

## Case Mapping Exercise

### 6 Step Briefing

### Child Ax

#### The Background

Child Ax's parents separated when she was very young. She was brought up by her mother who has mental ill health.

#### Safeguarding Concerns

Child Ax was "hidden" by her mother from professionals and her own extended family. When she was presented to her GP at the age of 7 years and subsequently admitted to hospital for extreme malnourishment, agencies acted swiftly and effectively to secure the child's wellbeing.

#### The Incident

The child's mother was struggling to cope and Child Ax was being cared for a few days by her Aunt. Her Aunt brought Child Ax to see her GP as she was concerned for the child's health and wellbeing.

#### The Review

The case was considered for a type of review. Whilst it did not meet the criteria for a Child Safeguarding Practice Review, it was clear that there was learning to be identified and a Case Mapping Exercise was agreed.

All agencies fully contributed to the scope of the review and participated in the workshop where issues were robustly discussed to identify learning and recommendations.

#### The Findings

##### Mother's mental health

- Mother does not like to leave the family home as she believes everything outside is extremely dirty.
- Mother's own home is well presented, clean and tidy. When guests leave the home, mother thoroughly cleans.
- Mother is described as being very well presented and eloquent – she has admitted she hides her issues from professionals.
- The GP was aware of mother's previous history of depression and mother had told the Wellbeing Team she was struggling to manage her child's tantrums. ***There were missed opportunities for professionals to show more curiosity and Think Family – recommendation 1.***

##### Professional curiosity

It was difficult to hear the voice of the child in the records when Child Ax attended for her 2.5 year development check from the Health Visiting service. More questions could have been asked about nursery attendance, play and stimulation, daily routines. This could have helped build a picture of what life was like for Child Ax.

- Child Ax was presented to the GP over a four year period with repetitive urinary tract infections – the GP could have been more curious as to what this may have indicated.

##### Home Education (EHE)

- Mother put in an application to Electively Home Educate Child Ax when she was allocated to a primary school mother considered to be too far away to be able to walk to (she does not drive). It is not clear if the primary school undertook a reception home visit.

### Findings continued

#### Home Education (EHE) continued

- In November 2016, the Education Inclusion Team sent mother the guidance and pack for EHE. An Education Inclusion Officer visited the family home in February 2017 and Child Ax, after initially presenting as shy, was chatty and singing. Mother advised she had bought lots of resources to educate Child Ax and that it was only an interim arrangement whilst she waited to hear on placements at two more local schools.
- The case was closed and, in accordance with current processes, would be reviewed the following year.
- At the time, Child Ax was not of a statutory school age and there was no process for a School Nurse to be notified of a parent's intention to EHE their child. If the School Nurse had been aware they have a responsibility to offer a service in line with children attending a school setting. **Recommendation 2.**

#### GP Advice

- The week prior to Child Ax being admitted to hospital, mother had attended a GP appointment and the GP advised that mother could self-refer to MASH. Usually the GP would ask the Health Visitor or School Nurse to make the referral.

#### Accessing Early Help provision

- Pathways are not clear and professionals do not have an understanding of services and resources they can refer to. **Recommendation 3.**

### Good Practice

#### Child Ax's presentation at GP and admittance to hospital

- Professional's response when Child Ax was presented to the GP by her Aunt and then admitted to hospital was very swift and appropriate.

#### The outcome for Child Ax

- Child Ax is thriving in her aunt's care and is now a bubbly, chatty child who has gained significant appropriate weight.

#### Voice of Child Ax

- The allocated Social Worker's work with Child Ax through the Care Proceedings has been exemplary in ensuring her voice was clearly heard, recorded, understood and responded to.

#### MASH contact details

- MASH are currently developing slides providing contact details for GPs.
- How to make a referral will be added as part of the learning for GP advice (detailed above).

#### Elective Home Education

- A process is being developed, in line with GDPR guidance, so that Social Care professionals can share EHE with health professionals which will allow School Nurses to offer the same services to children attending an educational setting.

#### Linking with Adult Services

- The link between Children's Services and Adult Services could be improved.
- There are ongoing discussions to look at how this could be improved and ongoing discussions looking at whether it is feasible to have Adult Services representation within MASH to support adult mental health enquiries.