



## 1 Context

- Eve was taken to hospital at age 2 with a significant head injury and extensive bruising. Eve was critically unwell and received extensive medical care and support.
- The injuries were subsequently found to have been caused non-accidentally and care proceedings were initiated and a criminal investigation commenced.
- Under Working Together 2015, a SCR was undertaken to determine any lessons to be learned about the effectiveness of the local safeguarding system, how agencies worked together and any wider systemic issues which influenced practice.

## 2

### Background

- Mother had been previously assessed by adult social care and found to have limited mobility; requiring support with getting out of bed, washing and dressing, help to carry out household tasks and help with shopping. Mother was provided with a financial package/direct payment to employ PA's to meet her care needs.
- Mother sought advice about stomach pains from her GP and after a number of investigations, she was found to be 8 months pregnant (with Eve).
- Following the birth of Eve, the adults social worker made a referral to Children's Social Care for assessment. Children's services agreed to support the family through a child in need plan. There were regular child in need meetings for the next 19 months.
- Mother would spend considerable periods of time talking to professionals about her health conditions and give them the long, written list of required medications. This information was accepted at face value, recorded vaguely, meaning that it was very often unclear from the majority of records held by professional, what was mother's view or what was a professional opinion.

## 7

### Finding 7:

#### Addressing Fabricated and Induced Illness (FII)

There was early evidence that mother was preoccupied with her own needs (an indicator of possible FII). There was also evidence of mother's escalating anxiety about Eve's health, specifically focused on a growing number of allergies with increasingly serious outcomes and she also cited signs of neurological difficulties indicative of Eve having inherited her own condition.

Professionals need to notice when parental anxiety is out of proportion to the assessed need and provide help to address the anxiety. There is a need for professionals to make an assessment when these anxieties grow in the face of evidence of no health concerns.

Having the lead health consultant in attendance at the ICPC is paramount where there is suspected FII. The gastroenterology dietician and the respiratory consultant were asked for a report three days prior to the ICPC and the GP was asked to attend and provide a report two days before. Given the complexity of the issue and amount of health information this was not enough notice to produce health reports and not enough time for the Chair or other professionals to read and digest. Two hospitals had been involved with the family, however information had only been requested from one. This left significant gaps in professionals understanding of the issues.

At the ICPC professionals only saw the reports on the day and would not have had a chance of understanding the full information. These reports provide clear evidence to support the concerns in relation to FII. Mother's arguments were allowed to undermine this significant evidence. This evidence of a parent undermining the expertise of professionals, particularly medical professionals should be an important consideration within an assessment of FII; there was considerable evidence of mother previously undermining the credibility of professionals without challenge.

All professionals agreed that Eve should be supported under a child in need plan. It is not unusual for situations where there are concerns about FII to be managed effectively under the auspices of a child in need plan; what is important is that the concerns about FII remain at the heart of why the plan is in place, and there is robust monitoring. However, for Eve, ongoing concerns about FII got lost.

## 3

### Finding 1:

#### The importance of professionals evaluating a mother's circumstances when seeking ante-natal late in pregnancy

Late presentation is not common and is more likely to be either a concealed or denied pregnancy. This can pose significant risks to the mother and unborn baby. The reasons behind concealment are important and need to be evaluated in terms of ongoing risk to the unborn and born baby. No professional who had contact with mother before and after the birth of Eve considered whether this might be a denied or concealed pregnancy.

#### Finding 2: Working with adults whose behaviour and demeanour concern professionals; making sense of this in the context of professional judgments and decision making

Mother's unusual demeanour and behaviour needed to be explored and taken account of in a respectful way, which recognised it might have indicated something about her own needs and provided information about the risk posed to Eve. There was some confusion across the professional network about what were facts that could be recorded, what were self-reports from mother (which were often recorded as fact) and how to deal with unusual presentations.

## 4

### Finding 3:

#### Supporting Disabled Adults in their parenting role

Where disabled adults are to be supported in their parenting role there needs to be a clear plan in place, negotiated in partnership with all family members including fathers, about the detail of how parents will be enabled to parent, how stability and consistency will be ensured and there needs to be clarity about funding arrangements, the boundaries of the use of monies and a regular review of the whole package. This did not happen for Eve.

#### Finding 4: The importance of effective child in need processes

An assessment was undertaken, but it was unclear what the child in need process or plan was hoping to achieve for Eve. Each professional recorded the child in need meeting under a different title, a care team meeting, a core team meeting, a planning meeting, a case review and sometimes just a meeting. Although professionals involved understood that these meetings were held under the auspices of a child in need process the use of different names caused confusion across the multi-agency network and could undermine the focus which is primarily the needs of children. There needs to be goals set, outcomes for the child clarified, services which promote the needs of the child and whole family and a reviewing mechanism which ensure progress is being made and lack of progress addressed.

## 5

### Finding 5:

#### The Treatment of PA's

PA's were expected to provide care by mother to a young, and seemingly unwell baby for a considerable period and they did this without training. They made numerous complaints about the other inappropriate duties they were required to complete, concerns about the care Eve received from mother, poor employment practices and bullying. As a consequence, they eventually left mother's employment. This created instability for Eve. The concerns the PA's raised about the neglect of Eve with the personalisation services and shared with Adult and Children's Services were not addressed. The PA's were not required to attend safeguarding training or given advice about how to report safeguarding concerns when it is your employer about whom you want to raise concerns regarding child abuse. The PA's did not know how to escalate their concerns when no action has been taken and feel confident to raise issues of exploitation, coercion and control when being employed as a PA.

## 6

### Finding 6:

#### Addressing the early signs of child neglect

Neglect is multi-faceted. It is not just the physical circumstances that the child lives in or the physical care they are provided with. It is a parent's commitment to change behaviours and negative parenting approaches in the best interests of the child. It is the ability to put adult needs secondary and to be able to hold a child in mind. The evidence here was that mother could not always do this. She did not take Eve to groups because of allergies that she had been told did not exist. Father was absent and provided little care. There was evidence of chaotic home circumstances and either an unwillingness or inability to change. Interventions to address neglect need to be focussed on the causes, and to target specific developmental change for the child which is evidenced over time. If the early signs of neglect are not addressed robustly, they can become entrenched and harder to resolve.

