

Learning from Derbyshire SCR

Could this happen in Calderdale?

Background

- Mother's father and brother have health needs
- As teenager, experienced emotional health issues and eating disorder – thoughts of ending own life, self-harm
- History of aggression against others.
- Involvement by CAMHS (not taken up) and Crisis Team – Hypothesised borderline personality disorder.
- Late teenage years, parents separated.
- Remained with Father in converted garage

- Pre-birth ICPC Known to use cannabis. Domestic abuse incident – Baby (Polly) to be subject to CPP
- Mother aged 17/18 when Polly born (July 2012)
- Relationship with Birth Father ended
- Positive observations noted
- Concern increased early 2013. New partner – violent – remained on CPP until legal proceedings (May 2013)
- Received into foster care. Differences noted. Supervision order made (Oct 2013), Polly returned to Mother with regular contact to birth father.

- Oct 2013 Mother started new relationship. New partner involved in caring for Polly.
- Jan to April 2014 number of medical incidents and minor injuries noted including hair loss and suspected convulsion. Weight loss.
- Jan 2014 Mother reported to be low in mood.
- Feb 2014 Mother evicted from supported living accommodation for damage to property – moved out of area; Febrile convulsion?
- Domestic abuse reported to Police – MARAC held 30/4/14
- Polly died aged 21 months on 1st May 2014

Findings

- Evidence of good multi-agency practice
- Pre-birth assessment and ICPC identified vulnerability and risks to the unborn child

BUT

- Primary focus was on Mother's needs
- Impact of Mother's drug use and mental health not assessed/understood (no label)
- Concerns about history not taken into account

- Ongoing use of cannabis
- Mother and child not seen alone (visitors in the home)
- Inconsistent engagement; failed appointments
- Role of males not understood
- Reorganisation of services and withdrawal of support
- Normalising 'young' parent behaviour/ lack of challenge and professional authority
- Overemphasis on 'positives' (emotional warmth and attachment)

Learning

- Safeguarding supervision
- Pre-birth protocol
- Focussed assessment/evidence of change/reassessment
- ‘Was not brought’ assessment
- Avoid cultural normalisation and professional desensitisation
- Understand child’s lived experience
- Avoid reliance on victims of domestic abuse to protect their children.

- Cross border arrangements
- Impact of non-engagement – central to child's welfare and potential to harm a child - prevents an assessment of their needs.
- Capacity/motivation to change? Clarity about what is required. Outcome focused plans
- Multi-agency chronology
- Avoid focus on a single issue
- Avoid cognitive/confirmation bias - supervision

- Clarity of role and responsibilities within legal frameworks and/or statutory interventions
- Assertive practice and professional curiosity essential

Conclusion

Concerns were too focused on the needs of mother, as a victim of domestic abuse. Failure to consider wider past history, including exploration of early childhood, and to re-evaluate assessment of Mother's parenting as being good enough as Polly grew older continued to ensure that an unduly positive picture of M's capacity to parent safely went unchallenged, and the daily lived experience of life for Polly was somewhat lost.

Mother's advice to professionals

"Make sure you see them alone, not with their partner all the time, it's not possible when in an abusive relationship to speak freely, ask the right questions, be really open about what your concerns are about, don't use written agreements to keep us away from abusive partners, as we can't control other people's actions."

Questions

What processes are in place to manage:

- Young parents
- Domestic Abuse including female perpetrators
- Child focused assessment and planning
- Cross border arrangements

Where are the gaps?