Child L

Learning identified at a multi agency event 12th July 2023



Child L is a baby under one who has suffered injuries thought to be due to physical abuse with concerns about faltering growth

What is working well?

- Bruise identified and CP medical took place
- Non mobile baby checks took place, Child L followed the protocol

Theme: Response to Bruising in Non-Mobile Babies

Assessment went ahead by children's social care

What are we worried about?

- NSPCC referrals happened prior to medical but not showing on all records
- Gap in information that was shared with the referrer
- Differing accounts given about what happened to cause the bruise

What needs to happen?

When information is shared as part of non mobile baby checks each agency to clearly record what is shared and their analysis around this

Theme: Faltering Growth

What is working Well?

- Multi agency working between health visitor and social care strong with almost daily contact
- All South Glos professionals identifying concerns
- Curiosity and tenacity shown by professionals and information not taken on face value

What are we worried about?

- Clarity about who can weigh and measure babies. There is confusion about who is qualified/commissioned to undertake this and who should analyse this
- Child in Need meeting given a diagnosis from a consultant that there was a medical cause for Child L's growth, but there were differing views from medical professionals. Professionals felt unable to challenge
- Incorrect information sharing and missing information from other area about the child and whether Child L had a CP plan
- Rapid Access Clinic referral turned down
- Confusion about which teams would undertake assessments, across two regions.
- Continuity interrupted due to complaints by family and also family attending appointments in different places

What needs to happen?

- Pathway for children with faltering growth requiring regular weights to be clarified, including who is their lead health professional, and a resource and pathway established for weighing those children where there are high level concerns.
- Single point of contact/voice needed for social care

CHILDREN'S **PARTNERSHIP**

Theme: Multi Agency Working What is Working Well?

- Unwavering focus on the child
- Engaged and consistent GP
- Maintained working relationships through
- Evidence of professional curiosity
- Evidence based practice drawing on learning from previous CSPR, and use of tools

What are we worried about?

- Change in decision about whether to have a strategy discussion
- Escalation within timescales
- Cross border information sharing between

What needs to happen?

GP and other professionals can seek advice from Community Paediatrician, reminder needs to be

Theme: Attempts to mislead professionals/Not following advice What is Working Well?

- Tenacity of professionals, appropriate challenge
- Professional triangulation of information
- Housing officer asked to see Child L

What are we worried about?

- Unclear of impact of parental learning needs, and possible coercive control to Mum
- Parents refusal to accept support
- Over optimism about parenting abilities
- Parental avoidance of all professionals and lying to professionals at times

What needs to happen?

- Professionals need to ensure they link up with others who are working with the family, consider joint visits
- Remain curious and don't accept information on face value

Theme: Locations, Cross Border Work

What is working well?

- Escalation used correctly
- Kept sight of the child when he could have been transferred

What are we worried about?

- **Incorrect Information sharing**
- Housing had concerns in the other local authority, but hard to get the concerns shared in multi agency meetings
- Response to escalations

What needs to happen?

Ensure the voice of practitioners who know the child/family well is heard to minimise risk of incorrect information