

# Child Safeguarding Practice Review C101



## Family Background

C101 and her sibling had no contact with their maternal relatives and the only support available to the family was from the paternal grandparents.

The father had a diagnosis of ADHD and is reported to have used Ritalin and self-medicated with LSD in the past. Historically he had also used cocaine and magic mushrooms. The mother had pre-existing mental health issues including an eating disorder in her childhood and poor mental health, including post-natal depression after the birth of C101's older sibling.

The parents declined Early Help support in 2021.

The family came to the attention of children's services before C101 was born. Concerns that prompted support at this time included:

- The father's alcohol and cannabis use.
- The mother feeling overwhelmed by stressors on the family.
- the mother feeling unsupported by the father regarding the care of C101's sibling.
- The mother finding it difficult to prioritise C101's siblings needs.
- The mother being pregnant with C101.

This period of support ended after the father was believed to have successfully engaged with drug and alcohol services. A Family Group Conference was held, and it was believed that a clear contingency plan was in place in case the family's circumstances deteriorated. Later, C101 and her sibling were supported as Children in Need (CIN) from June 2022 to the date of the incident triggering the Rapid Review, primarily due to concerns that the father had relapsed into drug and alcohol use and the mother reporting concerns regarding the father's aggressive behaviour.

## Changes Made During the CSPR Process

Torbay Children's Services implemented specific SMART planning guidance and training to improve the quality of CIN planning and a CIN Independent Reviewing Officer (IRO) post was introduced. The purpose of this role was to improve local CIN care planning and support workforce development. Children's Services also produced local CIN practice standards

## The Incident that Triggered the Rapid Review

C101's mother called 111 on 4<sup>th</sup> of December 2022, reporting to have noticed that C101 had pain in her leg. C101 was seen in hospital where it was suspected that she had an oblique midshaft fracture to her femur. A strategy discussion was triggered and S47 enquiries were commenced. The outcome of the child protection medical investigation showed that C101 had suffered multiple fractures, both current and historical. Both parents were subsequently arrested by the police

## Purpose of the CSPR

The CSPR was held as a recommendation from the Rapid Review held in December 2022. The Rapid Review reported that there was such a detailed and thorough examination of the information, and there was no need for a further review. The TSCP's Executive Group recognised that the Rapid Review was comprehensive, however it recommended that a CSPR should be undertaken due to C101 being the third baby recently injured in Torbay and further lines of enquiry needed to be considered regarding local safeguarding systems. National Panel concurred with TSCP Executive Group's opinion. The CSPR focussed on the period 22<sup>nd</sup> February 2022 to 12<sup>th</sup> December 2022. The reason this period was chosen was to ensure that learning from the pre-birth period for C101 was taken into account and also to capture any learning from the investigation process after the injuries to C101 were detected.

## Key Themes Identified Within the Reviewing Process

- Recognition and response to domestic abuse Communication and information sharing.
- The importance of good quality, SMART, multi-agency planning.
- The importance of professional curiosity when working with parents/carers accessing substance misuse services.
- Assessing the strengths and potential risks from male carers.

## Recommendations from the CSPR

- 1 TSCP to gain assurance that local single and multi-agency training offers in relation to domestic abuse promote the recognition of abuse, coercive and controlling behaviour and stalking behaviours and promote the consistent use of risk assessment tools such as the DASH.
- 2 TSCP to seek assurance from all agencies that changes of worker are kept to an absolute minimum in a child's journey through services.
- 3 Health partners to consider:
  - enabling a safeguarding alert on information recording systems that require an acknowledgement before a practitioner can move onto other parts of the recording system, to ensure that when concerns are noted these are read and acknowledged.
  - Ensure health visitors fully explore records on the family history when a child is allocated.
  - Ensure verbal handovers take place and when there are changes of worker a joint visit takes place with the previous and newly allocated worker.
  - For local health partners to ensure that there are effective mechanisms to ensure that indicators of domestic abuse held in GP notes are communicated to midwifery and health visiting staff.
- 4 Children's Services to provide assurance to the TSCP that the planned improvements and the introduction of a CIN IRO impacts on the following:
  - The quality of CIN plans.
  - The timeliness of reviews of CIN plans.
  - The invitation of all partners to planning and review.
  - Records of CIN plans and reviews are shared with all of the team working with children, including GPs.
- 5 Walnut Lodge and linked providers of substance misuse services to be made aware of the learning from this case review regarding professional curiosity when working with parents whose children are open to Children's Services.
- 6 TSCP to consider the introduction of a pre-birth tool to assist workers to identify the roles of each parent/carer in parenting and aid the identification of strengths and potential risk factors for newborn children.
- 7 TSCP to be provided with assurance that the learning from the National Panel's research The Myth of Invisible Men. Safeguarding children under 1 year from non-accidental injury caused by male carers (2021) is disseminated across midwifery, health visiting, early help and social work services.