



Learning Lessons Briefing

“Marcus”

Methodology: Multi-agency tabletop rapid review meeting

Practitioner Involvement: Practitioner records and notes were reviewed prior to the meeting

KLOE's:

- How effectively was the voice of the children heard?
- How robust was information sharing between and within agencies?
- What influence did the family's traveller background have on agencies abilities to intervene or support?
- Was there sufficient professional curiosity from involved professionals?
- How robust was the Child in Need and Child Protection support and were professionals empowered to escalate concerns?

Scoping Period for the review: August 2023 – May 2024

The Review

Background Summary:

Marcus was just over 3 months old when he was taken to the Emergency Department by paramedics having a seizure. Investigations undertaken at the time of his presentation later showed he had been exposed to cocaine which was likely to have been the cause of his seizure.

Marcus and his older siblings had been known to children's social care and were all on a Child Protection Plan at the time of the incident. The family were well known to multiple services and there was known to be substance misuse, mental health, domestic abuse and criminality in the family.

Learning:

- While the children's presence in the home was documented by emergency services and they engaged with professionals, there was no clear picture from anyone about their day-to-day life at home.
- There was a lack of professional curiosity from professionals; initial questions would be asked almost as a tick box exercise, but no further attempts were made in understanding the impact of the answers received.
- Not all involved professionals were invited to multi-agency meetings or kept up to date with concerns and progress.
- The family's cultural background was known, but there was little exploration of the implications for the family or consideration of how to work differently with the family as a result.
- Specific consideration of the impact of having a new baby in the family, and the consequences of this for the baby or the siblings, was not clear prior to stepping down multi-agency involvement prior to Marcus's birth.
- Although some professionals disagreed with the decision to step down multi-agency involvement and requested their disagreement was documented, there was a lack of awareness of the WST Escalation Policy and its use.
- Implications of parental ill health on their parenting capacity are not always considered, particularly by health professionals.

Recommendations:

- There needs to be further consideration given to keeping a family open to social care when there is an imminent significant life event, e.g. birth of a child.
- There needs to be clear and effective safety planning in place while awaiting toxicology results.
- All agencies should receive official minutes when CP and CIN plans are closed to facilitate proper escalation if needed.
- Consideration needs to be given to the cultural background of families, such as the traveller community, in the management and relationship-building processes with the family.
- The 'Think Family' approach needs to be reinforced within agencies to ensure that consideration is given to parents' ability to effectively parent their children where there are concerns around issues such as mental health, substance misuse or domestic abuse.
- Parental cognitive abilities and literacy needs to be considered when communicating, particularly if written material is used eg appointment letters, instructions etc

How can you make a difference?

Key messages from the learning to ask yourself for your practice are:

- *Can I make changes to improve my own practice?*
- *Do I need to seek further support, training, or supervision?*