't get hold of you?'**

Absence procedures: Nursery has reviewed their absence procedure. They now call daily if a child isn't in nursery and will visit by day three if they haven't had a response.

Next steps

Information sharing National guidance on information sharing is due to be published from 30 September 2026 in line with the Childrens Wellbeing and Schools Act. Local resources and training in Durham will be updated and promoted across services to raise awareness of this

Language The DSCP will reflect on the language we use so that it is clear to adult services that our learning and resources apply to them too. This includes being clear that 'safeguarding' means sharing information to keep children safe *and* well

Family networks The DSCP is offering sessions to partners to re-visit the importance of family networks, tips on identifying family networks and overcoming challenges so that partners can identify the people important to a child and parent/carer from the earliest opportunity and involve them

Father inclusive practice The DSCP will continue to attend the multi-agency 'Dads and Male Carers Project Group'. Learning from this reflective discussion will be shared. The DSCP will continue to promote father inclusive practice across the partnership

Useful links

DSCP Training Programme Please use this link to book onto the DSCP's 'Information Sharing to Safeguard Children' training
Dads Welcome Here provides more information about recognising dads and the important role they play in family life
Guidance, Toolkits and Forms – see 'Whole Family Approach' Guidance
Add link to Clarify, Verify, Reflect briefing