Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

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Context

Child O (9) was assaulted by their mother's partner and witnessed the assault of their mother who was stabbed multiple times in the attack. Child O suffered bruising and swelling and their mother suffered lacerations to her head and face.

At the time of the incident, Child O was subject to their second child protection plan with the previous child protection plan being in place due to similar concerns.

The review was carried out to identify key learning themes from the involvement of agencies and how to ensure wider input, oversight and challenge when a professional team consists of only two agencies.

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Background

- Child O's first child protection plan was made after an incident where a male has been stabbed in Child O's home by another male while Child O was present
- Two months after being made subject to the child protection plan, Child O became a 'Child in Our Care' by being taken into Police Protection after being left home alone by their mother
- Child O was later rehabilitated back into their mother's care after she made improvements to her parenting
- Subsequently, Child O's mother has commenced a relationship with a male known to pose a risk of serious domestic abuse to his partners.
- The second child protection plan was triggered due to concerns about this relationship but also due to worries that Child O's mother may have been using drugs
- Child O's mother's partner had been in prison and when he was released he had conditions not to enter the Cleveland Police area, he was not permitted contact with Child O's mother and he was believed by involved professionals to be living at considerable distance from Teesside
- These conditions were in place at the time of the assaults

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Findings

- There was limited multi-agency involvement with Child O at the time of the assaults with only Children's Social Care and Child O's school being actively involved in the Core Groups
- The substance misuse service was invited to a meeting but did not attend and once negative drug screens were submitted by Child O's mother, they closed their case
- Health professionals attended the Child Protection Conference however following a health assessment which identified no unmet physical health needs, they withdrew their involvement.

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Implementing change

- Professionals are encouraged to reflect on the features of this specific child's story which have some similarities with other situations they are working with, and to review these in supervision.
- Professionals need to keep the lived experience of children at the heart of all of their practice.
- Schools, who usually have the most consistent communication with the child and family need to be at the forefront of discussions with the child and those attending any meetings relating to the child must have recent and relevant conversations with them.

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Learning

- Where there is insufficiently evidenced suspicion that something is happening, the Core Group needs to take an investigative approach, practice 'respectful uncertainty' and use professional curiosity to enquire deeper.
- Professionals need to use active information sharing and look not only at information on the identified child and parent(s) but also the significant adults around the child.
- Social workers need to make sure that new information of concern that they receive is quickly shared with schools.

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Findings Cont...

- The Core Group had suspicion that Child O's mother was not being honest about contact with her partner and the worry was that he was having more contact with Child O than she was admitting.
- The North East Ambulance Service (NEAS) did have information which could have evidenced the mother's partner using Child O's address, in breach of his conditions, but NEAS were not aware of the ongoing child protection involvement.
- The perpetrator's GP will also have been aware that prescriptions were being issued to Child O's home address, but this GP is located in another part of the country and would not have had any knowledge about his link with Child O.
- There was a MARAC meeting to discuss the domestic abuse risks but NEAS are not routinely invited to share information into a MARAC.

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Learning Cont...

- When a child has suffered trauma/ACEs, it should be assumed there are health needs, even where none are immediately identifiable.
- Professionals need to remember that group supervision and complex case discussions can be convened when there are worries that need to be unpicked.
- Professionals need to use clear understandable language with families, avoiding professional jargon and take the time to explain complex issues allowing families the time to reflect on and then question the information at a later date.