Northamptonshire Safeguarding Children Partnership

Child Safeguarding Practice Review

Child Au

Overview Report

Lead Reviewer

Moira Murray

February 2022

Contents **Page**

1. Introduction

Background to the review

1.1.1 Child Au was born in August 2017. Within months of her birth, health professionals had been concerned about Child Au's weight loss, developmental delay, failure to thrive, not being brought to health appointments and a lack of attachment by Mother. It was not until September 2018, that a referral was made to the MASH by the Health Visitor about these concerns, and the case was allocated to a Social Worker for a Single Assessment to be undertaken. The outcome was that the family should be referred to the Early Help Team. However, the plan was not actioned and in December 2018, a further assessment was undertaken, which concluded that a Child in Need (CIN) Plan was appropriate.

1.1.2 Child Au was brought by her parents to Hospital 1 A&E Department on 8 January 2019 at 22:13 hours. She was 17 months old and presented with a fracture of the right humerus, which was treated as an injury of unknown origin. On arrival at the hospital Child Au's weight was recorded as 7.3kg. Given the concern about the injury she had sustained, a skeletal survey, CT scan and ophthalmic review was considered necessary. The skeletal survey revealed that Child Au had sustained five fractures, which were at different stages of healing.

1.1.3 Child Au was taken into Police Protection and the parents were arrested. The Local Authority instigated Care Proceedings and Child Au was placed with foster carers. Both parents have been convicted of causing injury to their daughter.

1.1.4 Given the involvement of agencies with the family prior to the serious incident resulting in Child Au's hospital admission, consideration was given by the Safeguarding Children Partnership as to whether the case met the criteria for a Child Safeguarding Practice Review under Working Together to Safeguard Children, 2018. It was decided on 27 June 2019 that the case met the criteria for such a review to be commissioned.

Terms of Reference, Methodology and Scope

1.2.1 Full details of the terms of reference and methodology for the review can be found in Appendix 1, as can details of the agencies involved, and the Lead Reviewer. The Northamptonshire Safeguarding Children Partnership took the decision to use the Welsh methodology[1] for this review.

1.2.2 A multi-disciplinary Learning Event for practitioners was held on 11 February 2020. Twenty-four people were invited, and thirteen people attended. The event proved to be worthwhile, with practitioners engaging in helpful discussions and insightful suggestions for improvement of practice. However, the discussion would have benefitted if more practitioners had attended the event, including representatives from the Health Visiting Service, who may have been able to assist in answering some of the key questions arising from the review. The Lead Reviewer would

[1] See Appendix 1 Terms of reference

like to thank all those who attended and the Safeguarding Children Partnership staff for arranging and facilitating the event. Discussions arising from the event have informed the learning and recommendations arising from this review.

1.2.3 **The time period for the review is from 1 January 2017 until 1 May 2019.** The period starts roughly from the date of Au's conception and continues to 1 May 2019. Child Au was made subject to a Child Protection Plan on 19 January 2019. The reason for the timeline extending beyond the period Child Au was placed in foster care is to allow the review to consider the potential long-term psychological impact on her well-being and the observed changes in her health and behaviour since being placed in foster care.

1.2.4 **The issues for consideration in the review are as follows**:

- The Voice of the Child
- What was a day like in the life of Child Au?
- Mother and Child Au's relationship
- Father and Child Au's relationship
- Mother and Father's relationship
- Agencies understanding of disguised compliance by parents
- Was neglect considered and if not, why not?
- Engagement of agencies with the family
- How was it possible that Child Au's injuries were missed?
- Mental health issues of the parents.

Involvement of family members in the review

1.2.5 The family was informed that a Child Safeguarding Practice Review had been commissioned. However, because of the parallel criminal proceedings and the parents' subsequent conviction resulting in both receiving custodial sentences, no member of Child Au's family has yet been asked to contribute to the review.

2. Summary of Key Events:

Parents Early History

2.1.1 Little detailed information is available to the review about the background history of either of Child Au's parents. It is known that Mother was removed from her birth family and was a Looked After Child until she was adopted when she was six years old. Prior to becoming pregnant Mother was referred by the GP to Adult Mental Health Services in June 2016 with concerns around low mood, feelings of anger and self-harming behaviour. Mother was discharged from the service in October of that year and was signposted to the Wellbeing Team.

2.1.2 As a child, Father had been known to a local county's Children's Social Care and had been on a Child in Need plan. During his teenage years Father was known to have anger management issues.

Birth of Child Au:

2.1.3 When Child Au was born, both parents were living in a neighbouring county. The delivery was normal, and she was a healthy baby.

2.1.4 The neighbouring county's Health Visiting Team assumed responsibility for Child Au and on making a home visit found the parents and baby living in a small room in a homeless hostel. The room was described as being cluttered with rubbish, and with little space to move around. The parents were considering moving in with Child Au's maternal grandparents who lived in Northamptonshire.

2.1.5 The Health Visitor noted that Father was '*doing a lot of the hands-on care, as he is more confident with Child Au. Mother reports not handling Child Au much and feels that Child Au prefers dad.*' A referral was made to VIG (Video Interactive Guidance) to support Mother to increase her confidence and feelings of attachment. It was also recorded that Mother had recently started taking anti-depressant medication.

2.1.6 At the end of August 2017, the Health Visitor learnt that the family had moved to Northamptonshire to live with Maternal Grandparents. On speaking to Mother on the telephone, the Health Visitor was told that Father was providing most of the care, although she had gained a little more confidence in handling Child Au. Mother told the Health Visitor that earlier that day she had seen some blood in Child Au's mouth. The Health Visitor strongly advised Mother to take Child Au to the GP and contacted the appropriate Northamptonshire Health Visiting Team to inform them of the family's arrival in the area, of her general concerns and of the need for Child Au to be seen by a GP.

August 2017 – September 2018: Parents and Child Au living with Maternal Grandparents

2.1.7 Health Visitor 1 (HV1) from Northamptonshire made a first visit to the family during the second week of September 2017. Mother said she thought Child Au had caught her tongue with her thumb nail, which may have been the reason for blood in her mouth but there had been no bleeding since. Mother explained that the Health Visitor in the neighbouring county had asked her to take Child Au to the GP, but Mother said she had phoned the GP rather than take her. HV1 asked the parents to take Child Au to the family's new GP to ensure that no restrictions to feeding had occurred. During the visit Mother did not handle the baby and her care was left to Father. Mother said she felt that Child Au preferred Father and when she returned to work, Father would care for Child Au. HV1 discussed Mother's experiences of being a Looked After Child and suggested she might like to consider a referral being made to NORPIP[2]. In the event Mother decided not to access the service, nor did the parents wish to consider attending a Children's Centre when this was suggested. It is not known whether Child Au was taken to the GP, as HV1 had asked.

[2] Northants Programme Supporting Parents on Attachment

2.1.8 HV1 assessed Child Au as being healthy and well-cared for and considered Universal Plus health visiting provision to be appropriate.

2.1.9 From the end of September to the beginning of December 2017, Child Au was seen three times by HV1, Community Nursery Nurse accompanied the Health Visitor. At Child Au's 6-week developmental check, good health, weight and development were recorded. Mother disclosed that she was having difficulty in responding to Child Au and continue to feel that she preferred Father. Mother stated that she hated it when Child Au cried, could not cope and often left her to cry in her cot alone. During a home visit at the end of September 2017, HV1 attempted to explore Mother's childhood and attachment. Apart from Mother saying that she was adopted at the age of 6, Mother refused to expand further. From information contained in the Serious Incident Report prepared by Northamptonshire Healthcare NHS Foundation Trust, HV1 described Mother as *"directive….and 'a very hard and strong person', possibly in response to her childhood experiences that the Health Visitor knew nothing about."*[3]

2.1.10 It is apparent from information contained in the Serious Incident Report, which was sent to the Lead Reviewer in December 2020, (despite previous requests for it to be shared with the review) that serious concerns were noted about Mother's attachment to Child Au, her apparent domination of Father and her refusal to comfort Child Au when she was crying and distressed but refused to allow anyone else to go to her. This was manifest when HV1 and the Community Nursery Nurse visited the family in late October 2017. On arrival Mother was downstairs and Father was not at home. Child Au could be heard crying behind the closed bedroom door. Mother explained that *"Child Au had been upstairs for a short while and she leaves her to cry because she eventually cries herself to sleep. The Community Nursery Nurse explained that Child Au was likely to stop crying through exhaustion rather than settle and that this was not good for her. Mum disagreed, she refused to go and fetch her when the Health Visitor and Community Nursery Nurse asked her to and said if she goes in the room to see her Child Au will begin crying again. Mum said Child Au didn't like her and she prefers her dad."* Father returned home towards the end of the visit and immediately went to Child Au, who was still distressed and crying, and fetched her downstairs. Child Au responded to him straight away and settled.

