

What can schools learn from the case of Daniel Pelka?

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How can the death of Daniel Pelka improve Safeguarding in Schools?

Introduction

Daniel Pelka was a four-year boy from the West Midlands who died in March 2012 from an acute head injury. In August 2013, Daniel's mother and stepfather were convicted of murder and sentenced to 30 years in prison. For at least six months before his death, Daniel suffered from starvation, neglect and physical abuse. The mother and stepfather had a long-standing history of domestic violence and substance misuse. Daniel had two siblings, known in court as 'Anna' and 'Adam' (not their real names and their gender may have been changed). At the time of Daniel's death, Anna was 7 and Adam was 1 year old.

This special report considers how safeguarding in schools could be improved and looks at this case from a school perspective. The report aims to reflect on what the school knew at the time and not what could be understood with hindsight from other agencies or from the subsequent police investigation.

This report draws on information contained in the Serious Case Review (SCR) by Coventry Local Safeguarding Children Board (LSCB) which was published in September 2013. Additional information has been sourced from court reports. The chronology below charts the information and actions of the school. The perspective of other agencies can be found in the SCR.

Chronology

| Date | Event |
|-------------------|---|
| 15 July 2007 | Daniel Pelka was born to a Polish mother in the UK; his mother and father came from Poland in 2005. They lived in Coventry until 2009 when Daniel's father left the home in 2009. Daniel's mother had another partner from late-2009 until mid-2010. A third man then came to live with Daniel and his mother in late-2010. Along with Daniel's mother, it is this man who was charged with his murder. |
| 14 September 2011 | <p>Daniel started school just two months after his fourth birthday. He had fewer English words than a typical 2½ year old.</p> <p>There was a long-standing history of domestic violence and Daniel's mother and step-father were known to the police, health and social services, but the school had no knowledge of these issues.</p> <p>The primary school is smaller than average. In March 2011, Ofsted reported that there were 196 pupils on roll, around 25% of children had a white British background with a large majority</p> |

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| | <p>of pupils who speak English as an additional language. The number of children with SEN (22% School Action+ or Statements) and those who are eligible for free school meals (44%) is also much greater than average. The school's population is highly transient. Ofsted noted that the school had a significant issue with attendance; the rate for 2011 was 93.3%.</p> <p>Ofsted grades: January 2010 – 4 Inadequate March 2011 – 3 Satisfactory <i>[January 2013 – 2 Good]</i></p> |
| 12 th October 2011 | <p>The school Nurse reviewed Daniel's health records in school and decided to make a home visit. [It is not recorded whether the nurse informed school staff about her concerns or her decision to visit the family at home.]</p> <p>The nurse made a referral to the paediatrician and offered a package of support to Daniel's mother.</p> <p>[It is not recorded that the nurse shared her concerns or actions with the school.]</p> <p>Daniel's mother failed to keep the appointments.</p> |
| November 2011 | <p>School staff spoke to Daniel's mother about their concerns that he was 'obsessive' with food and was taking food from children's lunchboxes and regularly taking 4 or 5 pieces of fruit from the classroom.</p> <p>Daniel's mother appeared concerned and said he must not eat more than what was in his lunch box.</p> |
| Mid-December 2011 | <p>The headteacher and Learning Mentor sent a letter to Daniel's mother regarding his attendance, which was less than 64%.</p> <p>Education Welfare Officer (EWO) made a home visit with a translator. Both Anna and Daniel were at home and although the EWO felt they were well enough for school, their mother refused to send them.</p> |
| Between December 2011 and February 2012 | <p>Daniel was seen at school with facial injuries.</p> <p>Poor recording of concerns made it difficult to understand what injuries were seen, when and by whom. Evidence given to the court at the murder trial was conflicting, couldn't be accurately dated and may have referred to similar injuries.</p> |

