



# WORCESTERSHIRE SAFEGUARDING CHILDREN BOARD

## Learning & Improvement Briefing 14 - June 2019

### Case Review—Harry

#### Introduction

Harry was seven-months-old when care proceedings were commenced in October 2017. He had been in foster care for around two months prior to this with agreement from his parents. Harry had previously lived with his Mother, occasionally along with his Father and/or other family members. Harry had been made subject to a child protection plan when he was three-months-old due to concerns about faltering growth. The review considered the support provided to parents regarding a difficult decision on whether to have an operation and if there was recognition of their ability to make an informed choice.

Worcestershire Safeguarding Children Board commissioned this case review following concerns raised by the Children and Family Court Advisory Service (Cafcass) about the perceived delay in responding to concerns from professionals about the parenting Harry was likely to receive (raised pre-birth) and was receiving when in the care of his parents, including their response to the proposed operation.

An independent lead reviewer was appointed to undertake the review. They had access to the key single and multi-agency documents in the case and met with practitioners involved with the family in a number of reflective sessions where the case was discussed. The pre-disposing risks and vulnerabilities that were known at the time were considered and this was followed by reflection on the preventative and protective actions taken, in order to understand and analyse the interventions.

A number of multi-agency recommendations were agreed and these are being implemented.





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### Learning:

1. All professionals involved with a family should consider the support that parents may require when having to make a decision about a serious health procedure. This would involve ensuring that professionals working locally with the family are informed expediently about the specific health issue.
2. When completing a cause for concern form, professionals should:
  - not assume that others have shared all known information
  - include all that they know, even if it has been shared with them by another agency (In this case the midwife was concerned about what they had learned from the leaving care worker, but did not include this in their cause for concern form)
3. Professionals need to [challenge and escalate their disagreement](#) if they do not agree with a decision and remain concerned.
4. Relevant professionals should ask questions about a parent's educational background and contact with services such as the Child and Adolescent Mental Health Services (CAMHS) during their childhood. This should include whether either parent went to a special school, required additional help in school for learning needs or behavioural issues, and any medication they were prescribed.
5. Relevant professionals should be aware that if a parent has spent time in care or had extensive involvement with professionals during their childhood, they may appear more able than they are as they have learned to communicate with professionals.
6. Relevant Professionals need to undertake a timely assessment of the risks and vulnerabilities in a pre-birth case and ensure that they have considered all opportunities to support the family. If it emerges during this assessment that parents expecting a child have had [adverse childhood experiences](#), and risk factors for an unborn child are evident to the degree that they were in this case, consideration should be given to requesting that a pre-birth social work assessment be undertaken. In this case both parents were care leavers with histories of depression and childhood abuse or neglect and limited positive family support.
7. If there are reasons to doubt a parent's mental capacity and there is an important decision to be made, there must be a formal assessment of their mental capacity using the Mental Capacity Act 2005.