2.1.11 In October 2017, HV1 discussed with the GP her concerns about Mother's mental health and lack of attachment to her baby. Mother was prescribed anti-depressants. HV1 had attempted to discuss her mental health with Mother, but she remained reluctant to engage. By December 2017, Child Au had put on weight, but her growth centile was dropping.

[3] SIR, NHFT dated 27/01/2022, page 14

2.1.12 In early January 2018 Child Au was brought to a Health Day Clinic, accompanied by Mother and Maternal Grandmother. Mother had a blackeye, which she said was caused whilst playfighting with Father. Child Au's growth was now on the 9th Centile. The information was shared with HV1.

2.1.13 A week after being seen at the clinic, the GP and the Practice Nurse raised their concern about Child Au, with the Community Nursery Nurse, when she was seen in the immunisation clinic. The concerns were about the lack of attachment by Mother to Child Au and Mother not responding to Child Au when she cried. The information was passed to HV1.

2.1.14 Child Au was not seen by HV1 for seven weeks when a home visit was undertaken in mid-March. Child Au was 7 months old. Her weight was now back on the 25th centile, however she was noted to be quiet, with no response to being put back in her cot whilst wide awake. Mother would not commit to bringing Child Au for her 8-month development review.

2.1.15 Following this visit, HV1 accessed safeguarding supervision within the Health Visiting Team. It was agreed to offer the parents an Early Help Assessment, for a Graded Care Profile to be completed and for Child Au's development review to take place at home.

2.1.16 Towards the end of March 2018, Mother requested a change of Health Visitor. The request was agreed. It was decided that two Health Visitors should undertake Child Au's 8-month check and a review of whether a MASH referral was required would take place once HV2, who would be responsible for the family, returned from annual leave.

Child Au's 8-month developmental check:

2.1.17 Took place in mid-April 2018, with HV2 and HV3 in attendance, by which time Mother had returned to work. It was noted that Child Au had nappy rash, her diet mainly consisted of milk, and her hands were enclosed in her baby grow. Child Au scored low in all areas of development. Child Au did not attend any baby groups and rarely left the house, other than an occasional walk and visit to the paternal grandparents.

2.1.18 The outcome of the visit was to offer the parents a referral to Homestart[4] and to encourage Child Au's development with activities provided by the Health Visitors. Concerns arising from the visit were discussed by HV2 and HV3 during safeguarding supervision and it was decided that a further visit should be made in a month's time to assess Child Au's development and social skills. The Graded Care Profile required completion and a referral needed to be made to the GP and

[4] Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times.

paediatrician. If there was no improvement, then consideration would be given to making a referral to Children's Social Care.

Concerns continue about Child Au's weight

2.1.19 The next visit at the beginning of May 2018 was undertaken by HV2 and HV3. Child Au's weight had slightly decreased. Child Au was not seen again by HV2 until mid-July, ten weeks after her last visit to the family. Concerns continued about Child Au's development and Mother reluctantly agreed to keep an appointment with the GP when it was decided that a referral to a paediatrician was necessary.

2.1.20 By the time of Child Au's first birthday, her weight was below the 9th Centile and her development was recorded at 6 – 8 months. The Community Nursery Nurse offered the parents support with skills and strategies around improving Child Au's development, but this was declined. Mother informed HV2 that the family was moving to independent accommodation away from Maternal Grandparents.

2.1.21 At the beginning of September 2018 HV2 visited the family. Child Au's weight had dropped to the 0.4 Centile. Two days after the visit, the parents took Child Au to the pre-arranged GP appointment and a referral was made to the Consultant Community Paediatrician for failure to thrive and developmental delay. The referral was accepted, however, the Consultant Community Paediatrician asked for the referring GP to make a referral to acute paediatrics for failure to thrive and said that consideration needed to be given to making a MASH referral as there were clear concerns about neglect. Child Au was seen by the Consultant Community Paediatrician on 22 October 2018 (see paragraph 4.2.13).

2.1.22 On 26 September 2018, following the request of the Consultant Community Paediatrician, HV2 sought advice as to the best way forward for Child Au to be seen as soon as possible by acute paediatrics. HV2 was told to contact the Acute Paediatrician on call that day, who advised that a safeguarding referral needed to be completed as soon as possible, highlighting the significant concerns about Child Au's weight loss, which should ensure that she was seen urgently[5]. HV2 made a referral to MASH that day. The completed Graded Care Profile was included in the referral.

2.1.23 After making the referral, HV2 visited the family home. Both parents and Maternal Grandmother were present. Child Au was upstairs in her cot and when brought downstairs, she looked pale, very frail and cried intermittently, and when she sat up did not attempt to move. Her weight had

[5] The Acute Paediatrician was suggesting that a same or next day Child Protection medical would be the quickest way for Child Au to be seen by a paediatrician. This would need to be requested by a Social Worker undertaking a Section 47 investigation.

dropped by 0.5kg and she remained on 0.4 Centile. Support with parenting was again offered but was refused. During the visit, the parents confirmed that they were about to move to their own accommodation, within Northamptonshire and HV2 contact the appropriate Health Visiting Team to inform them about the move. HV2 also contacted the Community Paediatrician to expedite the referral.

2.1.24 On receipt of the safeguarding referral from HV2, a decision was made that the case should be transferred to the First Response Team. A Social Worker would visit the family to undertake an assessment. When SW1 visited the family both parents and Maternal Grandfather were present. Child Au was now 13 months old and was noted to be clean and wearing a top suitable for an infant of 3 months old. Mother said she was upset that a referral to Children's Social Care had been made without her knowledge. Mother maintained that she did not need any additional support, as she could access this at any time from both Maternal and Paternal Grandparents. During the visit, Child Au was noted to have a good attachment with Father, but she was unable to stand when Mother tried to encourage her.

2.1.25 The outcome of the visit was for a Single Assessment to be initiated. When Police undertook preliminary inquiries concerning the parents, as part of the assessment process, it was discovered that in 2016, the local county's Police had received information concerning Father's online contact with a 12-year-old girl. Father was then 19 years old, and a Single Agency Assessment had been undertaken by local county's Children's Social Care at the time. Northamptonshire Police was not aware of this information when the family moved from the neighbouring county. However, there was no follow up by Northamptonshire Police with the local county's Police, once this information became known in October 2018.

The Parents move to their own accommodation and Single Assessment begins

2.1.26 HV4 visited the family in early October 2018, as they were now living in her area. Concerns about Child Au's weight and development continued. Mother was working and Father had care of Child Au. At the beginning of October 2018, SW1 left the First Response Team, and the case was reallocated to SW2 to commence the Single Assessment. SW2 did not make contact with the family until the end of October. By this stage Child Au had not been seen for a month by a social worker. HV4, who was now responsible for the case attempted to contact SW2 to ascertain what was happening with the assessment.

2.1.27 Child Au was seen by an Acute Paediatric Registrar in Clinic on 11 October 2018, where concerns were noted about faltering growth, developmental delay, and a number of domains. There were also concerns about 'facial features' which could possibly suggest a developmental syndrome. Blood tests were arranged to investigate growth and nutrition concerns, including genetic abnormality. The Consultant Community Paediatrician left a message for HV4 on 26 October 2018, asking her to visit Child Au as soon as possible as he had concerns about under stimulation.

2.1.28 Three days after the message from the Consultant Community Paediatrician to HV, Child Au's parents informed SW2 during a home visit to their new home that they had attended two paediatric appointments and there were no concerns about Child Au's development. They said that Child Au was eating well and gaining weight. Child Au was seen to be interacting with her parents and her bedroom was seen, and no concerns raised.

2.1.29 HV4 visited the family in early November. Child Au was upstairs in her cot. On being weighed, Child Au remained on 0.4 Centile and had lost weight. Father was caring for Child Au as Mother was working. It was not until the end of November 2018 during a joint visit with HV4 that SW2 saw Child Au for the second time, as part of the Single Assessment process. Child Au's weight remained static on the 0.4 Centile. The parents reported that they did not know whether Child Au slept all night as often they found her lying awake, not crying in her cot. There were few toys in evidence and the parents explained that they could not afford to buy them. The parents reiterated that they had attended two appointments with the Paediatrician and had been told there were no concerns about Child Au's development. Child Au was referred to a dietitian but was not brought to the appointment, nor was she brought to a follow up appointment with the Acute Paediatrician on 22 November 2018.

