

## Appendix 1: Methodology

1.1. Statutory guidance within Working Together requires Local Safeguarding Children Boards (LSCB) to have in place a framework for learning and improvement, which includes the completion of Serious Case Reviews. The guidance establishes the purpose as follows:

*Reviews are not ends in themselves. The purpose of these is to identify improvements, which are needed, and to consolidate good practice. LSCBs and their partner organisations should 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 <sup>1</sup>*

The statutory guidance requires reviews to consider: “what happened in the case, and why, and what action will be taken”. In particular, 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;*
- *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.*

1.2. The SCR used the traditional methodology of obtaining chronologies and Individual Management Reviews (IMRs) from 12 key agencies involved in providing services to Child C and her family over the time frame from October 2013- September 2016. The period under review covers the pregnancy of Child C’s older sibling, a miscarriage and the pregnancy and first three months of Child C’s life.

The process was led by an Independent Reviewer working with the Serious Case Review Panel (SCRCP) and included:

- 4 meetings of the SCR Panel
- Membership of the SCRCP was:

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<sup>1</sup> Working Together 2015

<b>Agency</b>	<b>Designation of member</b>
Chair	Group Manager Safeguarding Quality Assurance LBBB
Ann Duncan	Independent Reviewer
BDSCB	Business Manager
LBBB	Operational Director Children's Care & Support
LBBB	Group Manager, Children's Care & Support
LBBB Legal Services	Principal Solicitor
CCG B&D	Designated Nurse
CCG B&D	Named GP
	Integrated Care Director
Metropolitan Police	Review Officer Specialist Crime Group
Newham CCG	Designated Doctor
Newham Housing Needs Services	Team Leader
Newham CSC	Head of Service
Newham Adult Social Care	Senior Advisor Safeguarding
Barts Health NHS Trust	Named Nurse Safeguarding Children
ELFT	Health Visiting
NELFT	Named Nurse for Safeguarding
NELFT	Associate Director
Essex	
Local Health Provider In Essex	Lead for Safeguarding Children
CCG Essex	Associate Designated Nurse Safeguarding Children

Terms of Reference are:

- 1.3. The SCR seeks to learn lessons for future practice by examining and critically analysing the following key issues relevant to this case:
1. The level and extent of agency engagement and intervention and whether this was appropriate to the assessment of parent's ability to provide adequate care and supervision of Child C and her sibling.
  2. The recognition of safeguarding factors by all agencies and how these were addressed.
  3. Were practitioners aware of the needs of the children in their work, and knowledgeable about potential indicators of abuse or neglect and about what to do if they had concerns about a child's welfare.

4. The quality of assessments on which decisions and actions were taken.
5. Whether there were any factors in the history of any adults that indicated they posed a risk to children.
6. Whether race, religion, culture was a factor in this case and had been fully considered.
7. The extent and quality of partnership working among key agencies and across local authority borders.
8. The effectiveness of working arrangements and information sharing and communication between all professionals and whether this could have been improved.
9. The existence of any factors relating to the 'capacity and climate' within agencies which may have impacted upon practice in this case (i.e. vacant posts or staff on sick leave etc
10. In addition to the above the review should consider learning for both the individual agency and how agencies work together through the BDSCB.

1.4. The following agencies submitted IMRs:

- Children's Care and Support Service, Safeguarding and Review Service and Legal Services, LBBB
- Barts Health NHS Trust (NUH)
- Children's Social Care, LBN
- Housing Needs Service, LBN
- Health Visiting Service, North East London NHS Foundation Trust
- Health Visiting Service, East London NHS Foundation Trust
- General Practice Newham CCG (father's records)
- Adult Social Care LBN
- An Essex Clinical Commissioning Group on behalf of a GP practice.
- London Ambulance Service
- Metropolitan Police Force, Specialist Crime Review Group
- A Local Provider Health Service in Essex(Health Visiting)

1.5 The author was present at an interview conducted by the Operational Director Children's Care and Support for the London Borough of Barking and Dagenham with SW3. This interview took place, as the IMR author for the LBBB had been unable to interview her as she was out of the country. This interview provided very useful information and some valuable insight in to how difficult and

challenging the mother was to both work and engage with.

