

Core groups:

- The importance of Core groups progressing the child protection plan and keeping under careful review the risks and changing circumstances of the family.
- The importance of core groups actively considering how effectively they are working with resistant and involuntary parents
- The importance of Core groups holding the child at the centre of its thinking and applying their collective knowledge of child development, attachment theory and risk analysis.

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

A professionals summary of the
Case Review is available from:

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



Highlighting Lessons
from Case Review

Local

Date of Review: March 2011
Local Authority: Northumberland
Name: Susan, John & Robert

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

Summary

In 2004, whilst living in another local authority, 2 children were removed from their mother's care and subsequently adopted. There were significant concerns including domestic violence, parents' immaturity, criminal activities, lack of engagement with professionals and an inability to meet the basic needs of their children. A psychological assessment was undertaken which concluded that mother had the ability to understand the needs of the children but lacked empathy and the ability to cope or prioritise needs of the children. Susan was born in 2006 and was the subject of initial and core assessments following concerns received. There were number of police referrals concerning domestic altercations and in 2008 a referral was made suggesting mother was in a relationship with the father of the adopted children. He had served a prison sentence for under age sexual intercourse (USI). Around this time mother was also arrested for possession of class B drugs. Mother disclosed she was pregnant with John and had been the victim of a violent attack. Pre-birth core assessment took place that identified no safeguarding concerns. Another referral in 2009 concerning bruising to Susan's face and the explanation was accepted.

This family became know to Northumberland Children's Services at the end of 2009 after a letter from the other local authority was received advising that the family had moved to Northumberland and that they had been preparing to close the case. Children's Services noted the letter and did not deem it to be a referral.

Robert was born in 2010 and was observed to have bruising to his legs at his six week check. He was taken to hospital where he remained for 5 days. Susan and John were cared for by maternal grandmother. EDT were contacted and concerns noted in consultation with the registrar including parental anger and delay in seeking medical attention. EDT assumed the other children were ok and failed to check on their welfare or situation. A strategy meeting was held. Subsequent medical checks showed fracture to Robert's leg. Susan had bruising on her face, chest and legs. No plausible explanation given by parents and medical view clearly indicated non-accidental injury was most likely. Parents were hostile during investigation

and gave conflicting explanations. There was also a pending police investigation. Despite this, the children were allowed to return home albeit under the supervision of their grandmother. It was agreed at the time that this arrangement would be reviewed at the Initial Child Protection Conference.

Any analysis of risk at this time failed to give true weight to the presenting risks and failed to give due consideration to the context of the care given.

The ICPC was held the following month. It was well attended with complete set of reports. The agreed plan confirmed the need for CP plans for all 3 children and a core assessment to be completed. The ICPC noted the need for the social worker to obtain further information to aid assessment of risk and crucially sanctioned the parents resuming the care of the children with support form CST. The ICPC also recommended a letter before proceedings be issued, this was later over-ruled on the basis of parental cooperation. A number of key issues remained unchallenged, including failure to seek the views of the children and possible attachment issues.

The CPRC held couple of months later, knew the parents were still questioning the diagnosis of injuries, un-accepting of the need for CP plan and mother refused to discuss outcome of psychological assessments. Despite this the conference concluded that the couple were cooperating fully with the CP plan. Following the CPRC the couple split up after a domestic violence incident. The mother started a new relationship and moved with him and the children, into his parent's house in another local authority. Little information was know about this man and no police checks were carried out by Northumberland Children's Services. There were growing concerns about the children's presentation noted by nursery and heath visitor. There was no ongoing evaluation of risk to the children during this time or appropriate safeguarding action taken despite CP plan. The case transferred to the other local authorities children's services department, the children were made subject to CP plan and immediately accommodated and proceedings issued.

Lessons learned and implications for practice/operation

Assessment:

- The importance of keeping the child central to the assessment process
- Ensuring that all information is considered and built upon-both current and historical-referencing the key evidence base of child development, attachment theory, and risk analysis
- That assessment is not a one off event and should be an integral part of work with families-reviewed and updated in the light of family moves and changes
- Risk assessments must include a consideration of the wider family and siblings
- Bruising and injury must be considered within the context of the child's development and in the context of a good understanding of the care they are receiving.

Case conferences:

- The attendance of the Paediatrician who undertook the assessment should be facilitated as far as possible.
- Case conferences and the conference chair in particularly must examine and interrogate carefully the assessments of professionals and the plans based on those assessments.
- Conferences must keep the child at the heart of their thinking and consider specifically in all cases the emotional impact of the circumstances they are in.
- The possible need for legal action should be fully discussed in conferences.
- Where recommendations are not implemented the Reviewing Officer and other conference members should be informed.

Supervision:

- Supervision should provide a safe but challenging opportunity to oversee, analyse and review cases.
- The assumption of parental cooperation should be fully explored and considered within the context of evidence.