



**Dudley Safeguarding  
People Partnership**

**Child Q and Child R  
Local Child Safeguarding Practice  
Review (LCSPR)  
Practitioner Briefing  
April 2021**



## WHO SHOULD READ THE LCSPR?

Any practitioner and manager whose work brings them into contact with children, young people and their families. The messages are just as important for those working in adult services (where service users are parents or carers). The term 'children' includes children and young people up to 18 years of age. For further information on LCSPR's visit the Dudley safeguarding website



## BACKGROUND INFORMATION

**Child Q** sustained a serious leg fracture whilst in the care of her Father. She articulated to the paediatrician that her father threw her onto a piece of furniture and broke her leg. The father has admitted to causing the injury but states that it was in play. The case was subject to a police investigation, which resulted in no further action being taken as the injuries were consistent with the claims made by the father. Following the injury, father did not seek medical attention for the child who would have been in significant pain. The injury was identified by mother when father return Child Q back to her care the following day. The injury required surgical intervention and subsequent physiotherapy. At this current time father cannot have contact with Child Q.

**Child R.** Parents have two children. Child R and a 3 year old. There is also an older sibling residing with maternal grandparents under a Child Assessment Order (CAO) as mother was very young when she had the baby. There were no further contacts or referrals to CSC until the time of the critical incident. A referral was made from the hospital in September 2020 stating that Child R had attended A&E with his parents and had a soft swelling on his head. An X-ray confirmed a fracture to the skull. There was also several bruises noted around the child's eyes and leg. The explanation was that the child had accidentally fallen from a height of approximately 40 to 50 cm whilst in his father's care. Following the incident, father picked up the child who cried. He did not identify any obvious injuries and the child settled. Father called mother to inform her (mother was out with Child 2 and paternal grandmother). Mother and father met up at the hospital. A CP medical was undertaken by hospital following the identification of the skull fracture and referral to CSC. A child protection medical identified no internal injuries.



## FURTHER CONCERNS IDENTIFIED

In the case of Child R, an initial strategy discussion took place out of hours by EDT and included the involvement of a paediatrician. However there was a degree of professional disagreement around whether the mechanism described by father was consistent with the injury. In view of the discrepancy regarding the mechanism of the injury, a second strategy meeting was arranged and a joint Section 47 (Child Protection) investigation was agreed.



## OVERVIEW OF LEARNING

- Both cases featured recent and historic domestic abuse. In both cases several domestic abuse notifications had been received. One case had been discussed at MARAC but both of the victims (mothers to the children in both cases), were reluctant to disclose the extent of the abuse, declined support and minimised the level of abuse within their relationships. Domestic abuse has been identified as one of the adverse childhood experiences (ACEs) that has long lasting impact on the health and wellbeing of children. In August 2020, Women's Aid released the report: *A Perfect Storm – The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them*. The report highlights that

the covid pandemic and subsequent lockdown has had a negative impact on victims of domestic abuse.

Two-thirds of survivors identifying as currently experiencing abuse stated that their abuser had started using lockdown restrictions or the Covid-19 virus and its consequences as part of the abuse.

- There had been historic safeguarding concerns in both cases. The mother of Child Q had been in care since the age of 4 and her stay put carers had raised concerns regarding her maturity and ability to care for her child. Her lifestyle was described as chaotic and the home conditions raised concerns. The child subsequently became subject of an Early Help plan in which mother was successfully supported to improve her parenting skills. In the case of Child R, mother had had a child placed with maternal grandmother as she was only 14 when she became pregnant. This child remains with her grandmother. There appeared to have been evidence of start over syndrome in both cases with historic concerns not always informing risk analysis and holistic assessment. Both mother's had experienced ACEs in their formative years which is known to often impact on parent's ability to safely parent their children.
- In both cases, the mothers of the children had suffered from mental health issues. Both had previously been referred to CAMHS, and both suffered from depression and anxiety. Mental health assessments carried out seem to suggest that their mental wellbeing had been impacted by their experiences as children. The impact of ACEs on children going into adulthood is well documented and predict poor adult outcomes.
- It is important that all professionals working with children and families understand the concept of significant harm and also what constitutes abuse and neglect in order that they may engage with the strategy meeting and offer a professional opinion. They should be able to gather and analyse information as part of an assessment of the child's needs. The decision to proceed (or not) to ICPC in these cases appears to have been made unilaterally by CSC following the strategy discussion. There was little evidence of multi-agency decision making at the time and this was acknowledged in the scoping document provided by CSC for both cases.
- Disguised and non-compliance was a feature in both cases. Cancelling appointments, DNA's, not answering calls from professionals, not registering with GP featured in the scoping documentation regarding both children. Disguised compliance involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement (NSPCC 2019).
- Professional curiosity refers to "seeing past the obvious" and is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It involves not taking a single source of information and accepting it at face value and testing out professional assumptions about different types of families. Professionals also accepted the fact that both mothers reported that they had separated from their partners following incidences of domestic abuse despite evidence to the contrary, as both women had become pregnant following the alleged separations.
- Men play a very important role in children's lives and have a great influence on the children they care for. Despite this, they can be ignored by professionals who sometimes focus almost exclusively on the quality of care children receive from their mothers / female carers. Both of these cases highlighted the issue of hidden men. It was difficult to determine which men were involved in the care of the children, which men were being referred to within the agency records and if father was actually biological father or mother's partner. It was also unclear if the perpetrators of the domestic abuse directed to the children's mother were fathers to the children or mother's ex/current partner.

## RECOMMENDATIONS

- The DSPP should ensure that decision making at strategy meetings includes all appropriate agencies

- That the children's workforce feel confident and competent to recognise potential NAI in children
- That the DSPP should consider the development of a practitioner forum to include medical and social care staff so that there is mutual understanding of each other's roles when managing cases of potential NAI
- That the learning from this case is shared across the partnership.



## MORE INFORMATION

For further information and to access the full report visit our website:

<http://safeguarding.dudley.gov.uk>