Details have been changed to protect the identity and privacy of family members and professionals involved in this case.

A professionals summary of the Management Review is available from:

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Keeping Children and Young People Safe from Harm, Abuse and Neglect

Northumberland Safeguarding Children Board

Highlighting Lessons from Management Review

Local

Date of Review: September 2010
Local Authority: Northumberland
Name: Lucy

Summary

At the time of the incident Lucy was aged approximately 21 months and believed to be living with her mother supported by maternal grandmother. It was believed that there was no contact with the birth father. Up to the incident in 2010 there had been no significant concerns about Lucy's development.

In early 2009 Lucy's mother attended the GP surgery after an assault. Lucy was 3 months old. There was little detail about the event in the medical notes. Information about the incident, the perpetrator and whether Lucy was at risk, was not shared with the Health Visitor or Children's Services.
Later that year Lucy was taken to Hospital with vomiting – no concerns and child and mother sent home with advice.

A police child notification was received by Children's Services when Lucy was 18 months old and an initial assessment was carried out. Although the couple were not in a relationship, Lucy's father was present during the visit and no concerns were raised regarding him. No background checks were conducted regarding the father by Children's Services, if there had have been this would have revealed that father was linked to previous domestic violence referrals relating to his son from a former relationship.
In 2010 Lucy fell down 9 stairs and bumped her head. Lucy was taken to A&E but it is unclear who attended with her from the records. She was observed by staff and sent home with her mother and advice was given. This event was not added to the significant events chronology and no follow up visit by Health Visitor or referral to Children's Services was made.

Two months later Lucy was taken to the GP by her parents. She had fallen off the bed, bruising her face and injuring her arm. The extent of the bruising is not known. This information was not shared with the Health Visitor.
Two days later she was taken to hospital with a fractured tibia. No comment on hospital records about any other injuries. GP's records show that she had missed previous appointments, this raised concerns and a referral was made to Children's Services.

Lessons learned

1. ICS was not checked regarding Lucy's father when the first Initial Assessment was carried out. Therefore nothing was known about previous domestic violence from father to his former partner or that he had a child from this relationship whom he was not permitted to have unsupervised contact with. If this information was known at the time the case may not have been closed without further assessment of any risk that father may pose to Lucy.

2. A home visit was not undertaken to Lucy until the following day regarding the referral from GP in 2010. Whilst the presenting information did not suggest that this was new or urgent information, a home visit should always be undertaken the same day where there are concerns regarding injuries.

3. The initial assessment paperwork was not completed in this case before moving on to the section 47 paperwork. Therefore crucial information, including strengths of the family, was lost regarding the initial home visit.

Implications for practice / operation

1. Social Workers should always carry out ICS checks as standard regarding parents, step parents or significant care-givers as part of the initial assessment process.

2. Where there are concerns raised about infants who present with injuries, the child must be seen by the Social Worker on the same day of the referral.

3. The initial assessment paper work should always be fully completed before commencing the Section 47 paperwork, and not omitted from the assessment process.

4. When a client is accompanied to appointments, any hospital attendances or during home visits, it is essential and the responsibility of the worker to ask who is present, (including any children) at the appointment/visit and this information is to be recorded on all contact record notes.

5. Where a request for information is received from an another agency the receiving agency must have a mechanism in place which is accurate, up to date, tracked and recorded.