# 7 - minute Learning Summary

## Serious Case Review – Child A

## Case Summary

**Child A was brought to hospital in March 2018 by his parents. Child A was 6 months old and had an abscess at the back of his throat which required surgery. Child A was assessed as being seriously underweight and malnourished. 4 days later a CT scan showed a rib fracture, suspected to be a non-accidental injury.**

**The review period for the Serious Case Review begins early in the pregnancy of Child A. At this point parents were using universal NHS services. There was no involvement with specialist services either in the NHS or the Local Authority. Ms. B appeared well, and this was a routine first pregnancy with no medical, surgical or social issues noted. Ms. B kept all her ante-natal appointments. There were no concerns about the baby's growth or development. The family were sharing a two-bedroom accommodation with Ms. B's father and her sibling. Ms. B, Mr. C and Child A shared one room.**

**The Health Visitor offered the parents a Level 3 Universal Plus HV service. This was stepped down to Universal services following visits at 13 days, 5 weeks and a planned 7 week visit in October 2017. No concerns were observed, the parents presented as in a stable relationship. A maternal mood assessment was undertaken there were no concerns about Ms. B's mood or interaction with Child A. Mr. C was reported as more stressed due to tiredness and was advised to see his GP. The Health Visitor was aware of the parents visit to Hospital on 29th September 2017 as Child A had flea bites. On this visit were no signs of the flea bites, appropriate handling of Child A was observed. A check was made with Wandsworth Children's Social Care, which said the parents were not known to services. However, the check did not identify that Ms. B's brother was open to Children's Social Care. The Health Visitor was informed that Ms. B planned to return to work in November 2017 and Mr. C would then be the main carer.**

**In March 2018 Child A was admitted to the Paediatric Intensive Care Unit requiring interventions to stabilise his acute medical condition and to rebuild his weight. On 9th March 2018 a chest X-ray revealed a healing fracture of a rib, neither parent had an explanation for this injury. Both parents had adverse childhood experiences. As a child Ms. B was subject to a Child Protection Plan for neglect when living with her mother and stepfather, following care proceedings she was placed with her Father. Mr. C self reported he suffered serious physical and sexual abuse from his family. Mr. C had a statement of Special Educational Need. There was consideration as to whether he suffered from Attention Deficit Hyperactivity Disorder (ADHD) and an Autistic Spectrum Disorder (ASD). No diagnosis was made, however, he attended a school for children with special needs.**

## Recommendations from the SCR

1.A Learning event to focus on:

A. When and how to confidently explore parental background, indicators of vulnerability, and adverse childhood experiences
B. What training in neurodiversity would assist practitioners
C. How to create cultures of professional curiosity
D. How to use feelings of unease or discomfort to inform assessment and decision making
E. The role of early help services in working with and supporting vulnerable families

2. Development from the learning event of advice for WSCP on how to improve practice with vulnerable parents and their children.
3. Strengthen education, training and screening on ASD, ADHD, Anxiety disorders and what such difficulties mean for parents' understanding and interpretation of information for all health agencies in contact with parents and children.
4. Review of Health Visiting Workloads by the Wandsworth Safeguarding Children Partnership (WSCP).
5. Wandsworth Children's Social Care (WCSC) to review how checks of whether a child and their family are known to the service to ensure the responses to such checks include the whole family and household.
6. WSCP to undertake a review of how effectively the mechanism for alerts to community health services including GPs and the Health Visiting service of children attending Accident and Emergency or other urgent care NHS services are working.
7. A reminder to GPs that infant formula should be made up only as set out by the manufacturers and that parents should not be advised to dilute formula under any circumstances.

## What did we learn…….

## Multi-agency

The multi-agency partnership training during this period had very little on offer regarding neurodiversity. Training is required that will create multi-agency cultures of professionalism, where practitioners who feel unease or discomfort when assessing families would be enabled to conduct assessments using professional curiosity to inform their decision making.

## Vulnerability of parents

Multi-agency practitioners noted there was a difference about Child A's parents. However, there was a lack of curiosity about 'what' was different and a lack of recognition of their learning difficulties.

The vulnerability of the parents' and what this might mean for the care of their child was not sufficiently explored. The multi-agency partnership has noted this is a complex issue which needs to be reflected on in depth to consider what training and development would lead to practice improvement.

It will be important to fully understand what needs to be in place if there is an expectation of behavioural and practice change. This should lead to fuller exploration of parents past and potential vulnerability when conducting assessments.

## Checks

In this case checks were made to WCSC with a narrow focus on whether Child A and his parents were currently known. There was no wider check of whether other members of the household were known or whether the parents had been known in the past.

## Education, training and screening

Whilst there were indications from the parents regarding their difficulties, ASD, ADHD and Anxiety disorders can be difficult to identify.

WSCP will ensure that training will encompass education, early screening and an understanding of the impact of neurodevelopmental disorders (neurodiversity) on parenting capacity.

In the care proceedings in relation to Child A, Ms. B psychosociological assessments determined she had a severe maternal insecure attachment style with a high level of denial and minimisation of concerns; and an inability to mentalise with little insight into the local authority's concerns.

The WSCP will ensure that training encompassing the impact of trauma and complex neglect on parenting capacity is made more accessible to the multi- agency partnership.

## Health visiting

As part of its quality assurance function a realistic picture of what the Health Visiting service is providing as a universal service for 0 - 4 year old's should be sought by the WSCP. This review highlighted that staffing pressures may have influenced decisions about the level of service provided. If midwives and health visitors had been able to articulate their observations around the parents' social and communication skills, this would have enabled them to justify offering an enhanced service, possibly including a discussion with the GP, they may not have been stepped down to a universal level of Health visiting service.

## General Practitioners

Infant formula should only be made up as Instructed by the manufacturer.

Advice to parents re the make-up of formula should only be the most current guidance from the manufacturer.