



Serious Case Review Learning Briefing Child S

What is a Serious Case Review?

A Serious Case Review (SCR) is a local multi-agency review, conducted in circumstances where a child has been abused or neglected, resulting in serious harm or death, and there is cause for concern in relation to how the relevant agency or agencies have worked together to safeguard the child. Since October 2019, these reviews are now called Child Safeguarding Practice Reviews (CSPR).

The purpose of a review is to establish whether there are lessons to be learned about the way in which local professionals/agencies work together to safeguard children; identify what needs to be changed and, as a consequence, improve inter-agency working to better safeguard and promote the welfare of children.

Background

Child S was seven months old when they suffered life-changing injuries while in the care of their parents. Tests confirmed the presence of cocaine, amphetamines and alcohol in the child's system. The SCR report has not yet been published due to ongoing criminal proceedings. Until full publication is possible, the following learning should be shared with professionals only.

Serious Case Review Findings

The SCR found that there was evidence of good practice and areas for improvement and the review made recommendations for practice improvement.

Good practice

- ✓ Good quality midwifery and obstetric care was evident. The community and hospital midwifery services noting that Mother's history required a referral on two occasions.
- ✓ The communication between the hospital midwives and CSC following Child S's birth.
- ✓ The MASH response to the referral after Child S's birth was considered and Child S was seen by a social worker in a timely manner following their birth.
- ✓ The hospital Named Nurse escalated a disagreement when the information sought was not provided by the MASH, prior to her referral about Child S.

- ✓ The involvement of the safeguarding teams at both hospitals following the acute life-threatening event (ALTE).
- ✓ The excellent medical and nursing management of an acutely unwell child.
- ✓ The toxicology sample was taken on the first day of the admission; this ensured any drugs that were still in the child's system were evidenced.
- ✓ The positive child protection response to the situation when the evidence of cocaine in Child S's toxicology testing was shared.

Areas to strengthen

- ✚ All professionals need to engage and work with fathers and ensure they are not excluded from assessments, planning and intervention in relation to safeguarding their children.
- ✚ The partnership information sharing agreement needs to be well embedded and consent to sharing information clearly understood across the partnership.
- ✚ When a parent's history indicates a potential safeguarding concern, professionals should ensure they communicate with each other and with professionals in other areas. They should not just take the word of the parent. In addition, a parent's significant custody history should always be considered and explored.
- ✚ There are a number of known cases in the UK where children have been given drugs by their parents. This is an issue all professionals need to be aware of.
- ✚ Professionals need to feel confident to challenge other professionals to ensure that children are safeguarded.
- ✚ Professionals should consider that illicit drugs may be given to children and to consider toxicology samples when children present with an unexplained collapse or ALTE (acute life-threatening event).
- ✚ All professionals need to remind parents of the dangers of co-sleeping and provide additional guidance and access to resources to improve parents/carers knowledge of the risks.

Take the Learning into your Practice:

Take the issues raised in this SCR into your supervision, team meeting and group supervision.

Consider the following:

1. Do I always speak to both parents when co-sleeping is identified as an issue in a family?
2. Do I ensure that my assessments robustly and continuously consider the capacity of the parents to maintain changes?
3. Am I aware of the possibility that parents who misuse drugs may use drugs on their children? Do I engage with parents on the danger of giving drugs to children to pacify them?

4. Do I seek and then consider the family history in any new assessment and do I check information provided by parents with other professionals, including the GP?
5. When seeking information from other professionals, do I explain that I may be worried about a child and that I need to be fully informed?
6. If professionals use words like 'likely,' 'possibly,' 'probably,' do I check exactly what that means?
7. Do I follow up concerns, escalate professional disagreements, and keep the child's welfare at the heart of all communications?
8. Do I always engage both parents/carers regardless of their gender?
9. Am I explicit when speaking to the MASH that abuse or neglect is part of a differential diagnosis for a child?

Resources

Parents who misuse substances: learning from case reviews- NSPCC

https://learning.nspcc.org.uk/media/1348/learning-from-case-reviews_parents-who-misuse-substances.pdf

SCODA: Risk assessment of parental drug use and its impact on children Tool

<http://www.socialworkerstoolbox.com/scoda-risk-assessment-of-parental-drug-use-and-its-impact-on-childrenool/>