2.1.30 HV4 saw Child Au again at the beginning of December 2018. On arrival at 10.30am Child Au was in her cot. Father made Child Au breakfast. On being weighed Child Au's weight had dropped, she was still on the 0.4 Centile. Following this visit, HV4 contacted the Team Manager, First Response to raise her concerns about Child Au's welfare. The Team Manager informed her that the Single Assessment was still ongoing, with the likely outcome being that Child Au would be made subject to a CIN Plan.

2.1.31 Child Au was brought to an appointment at the acute paediatric clinic on 13 December 2018. Just days prior to the appointment, the parents had taken Child Au for blood tests which they had been requested to do two months earlier in October. When Child AU was seen in Clinic, by the Paediatric Registrar, very significant concerns emerged about her failure to gain weight, and she was described as passive and lethargic. Although clean, Child Au was not dressed in warm clothes. The blood tests indicated iron deficiency, probably nutritional and if she did not gain weight, there was a plan to admit Child Au to hospital at her next review appointment in three or four weeks' time. The Paediatric Registrar asked for this information to be relayed to HV4.

2.1.32 When the Single Assessment was completed, SW2 recommended that the case be stepped down from Tier 4 to Tier 3 and referred to Early Help. The Single Assessment referred to a report from the Consultant Community Paediatrician, which stated that '*Child Au is well cared for, developmentally behind but is able to sit, has parachute reflexes and will weight bear gently when holding Mother's hand. Described as very quiet in clinic but no hearing difficulties noted…..parents would benefit from attending local community family groups.'* On receipt of the assessment, the

Team Manager realised that SW2 had left the department. Because the assessment had taken so long to complete and SW2 was no longer in the employment of the Local Authority, the Team Manager decided that the case should be re-allocated for another assessment to be undertaken.

Second Single Assessment

2.1.33 SW3 was allocated to undertake a second assessment.

Concerns raised by Housing

2.1.34 SW3 received a telephone call four days before Christmas in December 2018 from a Housing Tenancy Support Officer. He explained that following a visit to the family home by a contractor, concerns had been reported that Child Au had been seen in her cot, with her arms taped up with electrical wire. There were dirty nappies and mouldy jars of empty baby food lying around. Following this report, the Housing Tenancy Support Officer and a colleague had undertaken an unannounced visit to the family home. They were shown around the accommodation and saw Child Au upstairs in her cot. The Housing Tenancy Support Officer reported that the mattress was bare, with no sheets or blankets. Child Au was wearing a baby romper suit with the arms 'taped up'. When asked why this was, Father stated that Child Au '*scratches herself*'.

2.1.35 SW3 agreed to visit the family, however, this did not take place until the day after the referral from the Housing Provider. At this time, Child Au had not been seen by a Social Worker for almost two months. When SW3 visited the home, Mother was described as hostile and unaccommodating. SW3 found no food in the cupboards for Child Au, no toys visible and no bedding on her cot, which Mother explained by saying it was in the wash. Child Au was described as being 'subdued'. Mother confirmed that during the night, Child Au had slept on a bare cot mattress with no bedding or covers. The issue of Child Au's arms being 'taped up' was seemingly not discussed.

2.1.36 Following the visit, the First Response Team Manager decided that the case was one of Child in Need, with the parents needing parenting support. The Housing Provider was informed of the decision, which resulted in the Housing Team Leader contacting SW3 to express her concerns that Child Au would be left with her parents over the Christmas period. SW3 stated that the parents had been given clear instructions on what was needed to change immediately to ensure Child Au's safety.

Non-accidental Injury to Child Au

2.1.37 At the beginning of January 2019, SW3 informed HV4 of the plan to transfer the case to the Children in Need Team. SW3 also explained that she had telephoned Father on 8 January 2019, a Tuesday, to arrange a visit to the family. Father told SW3 that Child Au had a swollen arm, which the parents noticed on Saturday, 5 January, but was not sure how this had happened. SW3 advised him to take Child Au to the GP immediately. When SW3 informed HV4 about the injury, she arranged an appointment for Child Au to see the GP that day. The parents kept the appointment

and were advised to take Child Au to A&E immediately. Mother said this was not possible as she had no petrol and would go the next day.

2.1.38 Child Au was taken to A&E on the evening of 8 January 2019 at 22:13. On arrival she was X-rayed and found to have a fracture to her left arm, which required surgery. In addition, Child had bruising on her left intra orbital area, lower back spot/bruising and nappy rash. A full skeletal survey, CT scan, and ophthalmic review were undertaken. Child Au's weight was 7.3 kg (1 stone 2lbs). She was then aged 17 months. NB when aged 8 months Child Au's weight was 6.9kgs (1 stone 1lb).

2.1.39 The skeletal survey revealed five further fractures all at different stages of healing.

2.1.40 Child Au was taken into Police Protection and a Strategy Discussion was held on 10 January 2019. Two doctors and the Safeguarding Nurse tried to call into the meeting, but despite being left on hold for almost 40 minutes failed to be connected and were unable to contribute to the discussion. After the meeting the Local Authority applied for an Emergency Protection Order, and care proceedings were later instigated.

Placement

2.1.41 After surgery on her elbow, Child Au left hospital and was placed with foster carers. Since being in the foster placement Child Au gained weight and made progress developmentally. She was having regular contact with both parents and grandparents; however, she was observed to be especially distressed after contact with Mother and contact with Mother ceased. Both parents are currently serving terms of imprisonment for the injuries caused to Child Au

3. The Voice of the Child: what was daily life like for Child Au?

3.1.1 Child Au was born at 42 weeks in hospital in the neighbouring county by normal delivery and is of White British ethnicity. She was a healthy baby, who weighed 3 kilograms at birth and was on the 25th Centile. For most of the first year of her life Child Au lived with her parents in the home of her Maternal Grandparents. During this time, she was visited regularly by the Health Visiting Service.

3.1.2 There is little information known to the review as to what interaction the Maternal Grandparents had with their granddaughter. Maternal Grandmother told the Health Visitor that she used to read to Child Au every night from when she was a very young baby. Maternal Grandfather bought some toys for Child Au and wanted to buy some bedding for her but was told not to do so by Mother. Whether the Maternal Grandparents were intimidated by Mother is unclear. Whether the fractures which were inflicted on Child Au occurred whilst she was living in the home of her Maternal Grandparents is not known to the review. However, it is evident that her continued weight loss, limited developmental progress and being left in her cot for long periods were part of Child Au's everyday lived experience whilst in her Maternal Grandparents home.

3.1.3 Within weeks of her birth concerns were being documented by health professionals about Mother's lack of attachment to Child Au, as well as an injury resulting in bleeding from her mouth. Mother stated she believed this was caused as a result of Child Au scratching her tongue whilst sucking her thumb, but there is no evidence to support this, nor is there any indication that Child Au was seen at the time by a medical practitioner.

3.1.4 For the first six weeks of her life, Child Au's weight remained stable and on the 25th Centile. However, her weight fluctuated during the time she was in the care of her parents. It was evident that there was greater interaction between Child Au and her father than with her mother. It was Father who fed, changed, and generally cared for Child Au. On numerous occasions Mother was documented as being unwilling to hold or pick up Child Au and notably requested that Father and HV1 should not speak or interact with the baby.

3.1.5 The lack of Mother's attachment with Child Au became of increasing concern to the GP when she was five months old and brought for her vaccination injections in January 2018. It was from this time onwards that Child Au's weight began to plateau and dip, until her weight decreased to such an extent that it was recorded as being below the 1st Centile.

3.1.6 The information documented in Child Au's health records indicate that her weight had fallen dramatically from the time of her birth to when she was brought for her vaccinations in January 2018. When her weight became an ongoing concern, Health Visitors involved with Child Au consistently raised the issue with the parents, as to whether she was being appropriately fed and offered dietary advice. It is known that Child Au was given formula milk for much of her first year, with little if any solid food to supplement her diet. The blood tests in December 2018, confirmed that Child Au was suffering from iron deficiency, which was likely to be nutritional. On the one occasion when HV4 saw Child Au being fed, Father was feeding her from a plastic ice cream tub containing four Weetabix, and she immediately expressed her concern that this was inappropriate.