- 1.6 The author of the SCR, Ann Duncan, was commissioned by BDCSB to write the overview report; she was independent of the case and all agencies involved. She has a background in health and worked at executive level for 10 years prior to leaving the NHS. Ann's final post in the NHS was as Director of Integrated Governance for a Central London PCT. Her responsibilities included: commissioning and quality for services across health care providers, leading for safeguarding and, she was the Trust's representative on the Safeguarding Children Board. She is an accredited Social Care Institute of Excellence (SCIE) Reviewer and is familiar with both Root Cause Analysis and Domestic Homicide Reviews. To date, the author has completed eight SCRs covering: neglect, neglect and rape, infanticide, unexplained death of a toddler whilst in the care of the father and physical injury to a six-month-old baby. Other work includes: undertaking RCAs for deaths in custody (mainly at Wormwood Scrubs Prison) and an IMR for a school where an honour killing was suspected.

## Appendix 2 – Summarised timeline of events

The table below sets out a summary of the background and main events covered by the SCR report. The sections reflect the time periods addressed in the report

Date	Event
Historical background:	
20 June 1964	Father of Child C born (Father)
6 February 1991	Father's former partner reports that their child aged 12 months had been abducted by the Father. She alleges that she had suffered 2 years of physical and sexual abuse and that her 4 year old child, had been physically abused. The Father denied the allegations and no action was taken NB in 1991 there was not an auditable pathway to notify Children's Services that these children had come to police notice and there were safeguarding concerns so it is unknown if CSC were notified
28 July 1991	Mother of Child C born (Mother)
2 <sup>nd</sup> November 2004	Father's home searched for drugs. He advised he was a methadone user to combat ecstasy addiction. No drugs found. He was using alias of LH
January 2005	Father linked to violent gang
July/August 2007	Mother goes to Essex refuge with her mother (maternal grandmother) and siblings due to domestic violence by father. Referral record 15 Aug in Newham. Referral made to Essex Children's Services
13 November 2007	GP records start for Father at Newham GP
December 2007	Medical records note Father is a cannabis user
December 2008	Intelligence suggests Father is selling drugs from his flat
2009 No date given	Father comes to police attention 4 times re possible drugs misuse and using his premises for dealing in drugs
30 November 2009	Father first mentions depression to his GP (related to sickness benefits not being paid)
2010	Mother returns to London – relationship with the maternal grandmother had broken down
6 April 2011	Mother attends fertility clinic (aged 19). In a relationship for 2 years Address is at Homeless Young People's Project, E7
14 April 2011	Letter to Mother's GP from specialist registrar re clinic visit
20 July 2011	Mother did not attend appointment at infertility clinic
26 July 2011	Letter from consultant to Mother's GP. Mother discharged from clinic
11 March 2013	Mother attends ED with PV bleeding. Negative pregnancy test
July 2013	Mother says assaulted by father in the street
20 September 2013	Mother attends ED having blackouts for years, sometimes failing down. Cannot get GP appointment for referral to neurologist. Asking where to get free pregnancy test. Details taken to make GP appointment

<b>Time Period 1: October 2013 to July 2014. Relates to paragraphs at 3.2 onwards</b>	
28 October 2013	Safeguarding Adults Referral received from GP – Mother was victim of violence from her father and brother, is homeless and pregnant. She has lost contact with her key worker. Information forwarded to Children’s Service due to pregnancy. No further action – insufficient grounds for concern. Mother to be advised to contact Access Team
29 October 2013	Mother attends maternity booking-in/first ante natal care with her sister (maternal aunt). Referral to Acorn Team due to family history. She is living at her uncle’s address Partner recorded as LH (unemployed) living at an address in the London Borough of Newham
14 November 2013	Mother’s referral from Newham Adults is received by Newham CS. Said to be homeless and living between sister (maternal aunt) and her uncle: father of unborn child will give support. Outcome: case to open to the Hospital Team
16 November 2013	Mother attends Newham Hospital Urgent Care – pregnant (14/40), vomiting and lack of foetal movement. UTI diagnosed and antibiotics given
19 November 2013	Newham CS referral review. As pregnancy only in its 15th week case to be closed and re-opened in the 20 <sup>th</sup> week (23 December 2013). Case can continue to receive support from Adult Social Care
17 December 2013	Mother has maternity appointment – no notes
<b>2014</b>	
2 January 2014	Maternity notes of appointment - Mother feeling well etc .
6 January 2014	Newham CS allocates case to complete pre-birth assessment. Action to include genogram, establish current situation and support network and make sure the baby’s father is included in the assessment, liaise with midwifery, NAADV and Adults Services. Single assessment started by Social Worker in the Hospital SW Team
13 January 2014	NCS ring Mother twice – no response. Letter sent to inform of home visit on 23 <sup>rd</sup> Jan at 12noon
23 January 2014	Home visit. No-one answered the door. No response to phone calls
27 January 2014	NCS make contact with Safeguarding Midwife. Midwife also finding it hard to contact Mother. Her next appointment due 26 Feb
31 January 2014	NCS phone Mother. She doesn’t understand need for home visit – advised of duty to assess regarding domestic violence and homelessness. Appointment made for 4 Feb
2 February 2014	Mother attends maternity appointment – has abdominal pains for 3 weeks. Reviewed by midwife and registrar. Nothing abnormal detected
4 February 2014	NCS meet Mother at the hospital. Says she is homeless and has her belongings with her. Mother advised to speak with sister (maternal aunt)/friends/her uncle about spending the night with them and then presenting to the Homeless Persons Unit in the morning. Says was assaulted by her father in July