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| | <p>In court various staff recalled:</p> <p>“fresh blue/black bruises on the eyes and a scratch across the nose.” ‘before 10th February 2012’ ‘headteacher informed’</p> <p>“severe mark on his nose (almost like a dent), a black eye and blood spots on his face” ‘in January or February’ ‘told headteacher’</p> <p>“bruise to the centre of the forehead” ‘before or after Christmas 2011’</p> <p>“large bump on the left hand side of his forehead about the size of a 2p piece” ‘told the classteacher’</p> <p>Few, if any, of these injuries were recorded in school. None of these injuries or concerns were referred to the Children, Learning and Young People Directorate (CLYP) [Coventry’s Social Care Service] or the police.</p> |
| 16 th January 2012 | <p>Daniel’s class teacher wrote in the Concern Book (for Reception) that she had seen “approximately four spot bruises down the neck from the ear to the shoulder”.</p> |
| January 2012 | <p>The Deputy Headteacher spoke to Daniel’s mother on two occasions about his obsession with food and their observation that he wasn’t growing. His mother reported that Daniel was getting up in the night and taking food from the fridge; she said he was getting diarrhoea because of this.</p> <p>[It is not noted whether these conversations were recorded in school records.]</p> |
| January 2012 | <p>A new EWO and the school’s Learning Mentor discussed whether they should complete a Common Assessment Framework (CAF) form. They decided not to as they felt that the deputy head and the SENCo were ‘working closely’ with Daniel’s mother.</p> |
| 25 th January 2012 | <p>The deputy head contacted the GP by telephone to share school concerns about Daniel’s eating habits and excessive appetite.</p> <p>The GP advised the Deputy Head to ask Daniel’s mother to make an appointment at the surgery.</p> <p>The deputy told his mother to take Daniel to the GP and felt that she understood the importance of doing so.</p> |

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|-------------------------------------|---|
| 8 th February 2012 | <p>The deputy head and the class teacher wrote a 'To whom it may concern' letter raising their concerns about Daniel's constant eating, but that he also seemed to be losing weight. The letter noted that the school had tackled the excessive eating by locking food away.</p> <p>This letter was given to Daniel's mother for her to take to the community paediatrician.</p> |
| 9 th February 2012 | <p>Letter of congratulations sent to Daniel's mother as his attendance had 'improved'.</p> |
| 10 th February 2012 | <p>Appointment with community paediatrician. (The letter from the school was passed on by Daniel's mother.)</p> <p>The paediatrician concluded that further investigations were required to find the cause of both weight loss and excessive eating. The doctor considered that Daniel's difficulties might lie on the Autistic Spectrum and sought further advice from a colleague.</p> <p>(It is not known whether the full outcome of the paediatrician's appointment was shared with the school.)</p> |
| Mid-February 2012 | <p>In court the Headteacher recalled "a graze to the top/front of [Daniel's] forehead". The headteacher asked Anna what had happened. She told him that a child had pushed Daniel over on the way home and he had banged his head on a wall.</p> |
| w/c 27 th February 2012 | <p>The deputy head and the headteacher discussed Daniel and agreed to call a meeting to agree what could be done further to help him.</p> |
| 1 st March 2012 | <p>Daniel was seen to take a half-eaten piece of fruit from a bin, but was prevented from eating it.</p> |
| 2 nd March 2012 | <p>Daniel was absent (unauthorised). A phone call home was made, but there was no reply.</p> |
| Saturday 3 rd March 2012 | <p>Daniel was taken to hospital by ambulance around 3.00am and was pronounced dead at 3.28am.</p> |

It is important to understand that opportunities to better support Daniel and his siblings were missed by all relevant agencies. This paper refers only to the school's actions.

Issues for the school

School staff had many concerns about Daniel during the six months he was at the school, but none of the concerns were formally referred outside the school. Equally, although other agencies were aware of serious concerns about the family over a number of years, these were not shared with the school.

Daniel's mother presented as an appropriately concerned parent and Daniel was attending school in a clean and tidy state. Some staff however did feel she was stern and controlling. The SCR reports that "[Daniel] did not suffer physical neglect in the ordinary use of the term as he went to school clean and well-dressed with a packed lunch, albeit a frugal one." Beyond the school however, "It is apparent that everything done to Daniel was calculated and deliberate, even his non-school attendance." Paragraph 5.13 SCR.

"No one professional, with what they knew of Daniel's circumstances, suspected or could have predicted that he would be killed." Paragraph 14.3 SCR

The school had no knowledge of the long-standing domestic violence, so were ready to take the mother's explanations at face-value, especially that they felt she appeared concerned and behaved appropriately. School didn't know that she was missing health appointments and Daniel's sister gave no cause for concern. Whilst his 'obsession' with food gave school staff a concern, they believed it to be a medical issue and prevented him getting to food by locking it away.

