BIRMINGHAM Safeguarding Children PARTNERSHIP

Learning Lessons from Serious Cases

Briefing Note for Team Meetings

Don't just rely on assurances from parents … be curious, seek evidence

December 2019

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Summary

This case focuses on the death of a two-month-old baby who sustained multiple rib fractures which led to the baby's death. The baby was subject of a Child Protection Plan for neglect from birth, due to concerns about mother's parenting capacity, alcohol and substance misuse and previous abusive relationships. Throughout the baby's short life, health and social work professionals in Birmingham and Solihull worked closely with the family, undertaking regular visits. The mother consistently told professionals that she was no longer drinking or taking drugs. Further evidence should have been sought and a programme of drug testing should have continued.

When discharged from hospital mother and baby initially resided in Birmingham, before moving to temporary accommodation in Solihull. This move brought about a change in professionals working with the family and a reduction in support for the mother. A receiving-in Initial Child Protection Conference (ICPC) was arranged; however, sadly the baby died prior to the meeting being held.

The mother was subsequently found guilty of manslaughter and two counts of grievous bodily harm and received a custodial sentence of thirteen-and-a-half years. The review concluded that there was good inter-agency working between the two local authorities and that the pre-birth plan was thorough and appropriately identified risk. There was no information or evidence available to agencies and professionals involved at the time which would have led them to be able to predict the tragic outcome in this case. However, the review identified important learning for professionals.

Key Learning

- In this case the mother provided assurance that she was not taking drugs, but did not attend all drug testing appointments, which went unchallenged.
- There was a lack of recognition that risk is dynamic, and therefore assessment and management of risk needed to be flexible to respond to periods of increased risk. For this mother, it was the festive period.
- Lack of attendance by key professionals at the Initial Child Protection Conference undermined the effectiveness of information sharing.
- There was a reduction in the continuity of care and support provided to the mother during the move to new accommodation in a different authority.

Improving Practice

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- When working with parents with addictions be mindful of 'disguised compliance'. You should not rely solely on assurances of abstinence, but need to seek evidence of positive change. A failure to attend an appointment should be considered as a potential positive test.

- When working with a family you need to establish trust, remain curious, even sceptical, but always focus on the needs of the child, particularly when they are pre-mobile and pre-verbal.

- When convening an Initial Child Protection Conference and Core Group, it is essential that all of the key agencies working with the family attend or share relevant information if unable to attend.

- Where there are cross-border implications there is a need to ensure that you are familiar with your agency's inter-agency transfer protocol and are able to apply it to your practice, especially where there are safeguarding concerns.

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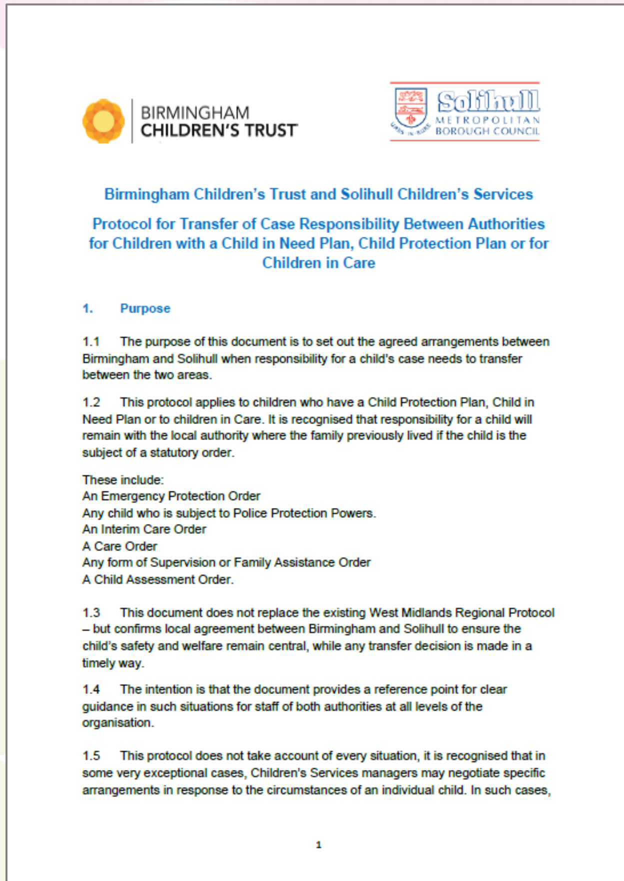
Next steps – What can you do



BIRMINGHAM CHILDREN'S TRUST

Solihull METROPOLITAN BOROUGH COUNCIL

Birmingham Children's Trust and Solihull Children's Services

Protocol for Transfer of Case Responsibility Between Authorities for Children with a Child in Need Plan, Child Protection Plan or for Children in Care

1. Purpose

1.1 The purpose of this document is to set out the agreed arrangements between Birmingham and Solihull when responsibility for a child's case needs to transfer between the two areas.

1.2 This protocol applies to children who have a Child Protection Plan, Child in Need Plan or to children in Care. It is recognised that responsibility for a child will remain with the local authority where the family previously lived if the child is the subject of a statutory order.

These include:
An Emergency Protection Order
Any child who is subject to Police Protection Powers.
An Interim Care Order
A Care Order
Any form of Supervision or Family Assistance Order
A Child Assessment Order.

1.3 This document does not replace the existing West Midlands Regional Protocol – but confirms local agreement between Birmingham and Solihull to ensure the child's safety and welfare remain central, while any transfer decision is made in a timely way.

1.4 The intention is that the document provides a reference point for clear guidance in such situations for staff of both authorities at all levels of the organisation.

1.5 This protocol does not take account of every situation, it is recognised that in some very exceptional cases, Children's Services managers may negotiate specific arrangements in response to the circumstances of an individual child. In such cases,

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- Circulate this 'Briefing Note' to all members of your team.

- Discuss the case at you next team meeting and use the **powerpoint presentation** to make sure everyone understands and are able to apply the learning.

- Social Workers should familiarise themselves with the new **Inter-Agency Transfer Protocol** between Birmingham Children's Trust and Solihull Children's Services.

- Encourage your team to attend 'Working with Substance Misusing Parents' and 'Working with Resistant Families' training available on **www.lscpbirmingham.org.uk**