

01 Background

Child H was almost 3 years old and the middle sibling of 3 children living with their mother and father. The oldest child moved with the parents to England from Asia in 2011 but Child H remained in the family's country of origin and joined the family in early 2013. The youngest child was born in England.

02 Safeguarding Concerns

The family had come to the attention of child safeguarding services on 3 occasions. After the 1st occasion a Core Assessment was undertaken which concluded that there were no safeguarding concerns but that the family would benefit from services as Children in Need. On the next 2 occasions further assessments were completed and again found no safeguarding concerns. Additional support was recommended but refused by parents.

03 The Incident

Child H came to the notice of children's safeguarding services 2 months after entering the country. An ambulance was called to the home and Child H was found unresponsive on the kitchen floor. Medical examinations and brain scans of Child H found extensive bruising to the child's body. The severity and presentation of the injuries was not consistent with the parent's explanation.

04 The Review

The review looked at;

- CIN & CP Processes
- Assessments of domestic abuse; role of the father; mother's emotional well-being and any potential language barriers
- Child in Need planning, review and management oversight
 - The strength of multi-agency working including information sharing and planning
 - Challenge from partners in respect of the above factors.
 - Family history and resistance
 - Focus on the child

05 The Findings

- Section 47 Strategy meetings could be more effectively managed
- Resistant service users must be met with respectful uncertainty on their capacity to change and to protect their children
- All Children's Social Care cases should have a multi-agency plan and it is every agency's responsibility to ensure this happens.
- The impact of domestic abuse incidents on the child, and of the parents ability to protect their children, must be considered in assessments of risk
 - Child in Need processes should be as robust as Child Protection processes
 - GPs need to be more involved in safeguarding processes

06 Recommendations

- Implement a consistent recording format for Strategy Meetings
- Promote a culture of respectful uncertainty and help staff question and challenge parents
- Disseminate learning on the impact of Domestic Abuse and how to support families including work with perpetrators
 - Practitioners must work more closely with fathers
- Improve Child in Need processes including the multi-agency responsibility to share information and challenge practice that does not meet standards
- Ensure GPs are involved in Child in Need Plans

07 Implementing Change

1. Reflect on the findings and discuss the implications for your service/practice.
2. Outline the steps you and your team will take to improve practice in line with the recommendations.

Child H



Child H - Action Plan



Name of Organisation

Team Manager

Name of Section & Team

Contact Details

Identify the learning or recommendations that are relevant to your team and summarise your teams' discussion on those points

1.
2.
3.

Child H - Action Plan



What actions have been agreed to improve practice?

What needs to happen?	Who will do it?	By When?	How will you know when it has been done?	How will you know if it has worked?