Darlington Safeguarding Partnership
Protecting Children and Adults

Local Child Safeguarding Practice Review

Child J - 7 Minute Briefing

Background

Child J died from a head trauma consistent with a non-accidental injury. Child J lived with his mother and elder half sibling (Sibling D) and at the time of the significant incident Child J was in the care of mother's partner. The family were involved with universal and voluntary services in the time leading up to the significant incident and there had been previous statutory involvement with all mother's children, including three elder children who did not live with her at the time of the incident. There were significant neglect concerns related to her mental health and her ability to meet the children's needs. Sibling D had been on a Child Protection Plan following her birth. Child J was born prematurely and was vulnerable due to his mother's long standing mental health difficulties, her reported childhood trauma, her relationships with at least two males where domestic abuse featured and neglect of her elder children. Child J was not brought (WNB) for a number of health appointments.

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Key Learning

The children's lived experience and what it was like to be a child in this family was not always fully explored. Understanding what life was like for Child J and sibling D was an important element of this review. There was limited curiosity about mother's family functioning, practitioners need to identify why children's needs may not always be met and consider why parents/carers may behave as they do. This also means understanding the lived experiences of parents/carers and thinking about what they may need to help their children thrive along with an understanding of other factors which may affect family life, such as new relationships, mothers' mental health difficulties, impact of additional pregnancy, domestic abuse and financial issues. Being curious and exploring family circumstances and parental history is critical to understanding parental capacity, risk and safety.

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Key Learning

There were males involved with the children's lives and referenced as supporting and caring for the children at various times but limited professional curiosity to explore more about them. There was often an over reliance on mothers' narrative and practitioners should be curious about all household members or those involved in the care of children.

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Key Learning

There was significant involvement from voluntary agencies which provided a high level of practical and emotional support, however no sense they formed part of a multi-agency community support network. Mother sometimes failed to take child J to health appointments, these were not identified as a pattern of behaviour or viewed in context of Was Not Brought policy (WNB) and wider neglect factors for both children. Mother often sought support and failed to engage, disguised compliance was not considered as a factor. There was evidence of multi-agency meetings and services, however this was limited or only involved one or two agencies, meaning

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Key Learning

There appeared to be a level of optimism, meaning professionals tended to be incident-led, there were clear factors that got in the way of recognising cumulative neglect. It is unclear why neglect was not explicitly considered and how it was understood by services involved with the family. There appeared to be a lack of clarity about what neglect looked like, and the mothers' frequent requests for help seemed ambiguous.

Learning into practice

Observe interactions between children and their parents/carers to help understand that children communicate through their behaviour and physical presentation.
Being curious and exploring parental history is critical to understanding parental capacity, risk, and safety.
Strengthen knowledge and skills in recognising and understanding neglect and its impact on child development.
Practice 'whole family' working where parental adult issues impact the wellbeing of children.
Ensure that all individuals who have care of the child are identified and considered in assessment of risk (including those who visit the household or are connected to the child) and work collaboratively with Adult Services.
Importance of seeking and sharing information - the whole system must be actively engaged in triangulating information fully to help meet the children's individual needs, ensure information is not seen in isolation.