"It was clear that the school were very concerned about Daniel's apparent obsession with food...however they did not link the injuries which they identified on him with these overall concerns." Paragraph 14.4 SCR

During the court case, it became clear that the school only knew a fraction of the significant harm that Daniel suffered from including excessive punishments, being locked in a room, forced to sit in cold bath water, forced to ingest salt to induce vomiting, a twist fracture of the arm and bruising.

A particular challenge for the school was Daniel's minimal ability to speak English, so it was not easy to ask him about what had happened. On one occasion, a Polish-speaking teacher from a neighbouring school was asked to speak to him about taking food, but he was uncommunicative with her. Often his sister Anna was used as a translator, but she had been warned by her mother and step-father not to talk about their home life, and if pressed she was to say that Daniel was 'retarded' and 'ate more than her'. The 'Working Together to Safeguard Children' document (2010 version, which was in force at the time), states that "Family members or friends should not be used as interpreters, since the majority of domestic and child abuse is perpetrated by family members or adults known to the child".

The Serious Case Review notes that many of the issues in the Daniel Pelka case are systemic failures across all agencies and not the result of actions (or inactions) of specific professionals or one particular agency.

There was a wealth of evidence that Daniel was at risk of serious harm before he started school, but policies and procedures in the school lacked rigour and did not aid the accumulation of concerns that would have triggered referrals to social care.

The school assumed on many occasions that other agencies were dealing with the concerns around Daniel, but in fact that was not the case. Schools must make their own views known, follow their own procedures and make their own referrals, even where they think other agencies are doing so.

Safeguarding practice in the school

The Serious Case Review raised concerns about the following areas of safeguarding practice in the school:

Record Keeping was 'poor'

- two books were used for recording concerns (one for the class and one for the whole school)
- the safeguarding policy did not make it clear how staff should record concerns, or pass them onto the Designated Safeguarding Person (DSP)
- the headteacher was the sole DSP
- there was no clarity in the records, eg. when the injury was recorded, who had seen the injury and the response made to the concern

Response to the concerns was 'uncoordinated'

- the recording of concerns was 'disorganised'
- there were too few records
- incidents were viewed individually and no pattern was observed or sought
- as the school was small, there was a possible over-reliance on verbally sharing information rather than using more robust methods of recording

Training at the school did not appear to impact on practice

- comprehensive training was available and staff understood the signs of abuse and neglect, but it was unclear how they should articulate these symptoms or record them
- staff did not seem to 'think the unthinkable' and did not appear to consider that neglect or abuse could be an explanation

Serious Case Review: Recommendations for schools

Headteachers should ensure:

- that twice a term there is a meeting with headteacher and, for example, Education Welfare Officer, Learning Mentor, Senior Teacher, etc, to discuss children who give cause for concern, but are not subject to a CAF or other form of multi-disciplinary review

- when Social Care contact schools, all information is jointly shared and recorded
- that children's views are sought and recorded, even where this involves the use of interpreters, who must be independent of the child
- all contacts with parents/external agencies are logged, including reason for discussion, outcomes and follow up
- letters of concern should be formally logged and sent directly to a named professional, not via parents or sent to unclear recipients, eg. 'To whom it may concern' letters.

The Serious Case Review can be found at: www.successinschools.co.uk/pelka

Safeguarding Policies

It is important that the school's safeguarding policy summary is succinct and easily understood by everyone in the school, including visitors and supply staff. As a minimum, the following points should be immediately clear:

- ☐ the names and symptoms of the four kinds of abuse and neglect
 - Note: Domestic violence is not one of these four types of abuse and neglect, but it is always a child protection issue.
- ☐ a description of how the symptoms might look in the relevant organisation
 - remind staff that facial injuries are always a cause for concern
- ☐ who the Designated Safeguarding Persons (DSP) are and how to contact them
- ☐ who the Safeguarding Governor is and how to contact them
- ☐ how to record a concern and what important information is needed
- ☐ that all discussions with parents/carers or professionals must be recorded, include the outcome of those discussions
- ☐ what training staff can expect and the frequency of such training
 - a record should be kept of each member of staff, including the type of training they undertook and when
 - training should include induction training, basic awareness and training for specific roles, eg. DSP
- ☐ how to report a concern about an adult in the school and that this can be an external person if necessary (i.e. the Local Authority Designated Officer)
- ☐ up-to-date contact details for relevant agencies and professionals
- ☐ that the policy has been reviewed and when the next review will be (at least annually)