	2013, that she is no longer with the baby's father (after relationship of 3 years) but that he has promised to look after the baby and has had 4 miscarriages
5 February 2014	Mother fainted on a train. Scan normal, foetal movement found. Offered blood test – refused as GP had taken one recently and said it was normal. Told to return if further issues
24 February 2014	NCS get housing update – Mother has not yet presented herself. She was last seen by housing in December 2012 but case closed as she was not a priority. Phone call to Mother but no response
5 March 2014	Assessment completed
10 March 2014	Review: Assessment (allocated 6 Jan) completed on 5 <sup>th</sup> March: Social Worker met Mother once and advised her to present at the Homeless Persons Unity to apply for housing. Social worker found it impossible to engage with Mother after this meeting as she disengaged from the assessment. Actions: Maternity Alert to be sent to all hospitals for professionals to refer back to Newham if Mother is still living in Newham for an in-depth assessment to be carried out Referral to Early Childhood Midwifery Service for support and parenting advice after the birth Case to be closed to the Hospital Assessment Team as efforts to contact Mother failed Decision by Manager: case to close by 14 <sup>th</sup> March 2014
11 March 2014	Case closed. Mother advised to contact Children's Centre for help with securing private property to live in
20 March 2014	Phone call from Mother apologising for lack of contact – says been unwell and gives a new phone number. Says she has applied for income support and needs MAT1 form. Mother directed to the midwife and social worker agrees to assist her with this and to book an ante natal appointment for her. Call made to midwife and new phone number passed on
21 March 2014	Mother attends antenatal appointment (32 +1 weeks). Appears well, bloods taken and scan booked. Social worker due to see Mother same day. Noted that Mother had missed 2 antenatal appointments that had been due at 25 weeks and 28 weeks. (3 missed appointments would have triggered home visit)
25 March 2014	Phone call from Mother at the Job Centre asking for housing update. She is advised to go to the Homeless Unit.
3 April 2014	Mother attends antenatal appointment – all Ok. Social worker joins for the appointment. Labour plans discussed Social worker notes – Mother not attended housing and needs letter from her uncle regarding her homelessness and a supporting letter from midwife and social worker. Mother advised to collect both the latter letters the next day.

