

One minute guide

Learning from a Dudley Safeguarding Children Partnership Serious Case Review

September 2018

Overview

In September 2018, Child L lived with her mother, father and elder sibling. Her other older sibling resides with the maternal grandmother. Child L was found unconscious at the family home, the parent's called an ambulance, however death was confirmed at the Hospital. They initially noted that Child L was put to sleep the night before her death in a Moses basket until they were presented with additional medical evidence, after which they stated Child L had been sleeping on the sofa with her mother, father and older sibling and when the father woke, he found the child trapped between his body and the sofa.

The parents admitted to taking drugs and alcohol during the night of Child L's death and the home conditions at the time of death were deemed to constitute criminal neglect.

Both siblings underwent Child Protection medicals, the older sibling was found to be healthy but dirty and unkempt.

The home address was visited by the Police and the Lead Nurse for child death. It was jointly documented that the home was cluttered, with mouldy objects including a feeding bottle, sterilising unit and mouldy food on the kitchen floor. Beds were dirty with no covers and there was drug paraphernalia around the house, broken bottles, cigarette ash and cups on the floor.

It seemed highly unlikely that the home conditions deteriorated to this extent in a short period of time. The home had been visited by both Community Midwives (CMW) and a Health Visitor on multiple occasions since November 2016, the last visit being 17 days before Child L died. These visits presented concerns of varying home conditions, financial concerns and infrequent health visits.

Findings

Financial Circumstances

- There was good practice from Neonatal Unit (NNU) staff to identify financial concerns however there is no evidence of an in-depth discussions with the maternal grandmother, when it was reported that she purchased 'all the shopping' and that the mother had attended hospital with plastic bags over her feet.
- Requests for financial assistance were made by the mother in January 2018, however this was not adequately explored, this should have been established immediately.

Professional Involvement

- The family received Universal Services. None of the professionals considered completing a Graded Care Profile 2 (GCP2), a Multi-Agency Referral Form (MARF), or offering Early Help at any stage
- While some visits gave the appearance the family were coping, they would have benefitted from further support and the offer of Early Help should have been made. A MARF should have been submitted and completion of the GCP2 tool would have indicated the necessity to refer.
- The Clutter Image Rating Scale (CIRS) tool could have been used to assist professions in identifying how the clutter was contributing to the general neglectful conditions.
- Good practice was shown by the health visitor in identifying that the premises were unsuitable for a new-born before release.
- During an antenatal visit on 30th April 2018, the home was described as 'cluttered but minimally acceptable'. The description of the home conditions as 'minimally acceptable' indicates that they clearly weren't especially when taking into consideration information already known; the mother asking about food banks, a pattern of missed appointments with no urgency to rebook; parents declining smoking cessation support and not appearing to engage with additional support available.
- There is an indication of disguised compliance when the father was present, on several occasions the home contacts failed at the first attempt, which could have provided an opportunity to improve the conditions. When the mother was on her own with professionals, she expressed concern about the home conditions and their finances.
- Each contact was viewed in isolation. By not looking back at historical information, and recurring patterns of behaviour, there was not the opportunity for a full appreciation of the risks of neglect.

Working Together

- Health visitors showed awareness of the signs of neglect but also appeared to view the family circumstances as similar to the majority of their caseload. Without safeguarding supervision, they were less likely to reflect on this narrative and assess individual circumstances, instead normalising poor conditions.
- Delays and missed appointments should have been escalated to the health visitor
- There is good evidence of good information sharing between the NNU and health visitor, which resulted in the joint visit to the home prior to the discharge of the older sibling. However, when both attended the household on the same day in 2018, but separately, information and concerns were not shared.
- At the time of death, professionals did not appear to be aware of the substance misuse despite a reference to cannabis use within the antenatal health visiting records.

Mental Health and Substance Use

- The father admitted to smoking cannabis and had previously used heroin and crack cocaine. He also informed the GP that he had anger issues, had been physically violent towards people and had previously been a problematic alcohol user. The historical substance misuse should have been taken into consideration.
- In this case, the parents admitted to using drugs and drug paraphernalia and a cannabis plant was found in the house. This would suggest that the parent's substance misuse was regular and that the children were at risk of significant harm.

Parental Substance Misuse – Potential Impact on the child

- Whilst parental substance misuse does not automatically indicate child abuse or neglect, it can have an impact on the child in many ways:

Development of
an unborn child

Difficulty to
prioritise
needs of
children

Withdrawal may
give rise to
mental health or
behaviour issues

Children at risk
of physical harm,
death if drugs
are not stored
safely

A parent's
practical caring
skills may be
diminished

Child risk of injury,
psychological or
emotional distress
of neglect

Key Contacts and Further Information

Coventry Safeguarding Children Partnership website - <https://www.coventry.gov.uk/lscb>

Safe Sleeping – <https://www.lullabytrust.org.uk/safer-sleep-advice/>

RHRT - <https://www.coventry.gov.uk/righthelptrighttime>

Early Help - https://www.coventry.gov.uk/info/206/coventry_safeguarding_children_partnership/3850/early_help

Substance Misuse - <https://www.changegrowlive.org/drug-alcohol-service-coventry/info>

Mental Health – <https://www.coventry.gov.uk/mentalhealth>