3.1.7 Child Au spent lengthy periods of time alone lying in her cot, with no stimulation. She was left to cry for long periods before being attended to, seemingly for hours in a dirty nappy. It can be surmised that Child Au learned that there was little if any point in crying, as illustrated by her not indicating any discomfort when her nappy was dirty and her parents admitting that they found her awake during the night, lying silently in her cot. Health professionals noted that she presented as sad, watchful, and frozen. The foster mother noted that Child Au had learned to shed silent tears.

3.1.8 It is apparent that Child Au was not dressed appropriately for cold weather, as recorded when she was seen by the Acute Consultant Paediatrician in November 2018. Child Au was seen lying on a bare mattress in a cot with no bedding in December 2018. It is likely that she was often cold. Indeed, when SW3 visited the family home just before Christmas, Child Au was seen wearing a baby grow, no socks, her skin was mottled, and she was shivering.

3.1.9 Child Au barely left the house, except on the rare occasion when she visited her Paternal Grandparents. Her parents did not take her to baby and toddler groups or to the Children's Centre,

thus Child Au had no opportunity to interact or socialise with other children. When Health Visitors and other people visiting the house tried to interact with Child Au, she was described as presenting a blank expression.

3.1.10 Whilst living in her Maternal Grandparents home, Child Au's environment was described as clean, warm and comfortable. Once the parents moved to their own accommodation the situation deteriorated with the home being described at times as dirty, cluttered with dog biscuits and dog toys on the floor, but no evidence of toys for Child Au.

3.1.11 By the age of 15 months Child Au could sit but could not pull herself up or stand. On her admission to hospital in January 2019, when she was 17 months old, a skeletal survey discovered that two of the five old fractures Child Au had acquired were to her fibula and tibia, which were on opposite limbs, but both situated around the knee joint area. Whilst the date of these injuries is not known to the review, given that the five fractures were found to be at different stages of healing, the question has to be asked as to whether the reason Child Au was not pulling herself up, standing or walking was because she had suffered two broken legs.

3.1.12 It is of concern that although Child Au's parents were told by the GP to take their daughter to hospital immediately, they delayed doing so for several hours arriving at A&E at 22:13. Father told SW3 that the parents had noticed Child Au's arm was swollen three days prior to taking her to the GP. Child Au must have been in pain before she received any form of medical treatment, given the severity of this injury, in addition to the extensive injuries she had previously endured.

3.1.13 The home environment in which Child Au spent the first 17 months of her life can be described as one of chronic neglect, fear, under stimulation, discomfort, loneliness and physical harm. Child Au was placed with caring foster parents with whom she was able to feel safe. On arrival, she would not drink fluids, would not indicate that her nappy was dirty and was very afraid of having a bath. There were also indications that Child Au experienced an adverse reaction after contact with Mother. Child Au has made good progress, has gained weight and is smiling, babbling and beginning to talk. There are however indications that due to her early life experiences Child Au has suffered developmental delay and is receiving services to assist with her additional special needs.

4. Key themes and analysis of practice

Experience of Childhood and the Importance of Brain Development

4.1.1 Little information is available to the review concerning Mother's childhood experience. The same can be said of Father. In Mother's case, it is known that she was removed from her birth family when she was a year old and was a Looked After Child, until she was adopted at the age of six. The nurturing and quality of parental care Mother received during the most important years of her childhood development are not known. Research has shown that *"of all that brain science has taught us over the last 30 years, one of the clearest findings is that early brain development is*

directly influenced by babies' day-to-day interactions with their caregivers".[6] The vast majority of professionals who saw Mother with Child Au expressed concerns about her interaction with her daughter. Mother's lack of attachment to Child Au may have reflected her own early experiences of childhood and inconsistent parenting prior to her adoption.

4.1.2 Mother's apparent hostility towards Child Au, as illustrated by comments she made in the presence of health care professionals and her reluctance to engage in the basic care needs of her baby, would seem to indicate that her own infant and early childhood experience may not have been positive. When considering Mother's responses to Child Au, together with her difficulties with depression and mental health, it is important to note the following:

4.1.3 *"Based on the feedback babies receive from early exchanges, they direct attachment behaviours toward developing secure relationships with their primary caregivers. Research has shown that this attachment-seeking fits with the finding that during the first two years of brain development, emotional wiring is the dominant activity. The brain builds crucial structures and pathways of emotional functioning that serve as the base for attachment, future emotional and social activity, and the language and intellectual development that will follow (Schore 2000). In this earliest stage, babies start using messages from caregivers to develop perceptions of the extent to which they are loved. Infants then use these perceptions to create an initial working model for how to engage with others. Thus, the care babies receive during these early exchanges directly affects the quality of attachment they form with their caregivers and influences the emotional stance they will take in interactions with others."*[7]

4.1.4 The above findings may offer some understanding as to the reasons why, given her own early childhood experiences, Mother was seemingly unable to engage with or recognise the needs of her baby.

4.1.5 Given that some of Mother's childhood history and mental health issues were known when she was pregnant, a referral to Perinatal Mental Health Services for assessment could have provided an opportunity to explore the potential risk of harm to unborn Child Au. The review has been informed that there is a general concern that not all practitioners in Health and Children's Social Care are confident to recognise and respond to emotional and developmental neglect as a result of maternal mental health issues, and particularly that they may not understand the level of urgency required to ensure that a baby's long-term development is not impaired. The review has been informed that the Perinatal Mental Health Team are available for consultation to health visitors and midwives and would have been able to advise in this case. The Team regularly sees women for assessment whose background includes childhood abuse and trauma, being in care and being adopted. Whilst most cases do not meet the criteria for ongoing treatment by the Perinatal Mental Health Team, an assessment can be made, which would highlight areas of concern for health visitors and their post-natal involvement with mothers and children.

[6] https://www.naeyc.org/resources/pubs/yc/may2017/caring-relationships-heart-early-brain-development
[7] ibid

4.1.6 Not seeking a Perinatal Mental Health Assessment of Mother was a missed opportunity, and as the following section of this report illustrates, concerns about the care of Child Au quickly became apparent within weeks of her birth when the Health Visitor made her first visit.

The importance of identifying neglect in babies

4.2.1 Although initially no safeguarding issues were identified at the time of Child Au's birth, it quickly became apparent to the Health Visitor in the neighbouring county that there were concerns about Mother's attachment to her baby, the conditions in which the family lived whilst homeless and the reported injury to Child Au's mouth when she was a few weeks old.

4.2.2 Weeks later, when the family moved to Northamptonshire in August 2017, they lived with Maternal Grandparents and HV1 made her first visit within required timescales. It was decided that the 0-19 Universal Health Visiting Service was appropriate. At the time of Child Au's six-week check towards the end of September 2017, she had a good weight and nothing of concern was recorded about her development. However, at this time, there were continued concerns about Mother's attachment to Child Au. It was noted that she had no physical contact with her baby and appeared detached. Mother was also known to have a history of anxiety and depression.

4.2.3 At this point it was decided to offer Universal Plus Health Visiting and the parents agreed to a Community Nursery Nurse accompanying HV1 on her next visit. Such a service is offered: '*to identify vulnerable families, provide, deliver and co-ordinate evidence-based packages of additional care, including maternal mental health & wellbeing, parenting issues, families at risk of poor outcomes.*[8'] This level of health visiting requires provision of an increased number of visits to ensure a child's health and well-being. However, the number of visits is not designated.

4.2.4 From the age of six weeks onwards, concerns about the care offered to Child Au and her developmental progress featured in all of the visits undertaken to the family home and when she was seen at GP appointments. Lack of engagement by Mother in Child Au's care became an ongoing issue each time HV1 visited. During some visits Child Au was heard crying alone in her cot. Mother refused to go to her, leaving Father to comfort her. Child Au's weight began to rapidly decline when she was 3 months old and although there were times when it did increase, by the time she was admitted to hospital in January 2019, it was off the Centile scale, registering at 0.4, where it had been for many months. Although there were periods when Child Au's weight increased and then decreased, her growth plateaued and remained at the 0.4 centile for many months before her removal from her parents'care.