Further Points for Learning

- Schools should always have more than one Designated Safeguarding Person.
- Schools should receive relevant information from other agencies when children from high-risk families start or change school.
- Safeguarding and Child Protection is about managing risk. Children with higher than average risk factors include those with SEN, those with limited language and children with poor attendance. In addition to identifying groups of high risk children, individual children should be prioritised.
- School Nurses should share concerns with school staff and a record should be kept of home visits and outcomes in school records.
- Where children appear hungry or 'steal' food, all explanations should be considered, including child protection concerns, eg. neglect.
- Children's attendance should be regularly monitored by class teachers and declining attendance should be treated as a cause for concern as soon as possible.
- Whilst EWOs will follow their own procedures, schools should give consideration to using all available strategies with parents who fail to send their children to school. Legal methods, including fines, should be considered sooner, rather than later.
- Where families refuse to send their children to school, closer monitoring is important, along with a quicker recourse to legal strategies.
- In schools where attendance is an issue, a clearly defined protocol and flowchart is helpful.
- All facial injuries should initially give cause for concern. Explanations from parents/carers should be sought. Care should be taken where parents are evasive, become defensive or the reason doesn't 'feel right'. A record must be kept.
- Records must include date and time of the concern and the observer's name and role.
- Body charts are helpful in describing accurately the site of any injury. Concerns should be shared as soon as possible with the Designated Safeguarding Person, especially when there are physical injuries.
- The DSP should record their actions/outcomes on the concern form, including the date and time that they did so.
- Schools must have only one single point of collection for concerns.

- Discussions with parents should be recorded in files.
- Where there are concerns from one agency, schools should consider starting a CAF or making their own social care referral.
- CAFs are a useful first step in developing a multi-professional approach. It is probable that if consideration is being given to writing a CAF, it almost always should be. Where the support of other agencies is sought, CAFs should be completed.
- If school staff are working closely with parents/carers, consideration must be given to involving other agencies sooner rather than later. Not least because schools have limited resources in this respect.
- Whilst verbal discussions are useful, they should be followed up in writing and copies kept in pupil files.
- Contact with parents should be recorded.
- The use of 'To whom it may concern' letters should be discouraged. The name of appropriate recipients should be found, along with confirmation that they are still in post and are the correct person to deal with the child's case.
- Letters should be sent directly to the relevant person, not via parents.
- For families with significant poor attendance and/or refuse to send their children to school when fit, mixed messages should be avoided, as should any suggestion that the school's level of concern has been reduced.
- Facial injuries are always a cause for concern and a parental/carer explanation should always be sought.



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Andrew Hall is a specialist safeguarding consultant and trainer and a consultant headteacher. Andrew supports schools develop a strategic response to their safeguarding role.

Andrew Hall has worked in primary and secondary schools, residential special schools and PRUs for almost thirty years. He was Head of Education at a national inpatient psychiatric hospital for children and adolescents. Andrew is an experienced headteacher, both permanent and interim. His last headship was at a split-site primary and secondary special school for children and young people with social, emotional and behavioural difficulties in east London. OFSTED graded the school 'Good' with outstanding features, particularly for care, guidance and support. Andrew and his colleagues developed innovative strategies for students whose complex emotional needs led to the most challenging behaviour.



Andrew delivers courses and workshops throughout the UK and works as a consultant and interim headteacher. He aims to spend time working directly with children and young people, particularly those who are difficult to engage, those suffering from emotional stress and mental ill-health and students with learning disabilities. Andrew is particularly keen to share his experience of high-functioning autism and Asperger's Syndrome. Andrew is now a specialist safeguarding trainer and consultant, including child protection and e-safety

Andrew is currently associate headteacher of a London special school for young people aged 2 – 19 with a range of special needs, including communication disorders, autism and PMLD.

