Background

Child W is the second child born to his mother (MW) and first child to his father (FW). Child W had one maternal half sibling who he lived with for much of his young life. The family lived together at the point of Child W 's birth and the parents separated when Child W was 3 years old.

Child W died aged 5 years whilst in the sole care of his mother (MW). On the evening of the death, MW sought help from a neighbour advising that Child W was severely unwell. An ambulance was called however, upon arrival Child W was found deceased.

Child W had significant bruising to face and body. Toxicology tests revealed that Child W had a fatal dose of MW's antidepressant medication in his system.

Context

- From a young age professionals had developmental milestones, failure to thrive, speech and wellbeing concerns.
- Aged 13 months, Child W was seen crawling down the street leading to CIN planning, this was stepped down after 3 months
- Anonymous calls made to police, school and CSC regarding concerns with Child W wellbeing (looking dirty, unkempt and dirty house)
- Covid 19 impacted on Child W face to face appointments and attendance at school.
- MW had a genetic risk of Huntington's disease but had not had genetic testing. MW had nursed her mother through the condition.

Key lines of enquiry

- Quality of risk assessments
- Engagement with parents
- Effectiveness of the CIN response
- Effectiveness of step-down arrangements
- Response to anonymous referrals
- Multi-agency information sharing and pathways of communication

Findings

- A need for an urgent refresh of Front Door Multi-Agency Safeguarding Arrangements.
- Thresholds were mostly understood and appropriately applied so that the majority of children receive the right level of support and intervention.
- Some children assessments benefit from the use of research and direct work to understand the impact of cumulative harm on children's lives.
- Reaching out to parents beyond the role of primary care giver reminds us of the importance of ensuring children benefit emotionally and in practical safety terms from having visible and strong connected relationships with those who love and care for them.
- We sometimes have very limited opportunities to have a positive impact for a child. Therefore, every interaction must be seen as an opportunity.

Findings 2

- Observations from community sources such as neighbours or family can provide vital insights into how a family operates and to the daily lived experience for children.
- There is tendency to attribute greater value to professional referrals, and that this is exacerbated when the source is anonymous.
- Germane to children and families receiving the right service at the right time with maximum impact, is the recognition of the need to work collectively and collaboratively as a partnership.
- Professional curiosity requires a high level of thinking skills, and for this to be present it is important for professionals to ensure that in examining a particular issue, there is an accurate and thorough interpretation of evidence from a range of sources alongside an awareness of biases and assumptions

Recommendations

1. To review and refresh guidance on responding to anonymous referrals are part of the MASH operating procedures
2. OSCP to create a challenge event which requires partners to review and identify ways to improve the engagement of all parents in exercising their parental responsibility
3. To ensure that professionals develop strong critical thinking skills as a foundation to supporting professional curiosity and robust judgement

Implementing Change

- Reflect on the findings and discuss the implications for your service/practice
- Outline the steps you and your team will take to improve practice in your area.
- Capture children's voices well.
- Ensure robust systems supported by sound professional judgement so we must continually improve our abilities to achieve this standard.