4.2.5 All health visitors involved with the family offered Mother and Father advice on feeding, stimulating, socialising, and providing appropriate care to their child, however, none of this advice was followed by the parents. When she was 7 months old, it was recorded that Child Au was not

[8'] https://www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf

being fed solids, with Mother stating that '*she had no interest in food'*. Advice offered by health professionals on the importance of providing the right nutrition for Child Au was not implemented.

4.2.6 Safeguarding concerns were discussed by HV1 during supervision and the chronic neglect which Child Au was being subjected was to some extent recognised. This is evident in the information provided in the Serious Incident Report, where it is clear that there were discussions with the allocated supervisor and senior managers about the care and wellbeing of Child Au. However, whilst there was discussion about making a '*potential'* referral to the MASH, this did not materialise until September 2018.

4.2.7 Focus was on the completion of the Graded Care Profile[9] and an Ages and Stages Questionnaire, and it was suggested to the parents that a referral for Early Help Assessment should be made (which was refused). It was in April 2018, when Child Au was coming up to her 8-month check that Mother requested a change of Health Visitor, and the case was allocated to HV2 and HV3. This occurred at the same time that Mother was challenged about the care offered to Child Au.

4.2.8 Despite the change in health visitors, there was no escalation of the ongoing serious neglect of Child Au. After her 8-month check which identified that Child Au was underweight and developmentally delayed, it was suggested that the parents might consider a referral to Homestart and for them to encourage Child Au's development with activities, both of which were refused and ignored. The Graded Care Profile was seen as the appropriate tool to identify whether Child Au was at risk of neglect and awaited completion. Health practitioners have told this review that they have questioned whether the Graded Care Profile was an appropriate tool to use to identify concerns, which were primarily about emotional and developmental neglect in a very young baby. However, in the case of Child Au, there were also concerns about her low weight, which apart from the first three months of her life continued to remain on the 0.4 centile during the period under review. Concern about Child Au resulted in the parents being advised to take Child Au to the GP on several occasions, and a referral was made to a Consultant Community Paediatrician because of 'failure to thrive.' Neglect was not seemingly recognised as the underlying reason for the ongoing concerns about Child Au and appropriate action taken.

4.2.9 Child Au's weight, developmental progress and the care offered by her parents continued to be of concern throughout the period she was in her parent's care, however, the time span between visits to the home by the health visitors was not as frequent as would have been expected. As the significant events section of this report shows, there were periods when Child Au was not seen by any health professional for seven or ten weeks. This was at a time when she was not being taken outside of the home for any reason, apart from an infrequent visit to see Paternal Grandparents.

[9] The Northamptonshire Safeguarding Children Partnership offers the following guidance as to the purpose of the Graded Care Profile: *Where there are concerns about standards of care the **Graded Care Profile** provides a tool for assessment, planning, intervention and review. This gives an objective measure of the care of the child across all areas of need, showing both strengths and weaknesses. Improvement and/or deterioration can be tracked across the period of intervention. It allows professionals to target work as it highlights areas in which the child's needs are, and are not, being met.*

4.2.10 When HV2 saw Child Au at home in mid-July 2018, ten weeks after her previous visit, she noted that *'[Child Au] is chronically socially isolated, parents consistently unable to provide positive and enough parenting that is safe; Child Au is grossly under stimulated and is subject to neglect.'* HV2 did not make a referral to the MASH at that time, which should have led to a Strategy Meeting being convened in order to undertake a Section 47 investigation. This did not happen and as a result, Child Au continued to be left at risk of serious neglect and significant harm.

4.2.11 This report has described in detail the chronic neglect to which Child Au was subjected. It is recognised that Health Visitors are especially skilled in the assessment of children's weight and growth in the period from birth to five years. Centile charts are universally used to identify faltering growth. If there is one important and resounding lesson to be learned from this review is that it is not enough for professionals to observe and record signs of neglect and abuse. Action is required if children are to be protected from significant harm. Whilst acknowledging there may have been a reluctance on the part of Health Visitors to make an earlier referral to MASH about Child Au on the premise that the concerns may not reach the threshold for intervention, a referral should have been made regardless, as concerns would have been recorded, which would have added to an overall understanding of the history of the neglect to which Child Au was being subjected. The lack of timely intervention on the part of the Health Visitors involved with Child Au, and those supervising them is a matter of concern.

4.2.12 Following the removal of Child Au from her parents, a Serious Incident investigation was undertaken by Northamptonshire Health Care NHS Foundation Trust (NHFT). For various reasons, there was a delay in making the report available to the review. Summary findings of the Serious Incident report acknowledge that there was a delay in recognising that Child Au was being physically and emotionally neglected whilst in her parent's care. It also recognised that whilst the health visitors involved took a number of actions, these did not facilitate protection for Child Au as early as they should have; and although there was no evidence to support that Child Au's physical injuries could have been anticipated or prevented, the Health Visitors did not respond in the way that is expected in line with NHFT Standard Operating Procedures and Pathways. As a result, action has been taken to address changes required within NHFT as well as the individuals concerned.

4.2.13 Whilst a referral to the MASH should have been made much earlier, when one was made in September 2018, the content was comprehensive, indicated that Child Au was being neglected, and that her care was compromised by her parents. The referral did not result in Child Protection procedures being invoked, with a decision being made to undertake a Single Assessment. It is of note that a report by a Consultant Community Paediatrician is referred to in the Single Assessment undertaken by SW1, which stated that: *'Child Au is well cared for, developmentally behind but is able to sit, has parachute reflexes and will weight bear gently when holding Mother's hand. Described as very quiet in clinic but no hearing difficulties noted…..parents would benefit from attending local community family groups.'*

4.2.14 Given what is now known about Child Au, the assessment of the Consultant Community Paediatrician needs further exploration to understand what information was taken into account in reaching this conclusion. Significant concerns about Child Au's weight loss had been known for months prior to this consultation. On receipt of a referral from the GP concerning Child Au in September 2018, the Consultant Community Paediatrician responded by advising that a referral was made to acute paediatrics for failure to thrive and that consideration needed to be given to making a MASH referral as there were clear concerns about neglect. This response resulted in a referral to acute paediatrics and the Health Visitor making the referral to MASH as indicated above. It is therefore disturbing that when Child Au was seen by the Consultant Community Paediatrician she was assessed as being *'well cared for, developmentally behind'.* Having previously recommended to the GP that a referral needed to be made to acute paediatrics and to MASH, it is concerning that when seen in clinic the Consultant Community Paediatrician made this assessment of Child Au, with seemingly no consideration given to whether there were underlying reasons, other than medical, for Child Au's presentation.

4.2.15 Whilst the assessment of Child Au by the Consultant Community Paediatrician was essentially a 'snapshot' observation, based on one consultation, it can be said that the assessment report profoundly influenced the outcome of the Single Assessment undertaken by SW2. This resulted in a recommendation that the case be considered for Early Help Assessment, which was endorsed by the First Response Team Manager, before it was realised that SW2 had left the department.

4.2.16 The reallocation of the case to SW3 for a second Single Assessment to be undertaken resulted in the recommendation for Child Au to be subject to a CIN Plan. This recommendation was made and endorsed by the First Response Team Manager, after it was reported to SW3 that housing officers had visited the home to find Child Au in her cot with no bedding, her arms 'taped up', with dirty nappies and mouldy jars of baby food in evidence. SW3 made a home visit the day after receiving this report. At the time, it was two months since Child Au had been seen by a Social Worker. On entering the home, SW3 recorded that Mother was *'hostile and not accommodating'* (Source: Combined Chronology). There was no food in the cupboards or fridge for Child Au, no toys visible and no bedding on her cot. The issue of Child Au's arms being 'taped up' was not raised with the parents and Child Au was said to be subdued.

4.2.17 Despite these concerns, Child Au, was left alone in the care of her parents over the Christmas period. In light of the stark evidence of neglect, the lack of immediate action by Children's Social Care to initiate Child Protection procedures raises serious questions of professional judgement. The concerns raised by the Housing Provider and the issues arising from SW3's visit, should have resulted in the convening of a multi-agency Strategy Meeting. The failure to do so meant that Child Au was left in the care of her parents, which resulted in her suffering a non-accidental injury. When SW3 was informed by Father on 8 January 2019 that Child Au had a swollen arm, which could not be explained, SW3 did not undertake a home visit, advising Father to take Child Au to the GP. There was a need for immediate action on the part of the Social Worker to ensure that Child Au was medically assessed. Although Child Au was eventually seen by the GP, she was not taken to A&E by her parents, as advised to do so, until hours later. Once Child Au was medically assessed, evidence of significant harm became apparent. When a skeletal survey was undertaken,

in addition to a seriously fractured elbow, Child Au was found to have five other fractures, at different stages of healing.