Contact Andrew Hall on **01223 929269**, email andrew.hall@successinschools.co.uk or visit www.successinschools.co.uk

Appendix

Creating Recording Systems

Components of a recording system could include the following:

- Posters reminding staff what to do if they have concerns
- Concern Form, including Body Chart
- Chronology Forms for recording actions and outcomes
- Concern Received
 - Each time a concern form is received for a pupil, a tick should be placed in the appropriate date box (even if there is more than one per day). Visually recording concerns in this way helps identify patterns and clusters.
- Observation Statements
- List of important contacts and telephone numbers

Downloads

Free copies of concern posters, body charts and signs of abuse and neglect can be downloaded from www.successinschools.co.uk/free-safeguarding-posters/.

The image displays three posters related to child safeguarding. The first poster, 'Signs of child abuse and neglect', includes sections for Sexual Abuse, Neglect, Physical Abuse, and Emotional Abuse, each with key features and a list of high risk factors. It also features a bar chart showing the percentage of cases for each type of abuse. The second poster, 'Child Protection Concerns', asks 'Are you concerned about a child?' and provides a form for reporting concerns, including a section for the designated officer's signature. The third poster, 'Body Chart', shows a front and back view of a child's body for recording injuries, with a section for the designated officer's signature and a note to attach the body chart to the concern form.

Signs of child abuse and neglect

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities including non-contact activities.

Key features

There are few physical signs, more likely to be emotional and behavioural factors.

- Aggression
- Withdrawn
- Self-harm, including eating disorders
- Drawings of sexually explicit behaviour
- Promiscuity/precociousness
- Inappropriate sexualised conduct
- Sexually explicit behaviour
- Reluctance to remove clothing for swimming or PE

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Whilst the media often focuses on "stranger danger", studies indicate that between 80 and 90% of cases involve a known adult.

Neglect

Neglect is the failure to meet a child's physical and/or psychological needs.

Key features

- Inadequate clothing for the child's size, weather or time of year
- Underweight for age
- Frequent school absences
- Poor health
- Emotionally needy
- Persistently dirty with a body odour

Physical Abuse

Physical abuse involves any action that causes physical harm to a child including fabricating the symptoms of or deliberately inducing illness.

Key features

- Bruising of various ages
- Bite marks
- Burns and scalds
- Fractures in non-mobile children
- Injuries in unusual areas or with well-defined edges
- Old injuries or scars
- Reluctant to discuss injuries
- Inconsistent explanations
- Talk of punishment which seems excessive
- Arms and legs kept covered
- Reluctance to remove clothing for swimming or PE
- The parents are uninterested or undisturbed by an accident or injury

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child.

Key features

- Development delay
- Abnormal attachment to parent/carer
- Poor health
- Low self-esteem
- Lack of confidence
- Inappropriate emotional response

High Risk Factors

- Families with complex needs
- Parental substance use
- Poor parental mental health
- Families with learning difficulties
- Children with disabilities
- Families with past history of childhood abuse

Child Protection Concerns

Are you concerned about a child?

If you are concerned about a child:
Make a factual record of your concern.
(Include date, time, other witnesses, concern and your signature).

You should discuss any concerns with:

Name of Designated Officer

If the above person is unavailable, please talk to:

Name of Designated Officer

Do not delay sharing your concern.

Book Safeguarding and Child Protection Training
www.successinschools.co.uk

Body Chart

This chart must be used together with the Concern Form. Show clearly the location of your concern and label with a number and a brief description, eg. "Burn about knee. On the Concern Form refer to the injury using the same number and description.

Child's Name

Observations made by: Signed: Date:

Once completed attach this body chart to the Concern Form

Concern Form

Please complete this form if you have any concerns about a pupil.

| | | | |
|-----------------------------------|--|-----|--|
| Pupil Name | | | |
| Date and Time | | DoB | |
| Member(s) of staff noting concern | | | |

Concern (Please describe as fully as possible)

| Actions Taken | | |
|---------------|----------------------|--------|
| Date | Person taking action | Action |
| | | |

Please pass this form to the appropriate child protection officer when completed

Name _____

| Date | Time | Comment | Action | Initial |
|------|------|---------|--------|---------|
| | | | | |

Year: _____ Name: _____

Concern Received
Date Check List

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Write Year Here | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Observation Form

Your Name:

Incident Date and Time:

Location:

Pupil Name:

(First name and last name)

Other adults present:

What happened? What did you see? Start from shortly before the incident. Make sure you include context, time, names (not initials).

Continue on another form if necessary

Signed _____ Date _____