7 April 2014	Mother approached Housing Needs Service East Ham. Case allocated to homelessness case worker. Interview carried out and home visit requested. Letter from maternal aunt asking her to move out presented.
12 April 2014	Mother brought to hospital by ambulance with contractions at 20.30. Taken to Labour ward.
13 April 2014	Baby (Sibling) delivered in good condition at 34 weeks. Mother admitted to ward post delivery. Documents show Social worker aware of delivery
14 April 2014	New birth notification received via fax from Newham University Hospital. Notification allocated to administrator for processing. Social Worker spoken to and will visit the next day regarding housing. Entry by Social Worker says spoken to Mother re housing and that the social worker would go to talk to the housing again now the baby (sibling) had been born
15 April 2014	BCG appointment letter sent to Mother – but as BCG was given on the postnatal ward the mother phones to cancel the appointment. Child Health Admin Team phone Mother to confirm her address (at her uncle's address) to identify appropriate health visiting team. Midwives noted to be awaiting social worker input. Mother advised to present herself at housing. Mother says maternal aunt or Father will look after baby(sibling) while she goes to housing. Email sent to housing confirming the baby's birth (sibling) and requires housing.
16 April 2014	Midwives say baby is fit for discharge. Waiting for results of housing issues Home visit to uncle's address. He confirms the mother cannot stay with him any longer
17 April 2014	Electronic health notes say baby discharged with mum to home. No mention of housing issue. Paper notes record Sibling's weight (2125g). EDT Report: contact with midwife – no concerns regarding bonding and care of baby – enquires about the housing situation. EDT worker told that Mother had a home (uncle's address) to go to but choosing not to, she had been encouraged to seek own accommodation. Mother says she is registered for housing and that her uncle is refusing her return but had refused to give his phone number for mediation. LA could provide temp accommodation but Mother declines. Social Care refer the matter to housing
18 April 2014	Baby (sibling) well. Mother adamant that she does not want to go home until Tuesday (22nd April)
22 April 2014	Phone call from health visitor to arrange new birth visit with Mother. Mother still on post-natal ward. Visit arranged for next day. Baby (sibling) well. Father is on the ward giving support while Mother goes to housing
23 April 2014	Health Visitor sees Mother on post-natal ward. Confirms address as her uncle's but says is homeless. Advice given on health, registration with a GP and Children's Centre. Mother says she has a social worker. Health visitor leaves voice message for social worker asking to make contact

	<p>Site manager has discussion with Mother and her uncle about returning home.</p> <p>Hospital Visit – Mother described past experience of domestic violence by father and brother, states the baby’s father is “L” and although not in relationship they get on well and he plans to be involved with the baby, says she has been living between maternal aunt in Tower Hamlets and her uncles in Newham. Mother advised to go to her uncles as he had agreed for her to stay a few weeks.</p> <p>Discussion with Service Manager: Mother to stay on ward until the next day (24<sup>th</sup>), to speak to uncle re housing pending Housing Service action. Failing this the hospital will call the police to remove Mother and CYPS will consider care arrangements for the baby (sibling)</p> <p>Referral made to Home to Home agency. Homelessness case worker refers Mother to Mother and Baby Unit</p>
24 April 2014	<p>Mother and baby (sibling) discharged to uncles address in Newham. Email sent by Paediatric Liaison to health visitors</p> <p>Post-natal home visit by community midwife – Mother staying in living room on sofa. No Moses basket, house smells of smoke</p>
25 April 2014	<p>Housing update – referral made to Home to Home accommodation for mothers and babies. Accommodation is available at Forest Gate and contact to be made with Mother on 28 April to view. CYPS informed.</p>
29 April 2014	<p>Mother refused the accommodation offered. Social Worker notes explain reason for refusal (fear of violence)</p>
30 April 2014	<p>Homelessness worker speaks to Mother. Mother explains reasons for refusal (fear of violence). Mother asked to bring in ID and documents of proof of address</p>
1 May 2014	<p>Phone call from health visitor to Mother. Mother says she refused accommodation. Home visit planned for one week later. Family places on Health Visiting Universal Plus Care Package</p>
14 May 2014	<p>Phone call from social worker to health visitor to say case closed as family only have housing needs</p>
16 May 2014	<p>Home visit due. Text from Mother to Health Visitor to reschedule home visit for 20 May</p>
19 May 2014	<p>Case closed. Needs are housing related and these are being addressed in the housing department. No further role for CYPS</p> <p>Case records closed at Hospital Social Work Team in Newham</p>
20 May 2014	<p>Home visit not achieved – Mother and baby (sibling) not at home. Phone call in late afternoon agreeing to take sibling to the Children Centre at 11.30am on 22 May</p>
22 May 2014	<p>Mother failed to attend children centre for scheduled time but did attend at 14.00. Says she has been kicked out by uncle and is staying with sibling’s father.</p> <p>Child’s health visiting package stepped down to Universal</p>
23 May 2014	<p>Phone call from Health visitor to family housing requesting update.</p> <p>Health visitor called Homelessness Duty Line to advise Mother was homeless and moving place to place.</p>