4.2.18 It is apparent that there was a frequent change of social worker during the three months that Children's Social Care was involved with the case. This resulted in the involvement of three social workers, with two assessments being initiated, only one of which was finalised in January 2019. The information contained in the assessments showed that social workers were aware of the concerns about Child Au's lack of care, which were duly documented. Thus, it can be said that there was not a lack of knowledge in this case; there was however a lack of management oversight, due to the frequent change of social workers, which resulted in Child Au suffering significant harm.

4.2.19 The Serious Incident Report notes that at different times, the Health Visitors involved with Child Au recognised the risk factors that could potentially influence the capacity of Child Au's parents to parent well, however, the response to these concerns was delayed. Health professionals involved with the family did not recognise that a referral needed to be made when concerns first came to light from October 2017 onwards. The reasons for this may be related to a medicalisation of Child Au's presentation, thus considering her to be a child with delayed development and failure to thrive, as well as a lack of engagement by Mother, which the Health Visitors attempted to resolve by continuing to visit

4.2.20 However, when the Serious Incident Investigator explored with health professionals what was their rationale for not referring Child Au to the MASH sooner, two of the Health Visitors shared their belief that if they submitted a referral to MASH it would not be accepted. This decision was apparently influenced by their previous experience of referrals being rejected on more than one occasion, a view that was generally shared with members of their team. As the Serious Incident Investigator points out: *"this assumption is concerning as it potentially has the ability to create a 'culture' within a service that prevents practitioners from submitting timely referrals and this will impact on the welfare of the children at risk*."[10]

Parental Hostility to Professionals

4.3.1 It is evident that Mother was hostile and challenging in her involvement with professionals. When questioned about the care which was being provided to Child Au, she requested a change of Health Visitor. Similarly, Mother expressed annoyance if Child Au was seen, and she was not present. Mother appeared to need to control any situation, which brought into question the care being provided to Child Au, which is apparent from her refusal to go to or allow either HV1 or the Community Nursery Nurse to go to her daughter when she was crying during their visit in October 2017. Neither professional intervene, and Child Au was left to cry alone in her cot for 45 minutes. It is now known to the review that both professionals found the visit very upsetting, whilst reflecting on the case with the Serious Incident Investigator.[11]

[10] Serious Incident Report Northampton Healthcare FT, page 36
[11] Ibid page 45

4.3.2 The rational given by the Health Professionals for not intervening was that they did not feel safe to challenge Mother further. As the Serious Incident Report points out: *"In situations where practitioners feel that a child is suffering or likely to suffer significant harm parental consent is not needed and a MASH referral could have been submitted on that basis when they left the home; there was no risk to their own safety."*

4.3.3 Whilst there is evidence that health professionals were persistent in the advice they gave to Child Au's parents, their challenge was not robust enough to ensure that a change in parenting occurred. Neither were the parents told that the consequences of not making any improvement to the way in which Child Au was being looked after would result in statutory intervention. Health professionals were conscious throughout the period under review that the parenting of Child Au was not 'good enough' and there were clear concerns about Mother's mental health, and attachment to Child Au possibly resulting from trauma in her own early childhood. Father was seen as the main carer and given that the family was living with Maternal Grandparents it may have been believed that Child Au was safe and cared for.

4.3.4 The possibility of domestic abuse being a factor in the relationship between the parents, although considered, not least when Mother was seen with a blackeye, was not afforded sufficient consideration. Given Mother's controlling behaviour, the Serious Incident report makes the following important findings with which the Lead Reviewer is in agreement:

4.3.5 "*They observed that Mum made the decisions around Child Au's care yet Dad was the main carer. They referred to Mum as controlling and that she would dominate visits and disregard Dad's voice and opinions openly. As well as this, Dad was isolated in a rural location while Mum went to work, he had no friendship or support network locally, and Mum did not want Dad to take Child Au to baby groups or activities and repeatedly declined all offers of services.*
Mum was heard speaking to Dad in a controlling manner and appeared to control the home environment. Domestic abuse was not discussed with Dad who appeared to be a victim".

Disguised Non-Compliance

4.4.1 Disguised non-compliance is a recurring theme arising from Serious Case Reviews and Child Safeguarding Practice Reviews. In this case, it seemed that Child Au's parents and maternal grandparents were willing to meet with Health Visitors, the GP, Paediatricians and Social Workers. However, when the detail of the involvement of professionals with the family is scrutinised, it is apparent that engagement by the parents and the maternal grandparents lacked commitment. This is manifest in the continued neglect of Child Au and the family not following professional advice to ensure Child Au's health and wellbeing.

4.4.2 All of the Health Visitors encouraged the parents to engage with services and activities, which could have enhanced their parenting skills and improved the daily life experiences of Child Au. It was evident from Child Au's birth that Mother had attachment issues with her baby. Given her own early childhood experiences, this is perhaps understandable, but Mother did not take up

offers of assistance to help her. Father also experienced childhood trauma, however, he also did not become involved with any of the services suggested by health professionals.

4.4.3 Whilst some health appointments were kept, others were not, and those that were, were on occasions changed at the request of the parents. The appointment with the Hospital Dietician was not kept. On the occasions that professionals visited when Mother was not at home, she expressed her unhappiness and questioned the reason for such visits. When HV1 was perceived to be concerned about the care Child Au was receiving, Mother requested a change of health visitor.

4.4.4 Throughout the time health visitors visited the family, the parents were provided with advice about Child Au's diet, suggestions were made as to foods she should eat and activities to encourage her development. None of this advice was followed. On the occasion that HV4 visited, and Father made Child Au breakfast, which consisted of four Weetabix mixed with milk, he was advised that such a portion was far too much for a baby of 16 months to eat. It is open to question as to whether Father did not know how much food to prepare for Child Au or whether he sought to demonstrate to HV4 that Child Au was being fed large amounts of food. However, when she was weighed, Child Au's weight was shown to have dropped.

4.4.5 For the first twelve months of her life Child Au and her parents lived with her Maternal Grandparents. The home environment was considered to be warm and comfortable and appropriate for her needs. Given they were aware of the concerns being expressed about their granddaughter, her loss of weight, her developmental delay, and the fact that she rarely left the house, raises the question of whether the Maternal Grandparents colluded with the parents in the neglect of Child Au or whether they were intimidated by them. There are examples of Mother refusing help from the Maternal Grandparents, including offers to buy bedding and toys for Child Au. It also brings into question whether professionals believed that Child Au could not come to harm or be neglected because she was in the comfortable environment of the Maternal Grandparents home.

The Need for Escalation of Safeguarding Concerns

4.5.1 All the Health Visitors had concerns about Child Au and the care she received from her parents, most especially Mother. Whilst HV1 did seek safeguarding supervision from within the Health Visiting Team in March 2018, there was a lack of recognition of the need to act, given Child Au's lived experience and the risk of harm presented to her by her parents. The advice that a Graded Care Profile should be completed can be said to be appropriate, but by this stage Child Au's weight was fluctuating and Mother was displaying a lack of attachment with her baby and demanded that others, did not engage with Child Au. This was sufficient to warrant a referral to MASH, but this did not happen until six months later.

4.5.2 The Consultant Community Paediatrician who received the referral from the GP in September 2018, recognised that consideration was needed for a safeguarding referral to be made to MASH, as well as to acute paediatrics. It was not until HV2 spoke to him about the need for the paediatric

referral to be escalated that on his advice she made a safeguarding referral, by which time the family had moved to their own independent accommodation.

4.5.3 On receipt of the referral, the decision of First Response Team Manager for a Single Assessment to be undertaken, which resulted in a recommendation for the case to be referred to Early Help, did not recognise the gravity of the risk of harm that Child Au was facing. This decision was questioned by HV2, who shared her concerns with the GP, who decided that Child Au needed to be seen at the surgery. However, there was no escalation of their concerns about the decision of the Team Manager by health professionals. A Strategy Meeting should have been convened on receipt of the referral and Section 47 procedures instigated.

4.5.4 The Single Assessment took three months to complete and was then abandoned when SW2 left the department. During this time the home conditions deteriorated and when SW3 received an appropriate safeguarding referral from the Housing Support Officer at the end of December 2018, a home visit should have been made immediately. This did not happen and when SW3 visited the day after receiving the referral, she remained of the view that the case was one of Child in Need. The review has learned that the fact that Child Au was seen to have her arms taped up was not raised/not recorded with the Children's Social Care Manager during the supervision discussion with SW3. The Housing Team Manager appropriately questioned the decision to leave Child Au in the care of her parents over the Christmas period.

