

Case Mapping Exercise Child X

6 Step Briefing

The Background

Child X lived with his mother, subject to a Supervision Order following a set of Care proceedings. He sustained many bruises in late summer of 2015. The majority of these cannot be explained and were assessed to be non-accidental in cause. It became apparent that Child X had been put at significant risk of harm as a result of the household composition and through unsupervised play. Child X is currently the subject of an Interim Care Order and is placed with foster carers.

Safeguarding Concerns

Child X was known to Social Care from late 2013, when he was 3-months old. Assessments were undertaken and Child X was made subject of a Child Protection plan under the category of physical abuse as a result of domestic violence between parents. Failure to address these concerns led to the issue of Care proceedings. His mother then underwent a residential assessment within Care proceedings and her parenting of Child X was deemed to be 'good enough' – resulting in a Supervision Order granted to NCC.

The Incident

Child X sustained injuries on numerous occasions, but the significant event is believed to have occurred between 7th - 12th September. Child X was admitted to hospital on 12th September where the extent of bruising was confirmed. Child X had been seen by a GP and 2x Social Workers in the week preceding this date.

The Review

This case was considered by the SCR Sub Group. The case did not fit the criteria for a SCR, but it was agreed there was the opportunity for significant learning. A Case Mapping Exercise was agreed and this culminated in a multi-agency workshop of key professionals and agencies to consider key incidents / events through Child X's life in order to review learning and to check progress made / make recommendations to improve practice.

The Findings

- * There was no Child In Need Plan implemented after Child X was made subject to a Supervision Order. This would have led all partners in working together to safeguard Child X.
- * No multi-agency Strategy Meetings took place in July / August 2015; numerous opportunities were missed to convene Strategy Meetings and initiate S47 enquiries.
- * There is no evidence of reflective supervision or management oversight / direction of this case within Safeguarding Children's Services files or Northamptonshire Healthcare foundation Trust records until after 12th September 2015.
- * Disguised compliance (mother) was not sufficiently considered by agencies; false reassurance was evident through maternal Grandmother's support for Child X, despite evidence that this was inconsistent.
- * Despite Child X being former LAC, there was no formal discharge by the Health Visiting Team when Child X and mother were discharged from a mother and baby unit.
- * Chronicity of neglect (emotional & physical) was not considered by any agency in a multi-agency forum. Neglect Assessment Tool / Graded Care Profile were not considered.

The Findings cont'd..

- * Lack of consideration of mother's capacity to parent and appropriately supervise Child X.
- * Over-reliance on mother self-reporting and managing her deteriorating mental health; no referral made to Adult Mental Health.
- * No consideration given to the impact of Child X's father leaving prison and starting a relationship with mother's best friend on mother's mental health or the increased risk this may place Child X in.
- * Concerns regarding recording of the Voice of the Child; Northamptonshire Healthcare Foundation Trust's recording of Child X's voice is starkly different to that of other agencies.

Recommendations

1. All children open to Children's Social Care must have a current and relevant plan (CiN / CP / LAC); if this is not in place, other agencies need to challenge / escalate.
2. Each agency must provide assurance that professional supervision is conducted and within a timely manner.
3. Recording of informal discussions needs to be consistent and appropriate.
4. Sharing of information between Adult Social Care Mental Health and Northamptonshire Healthcare Foundation Trust Mental Health needs to be more robust and more effective.
5. Appropriate provision of services and support packages need to be in place for parents who have identified mental health issues - in particular, when their mental health is unstable with evident peaks and troughs
6. Practitioners need a better understanding of 'the voice of the child' and how this is interpreted and recorded.

Good Practice and Evidence as a result of this Audit and similar Reviews

Safeguarding Children's Services measure the number of children with an up-to-date Child In Need Plan in place; this currently over 93% The majority of the remaining CiN Plans are in place, but they have not been updated. This reviewed on a weekly basis, including by senior management..

Northamptonshire Healthcare Foundation Trust provide safeguarding supervision at least 3-monthly. If this does not happen as required, this is escalated to senior management.

Northamptonshire Police Intelligence System now has a 'flag system' in place to identify when officers attend a property and a child is resident; the system will confirm if the child is a Looked After Child, subject to a Child In Need Plan or on a Child Protection Plan.