for needy children

- the review of maternity booking forms and policies is completed in a timely manner
- an Escalation Policy of concerns across agencies
- all agencies enhance their engagement with and assessment of peripheral fathers
- an updated multi-agency risk assessment is undertaken before children are stepped down into the Early Help System

The SSCB should review:

- Multi agency practice with Neglectful families and consider ways in which it can be improved, drawing on evidence about what works
- Multi-agency practice with children affected by parental alcohol misuse and consider ways in which it can be improved, including an enhanced consultancy role for the community alcohol team

Oct 2014

surrey safeguarding CHILDREN BOARD

LEARNING FROM A SERIOUS CASE REVIEW
Child Y

The SSCB conducted a SCR as a result of events in 2013 when Child Y was taken to hospital with bruising and cerebral haemorrhaging, suggestive of having been shaken

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Synopsis

Child Y lived with his mother and three older children, all of whom are white British. The father of the older children did not live with the family but was involved in the children's care. During her pregnancy the mother told health professionals that Child Y had a different father, but divulged no information about him. After the Child's birth the older children's father was involved in his care and, more recently, the mother has confirmed that he is in fact the father.

The father had a history of mental health issues and attempted suicides.

Between 2005 and 2008 Child Y's siblings attended A & E on six occasions.

In 2008 there were concerns raised about the 1st child's behaviour at school and a Home School Link Worker (HSLW) become involved with the family until November 2012 when the HSLW moved to a new school.

In July 2009 and November 2009 an art therapist in mental health services raised concerns with Surrey Children's Services (SCS) about neglect of the children as a result of the mother's alcohol use.

In November 2009 police attended the family home following violence from the father to the mother which had been witnessed by the children. Police reported to SCS that the home was untidy and there was evidence of Cannabis use. The Child's Health Visitor agreed to follow up the concerns. However SCS closed the case before the Health Visitor had opportunity to make contact with the mother or see the children.

Throughout 2010/2011 the SCR revealed substance misuse, mental health issues with the father and mother reported to her GP that was drinking three bottles of Vodka per week. Referral was made to a community drug and alcohol service. However mother failed to engage and she was discharged.

A core Assessment was completed in August by SCS and in September 2012 a student social worker was allocated the case. There were concerns about rubbish outside the home and the Borough District Council was involved. The second child also attended school with a black-eye but the Head teacher failed to notify SCS.

October 2012 saw significant change-a Child In Need meeting was held. The HSLW left the school and ceased to work with the family after working with them for four years. Mother revealed shortly afterwards that she was pregnant with Child Y.

In December 2012 a CIN review meeting was held and the case closed in January 2013.

Child Y was born in July 2013. On 30 July Child Y was taken to hospital having fallen from mother's knee. This was accepted by health professionals as an accident.

August 2013: Child Y taken to hospital with suspected non accidental injuries aged 6 weeks and was transferred to a London hospital on life support. It was considered likely that the injuries were caused by shaking whilst in the father's care.

Father was arrested for GBH to Child Y and for the possession of an offensive weapon. He was charged and stood trial in 2014. Father was found not guilty of GBH but was convicted of possession of an offensive weapon.

Family members including the mother and father contributed to the report by telephone. Child Y now has significant disabilities as a result of the incident.

Practice issues that have emerged

Good practice evidence showed tenacity in the Health Visitor and Home School Link worker in their working with the family

Areas for practice improvement are highlighted in the published report and in the recommendations below:

Key recommendations to SSCB

The SSCB should ensure that:

- there is consistent notification of attendances at A & E between Midwives and Health Visitors
- health care providers of community services have management oversight of Health Visitor case transfers and in access to Speech and Language Therapy