4.5.5 In January 2019, when SW3 was informed of the injury to Child Au, a home visit should have been made and medical advice sought immediately. Instead, it was left to the parents to take Child Au to the GP after HV4 made an appointment for her. The GP advised the parents to take Child Au to A&E straight away. However, the parents did not to do so until several hours later. It would have been appropriate for the GP to contact SW3 and request her presence to ensure that Child Au was taken to hospital and if the parents objected, the Police should have been summoned. To leave it to the parents to take Child Au, a non-mobile 17-month-old infant, to A&E with an unexplained injury was inappropriate and dangerous.

The Importance of Post Natal Mental Health Assessments

4.6.1 From the time she gave birth to Child Au, Mother had problems with attachment and was known to have previously suffered from anxiety and depression. The concerns about Mother's lack of engagement with her daughter continued throughout the period that Child Au was in the care of her parents.

4.6.2 Mother was seen by the GP and prescribed anti-depressant medication. She was asked to return a month later for a review but did not do so. There was no formal mental health assessment of Mother, despite telling HV1 that she had become angry shortly after moving into the home of Maternal Grandparents and could not cope with Child Au when she cried. Mother was seen with a black eye that she claimed was caused as a result of play fighting with Father but this was not discussed in any detail and the possibility of domestic abuse in the parental relationship was never

explored. If Mother had been assessed by a mental health professional, she may have been able to share more about her relationship with Father.

4.6.3 The importance of mothers being appropriately assessed by a mental health specialist, when there are clear concerns about the care offered to an infant, cannot be overemphasised and is a finding of this review.

The Need to Share Information

4.7.1 Information about safeguarding concerns for Child Au was eventually shared by health professionals with Children's Social Care. However, important information concerning Father's interest in underage girls was not forwarded by a neighbouring county's Police force to Northamptonshire Police, nor once it became known was it followed up by Northamptonshire Police. This was significant intelligence information concerning Father, who was the main carer of Child Au. If it had been, it may have prompted further investigation and multi-agency discussion about the family. The necessity to share information concerning those who may present a risk to children was manifest in the findings of the Bichard Inquiry[12] and the legislation which followed.

4.7.2 The decision not to hold the Strategy Meeting at the hospital where Child Au was admitted following the injury to her elbow, meant that clinicians with direct experience and knowledge of her injuries and presentation were unable to contribute to this crucial meeting. The need to ensure that all professionals are enabled to share information, and in this instance expert opinion, is vital if children are to be appropriately protected.

4.7.3 The importance of information sharing is a key theme arising from virtually every statutory review concerning the death, serious injury or abuse of a child, and this one is no exception.

5 Findings and Lessons Learned

5.7.1 The following is a summary of the lessons learned for the improvement of professional practice arising from this review:

The importance of identifying neglect in babies and taking action

5.7.2 Child Au was seen regularly by health visitors, as well as having contact with GPs, paediatricians and social workers. Her weight and development were closely monitored and charted. Although the indications of severe neglect may have been recognised by those who had professional contact with her, such concerns were not acted upon in a timely manner. The term failure to thrive was used when paediatric referrals were made to investigate Child Au's lack of sustainable weight gain and development. This might be due to number of causes including underlying medical factors feeding difficulties, or neglect. It may be that most of the health professionals

[12]The Bichard Report was commissioned by HM Government after the murders of two 10-year-old schoolgirls. It was published in June 2004

involved in child Au's care strongly suspected that her failure to thrive was due to neglect, but perception of a need to definitively exclude medical causes is likely to have been a factor in the delay in acting effectively to safeguard Child AU from being severely neglected and subject to non-accidental injury. It is also seriously concerning to learn that several Health Visitors who saw Child Au on a regular basis believed that if a MASH referral was made, it would not reach the threshold for intervention.

5.7.3 The Child Bruising Pathway flowchart, which has been developed since this review was commissioned provides excellent guidance to practitioners and clinicians as to the action required when concerns are raised about a child's presentation. **Recommendation 1(f)**

5.7.4 The need to make a safeguarding referral when it is evident that a young baby is failing to thrive, whose Mother is intimidating, controlling and admits to having attachment issues with her child, should have been apparent to those health professionals involved with Child Au. The necessity to raise awareness of the importance of professional challenge, of the need for difficult conversations with parents and the Thresholds for referral to the MASH is a lesson learned.

Parental Hostility to Professionals

5.7.5 The sharing of the Serious Incident Report with this review, albeit it late in the process, has provided important information concerning the way in which health professionals were intimidated by Mother. Such hostility proved to be at the cost of making a MASH referral in respect of their concerns for Child Au. A lesson learned from this review is that whilst it is good practice to inform a parent/carer that a referral is considered necessary to the MASH, where a child is suffering or is at risk of suffering significant harm, it is not a requirement to do so, if this might place the child at further risk. **Recommendation 2**

Disguised Non-Compliance

5.7.6 Child Au's lack of appropriate mobility for her age, her inability to stand and or pull herself up, were considered to be due to developmental delay, when in reality the cause may have been due to multiple fractures to her limbs. The possibility of non-accidental injury was not given enough consideration, as was the obvious neglect Child Au was experiencing. Repeated inquiry reports show the extraordinary lengths to which some abusive parents can go in their efforts to deceive practitioners through disguised non- compliance. The need for professionals to be able to "*think the unthinkable"* [13] rather than accept parental versions of what is happening at home, is a lesson arising from this review. **Recommendation 2(c)**

[13] Daniel Pelka SCR published October 2013, Coventry LSCB

Professional Curiosity

5.7.7 The need for professional curiosity, also described as "*respectful uncertainty*"[14] is a further lesson emanating from this review. The need for professionals to have the capacity to explore and understand what is happening within a family rather than making assumptions or accepting things at face value, resonates with the findings of this review. The report produced by the Consultant Community Paediatrician concerning Child Au exemplifies the importance of considering a child's presentation holistically, not least when concerns have been raised about whether the child is suffering neglect. The findings of that report proved to be influential in deciding the outcome of the Single Assessment undertaken by Children's Social Care. **Recommendation 6**

5.7.8 By applying critical evaluation to any information received and maintaining an open mind, professionals can avoid linear and absolute explanations by exploring alternative, multiple perspectives on a situation. Sadly, for Child Au this did not happen, as professionals were largely focused on a medical explanation for her presentation and on encouraging the parents to improve their parenting skills. **Recommendation 1(b) & (c) and Recommendation 4**

The Need for Escalation of Safeguarding Concerns

5.7.9 Concerns about the care provide by Child Au's parents were documented within weeks of her birth. It took over a year for those concerns to be referred to Children's Social Care. It is seriously concerning that once the referral was received, two Single Assessments did not result in Child Protection procedures being initiated, nor was the action taken by Children's Social Care challenged, apart from the Housing Provider.

5.7.10 It was to the credit of the Heating Engineer to report his concerns about what he witnessed concerning the care of Child Au when he visited the home. It was subsequently, appropriate for the Housing Team Manager to question the reasons why Children's Social Care decided it was safe to leave Child Au in the care of her parents. Given what was known already of the family, the concerns raised by the Housing Provider employees should have ensured that the case was escalated to one of child protection. This did not occur, and Child Au was left to endure yet another injury. **Recommendation 5**

The Importance of Perinatal Mental Health Assessments

5.7.11 Where there are concerns about a mother's mental health, during pregnancy and following the birth of her child, the need for a specialist mental health advice and assessment is crucial, as has been illustrated in this review. **Recommendation 3**

[14] Lord Laming 2003

Safeguarding Supervision

5.7.12 It is apparent that both Health and Children's Social Care practitioners accessed safeguarding supervision where concerns about Child Au's care were shared. This should have prompted thorough consideration as to whether Child Au was at risk of significant harm and ensured that appropriate preventive action was being taken. Unfortunately, this did not happen and is a lesson learned. **Recommendation 2(b)**

The Need to Share Information

5.7.13 The importance of information sharing amongst professionals involved in the safeguarding of children is a lesson arising from virtually every statutory review and inquiry. As has been evidenced, this review is no exception.

6 Good Practice

6.1.1 The engineer who visited the family home to repair the boiler and reported his concerns about the conditions in which Child Au was living is to be commended. The swift response of the Housing Support Officer to refer these concerns to Children's Social Care was an example of good practice, as was the action of the Housing Team Manager to question the decision of the SW3 to leave Child Au in the care of her parents.

6.1.2 The clinicians who assessed Child Au when she was brought to A&E acted promptly to undertake investigations to ascertain whether she had suffered non-accidental injury. This was good practice.

7 Conclusions and Recommendations

7.1.1 Child Au suffered chronic neglect and serious injuries during the 17 months she was in the care of her parents. She is continuing to recover from her ordeal as a result of the skill of the clinicians who treated her and the love and care she is receiving from her foster carers. Child Au will however require specialist intervention to ensure that she reaches her full potential, which is the legacy of the neglect she suffered in the first 17 months of her life.

7.1.2 Like many other statutory reviews this case has raised familiar issues and lessons for those involved in safeguarding children. It is acknowledged that safeguarding children is difficult, demanding, and complex, however, the findings from this review need to be taken seriously and acted upon by all professionals if similar cases to that of Child Au are not to be repeated. **Recommendation 7**

Recommendations

The following recommendations are for consideration by the Northamptonshire Safeguarding Children Partnership (NSCP)

Recommendation 1

The NSCP seeks assurance that all partner agencies recognise and act where children are experiencing neglect, by ensuring that:

(a) The Neglect Strategy reflects the learning from this review.
(b) There is sufficient professional awareness and understanding of neglect, and
(c) Neglect is seen as a feature of a child being at risk of significant harm/is suffering significant harm.
(d) Audits are in line with the learning from this review.
(e) The Graded Care Profile 2 is disseminated and used by relevant professionals.
(f) The Child Bruising Pathway flowchart is disseminated for use by health professionals

The implementation of this recommendation will heighten acuity of the potential immediate risk of permanent harm to a child if urgent action is not taken to improve their wellbeing and ensure their welfare is promoted.

Recommendation 2

The NSCP should consider how frontline practitioners can be enabled to work with families who challenge professional decision making and actions, whilst maintaining a focus on the needs of the child. This can be achieved by:

(a) Promoting services to professionals which can provide support and advice (see Recommendation 3).
(b) Good professional supervision.
(c) Enabling professionals to have the confidence to challenge parents where the welfare of a child is of concern.

Recommendation 3

Practitioners should be reminded of the importance of the need to assess a mother's mental health during pregnancy and after a baby is born. Advice from the Perinatal Mental Health Team is available, and practitioners should be made aware of this facility.

Recommendation 4

Northamptonshire CCG to require a protocol is produced between acute and community trusts to ensure that appropriate decisions and responses are made when a child's presentation for a medical condition could indicate neglect and abuse.

Recommendation 5

The NSCP should seek assurance that work undertaken concerning the criteria for convening Strategy Meetings is effective.
Recommendation 6 **The NSCP should seek assurance that paediatricians take account of the weight given to the words used and opinions expressed in assessment reports concerning children, and the impact this can have on any future interventions/outcomes for the child.**
Recommendation 7 **This report should be required reading for all professionals working with children in Northamptonshire to remind them that it is not enough to observe and record indications of neglect and abuse. Action is required if children are to be protected from significant harm. This could be achieved by the report being discussed at team meetings, throughout the Partnership, with evidence of the discussion provided by minutes taken at the meeting and shared with the Quality Assurance and Governance Sub-group.**

Appendix 1

Terms of Reference

CHILD SAFEGUARDING PRACTICE REVIEW

Ref083
(Child Au)

SCOPE & TERMS OF REFERENCE

The Local Learning Review Subgroup made the recommendation that, with reference to the requirements as set out in Chapter 4 of *Working Together to Safeguard Children* (2018) that the threshold was met to commission a Child Safeguarding Practice Review (CSPR) in respect of Child Au. The Strategic Leads agreed with this recommendation and the CSPR formally started 1st August 2019.

The purpose of the review is to identify improvements which are needed and to consolidate good practice. Safeguarding Partnership's and their partner organisations will need to translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.

The following **principles** should be applied by the Safeguarding Partnership and its partner organisations to all reviews:

- There should be a culture of continuous **learning and improvement** across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice;
- The approach taken to reviews should be **proportionate** according to the scale and level of complexity of the issues being examined;
- Reviews of CSPRs should be led by individuals who are **independent** of the case under review and of the organisations whose actions are being reviewed;
- Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;
- Families, including surviving children, should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. This is important for ensuring the child is at the centre of the process[15]
- Final reports of CSPRs **must be published**, including the Safeguarding Partnership's response to the review findings, in order to achieve **transparency**; and
- Improvement must be sustained through regular monitoring and follow up so that the findings from these reviews make a real impact on improving outcomes for children.

CSPRs and other case reviews should be **conducted** in a way which:

- Recognises the complex circumstances in which professionals work together to safeguard children;
- Seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did;

[15] British Association for the Study and Prevention of Child Abuse and Neglect in Family involvement in case reviews, BASPCAN, further information on involving families in reviews.

- Seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight;
- Is transparent about the way data is collected and analysed; and
- Makes use of relevant research and case evidence to inform the findings.

It has been decided that the Welsh methodology will be used. Authors will be asked to provide a detailed chronology that includes a mandatory critical analysis column for completion. A multi-agency Panel will scrutinise the combined chronology and identify learning. Themes will be examined, and authors are required to update on their own agency learning through the process of the review with an expectation that when the review is concluded, the majority of learning has already been addressed with processes in place to change/improve practice. There will also, and in parallel, be a process of greater collaboration through conducting conversations with the practitioners and clinicians involved and holding a multi-agency Practitioner event approximately halfway through the process in order to further identify learning and encourage reflection on their involvement; to examine the actions and decisions taken; and to understand the context.

When the review is concluded, a practitioner de-brief session will be undertaken to share findings and learning prior to publication of the report.

Issues for consideration by Authors and the Lead Reviewer (when completing the analytical chronology):

- Child Au's voice.
- What was a day in the life of Child Au like?
- Mother and Child Au's relationship.
- Father and Au's relationship.
- Mother and Father's relationship.
- Family household dynamics.
- Agencies understanding of disguised compliance by parents.
- Was neglect considered and if not, why not.
- Engagement of agencies with the family
- How was it possible that Child Au's injuries were missed?
- Mental health issues of the parents?

The time period for this Review is 1st January 2017 to 1st May 2019.

This starts roughly from the date of Child Au's conception and continues through to 1st May 2019. Child Au was made subject to a Child Protection Plan on 19th January 2019. The reason for the timeline extending beyond the period Child Au was placed in foster care is to allow the review to consider the potential long-term psychological impact on Child Au's wellbeing and the observed changes in her health and behaviour since being placed in foster care.

Agencies should include historic events with the family relevant to the learning aims of this Review.

A template for the Chronology will be provided, along with guidance for completion.

Chronologies are required from:
Neighbouring County Safeguarding Children Partnership - *(to include GP, Health Visiting Services and any other agency)*
Children First Northamptonshire
MASH

Northamptonshire Healthcare Foundation Trust
Northamptonshire Clinical Commissioning Group – GP Services
Kettering General Hospital
Northamptonshire Police

The following agencies were represented on the Panel

Moira Murray Independent Chair and Author
Northamptonshire Children's Social Care
Northamptonshire Police
Northamptonshire Clinical Commissioning Groups
Education, Northamptonshire County Council
Northamptonshire Healthcare Foundation Trust
Northamptonshire Fire & Rescue Service
Project Officer, Northamptonshire Safeguarding Children Partnership

The Lead Reviewer

Moira Murray is a social worker by training and has undertaken numerous SCRs, Learning Reviews and Safeguarding Children Practice Reviews. She has been involved in safeguarding audits for the NHS, the voluntary sector and local authorities. She co-authored HM Government *Safeguarding Disabled Children Practice Guidance, 2009* whilst Head of Safeguarding at the Children's Society. She was a non-executive board member of the Independent Safeguarding Authority for 5 years, was Safeguarding Manager for Children and Vulnerable Adults, London 2012 Olympics and Paralympic Games; has undertaken a review for the Foreign & Commonwealth Office, reviewed the BBC post Jimmy Savile and undertaken safeguarding reviews of Premier League Football. Until recently she was the Senior Casework Manager in the National Safeguarding Team, Church of England.