12 June 2014	Mother visits Housing Needs Service at East Ham. Email sent to Homelessness case worker to say the mother and 3 month old baby were homeless. Phone call and letter to the mother requesting ID and proof of residence again. Gives 7 days' notice to produce the info or the case would be closed
22 June 2014	Case assigned to another homelessness case worker
July 2014	Date unknow. Father attends GP asking for re-referral to mental health services – which he attends
14 July 2014	Mother and baby (sibling) discussed at Family Support Network
15 July 2014	Mother fails to bring sibling for their 12 – 16 week health review and her own Maternal Mood Assessment
18 July 2014	Non-attendance followed up by phone call to the mother by Health Visitor. Care package escalated to Universal Plus. New appointment scheduled for 31 July at the children's centre
30 July 2014	Phone call and text reminder to Mother from Health Visitor about appointment on 31 <sup>st</sup>
31 July 2014	The mother failed to attend for the sibling's 12 – 16 week health review for 2 <sup>nd</sup> time. Referral made to Newham Children's. Triage completed for Mother and baby (sibling) requesting social care assessment and support for the family No record of liaison with the GP. Health Trust's "Did Not Attend" (DNA) policy guidance not followed. Social worker allocated to the family
<b>Time Period 2: August 2014 to June 2015. Relates to paragraphs at 3.3 onwards</b>	
August 2014	Date unknown. Father states that he lives alone when asked by GP Psychiatrist record notes he is a cannabis users
1 August 2014	Referral from health visitor received. Says that Mother is not responding to attempts at contact, gives summary of housing situation – main concern is health and safety of the child – that it appears that since the case closure the family's situation had deteriorated. Housing to visit on Tuesday (5 <sup>th</sup> ). Outcome: Case opened to the Hospital Social Work Team
4 August 2014	Single assessment started by Social Worker
5 August 2014	Sibling seen late for their 12- 16 week health review and Mother for her maternal mood assessment. Mother declares a miscarriage but not when this was Care Package stepped down to Universal
11 August 2014	Health visitor phones Children's Social care for update. Invites contact from newly allocated social worker (ML)
15 August 2014	Phone call and text from health visitor to Mother re update on social care referral. Family care package reviewed and changed to Universal Plus

	Referral from Family Support Worker – concerns re unstable housing and its impact. Mother waiting for diagnosis re her blackouts and has had counselling for domestic violence. Passed to allocated social worker
19 August 2014	Previous homelessness case worker explains to current homelessness case worker that Mother's ID etc had never been received. Mother is chased for the documents
3 September 2014	Mother provides required documents and has interview with housing. Homelessness Case Worker determines that Mother is not intentionally homeless
4 September 2014	Letter sent to Mother to confirm homelessness application has been accepted
9 September 2014	Phone call to Mother from Health Visitor to confirm social worker visit. Mother says she has a new key worker. Mother invited to attend child health clinic on 17 <sup>th</sup> Sept
17 September 2014	Mother did not attend review appointment for sibling. Rescheduled for 26 <sup>th</sup> Sept Mother attends ED with possible miscarriage, just found out pregnant (approx. 7/40), faint positive test, booked for scan on 18 <sup>th</sup>
18 September 2014	Mother attended scan. Uterus empty.
26 September 2014	Appointment rescheduled to the 29 <sup>th</sup>
29 September 2014	Mother fails to attend health review appointment for sibling. New appointment offered for 2 October
October 2014	Date unknown. Father has by now settled into his new medication and attending every few months for Medical Certificates. Date unknown. Mother attends a scan (a follow up to one in September at ED)
2 October 2014	Sibling seen for health review. Family remains on Universal Plus care package – for health review in 6 weeks
29 October 2014	Action: Social worker to contact Mother again re need to escalate concerns as she has not engaged with the assessment. Mother is reported to be living with a friend in East Ham but CYPS do not have an address
12 November 2014	Handwritten notes say numerous attempts to contact Mother but phone is permanently engaged NCS phone call to Mother – says she is at her uncles. Request made to visit in next 10 minutes but Mother says she is on the way to appointment at Job Centre to present her ID. Mother reminded of a text message re the case being escalated to Child Protection if she continues to disengage. Home visit (at uncles) carried out at 2pm – very smoky not conducive for a baby Sibling seen by Newham Children's Services. (1 <sup>st</sup> and only time seen by Newham social worker). Sibling is noted to have attachment and strong bond with Mother and mother's uncle. Sibling noted as being wet through but not showing any signs of distress about this
14 November 2014	Mother and baby (sibling) seen for child health check. Rash noted on sibling – advised to see GP. Health visitor to contact housing for update
27 November 2014	Email sent by social worker to housing for update – concern expressed that sibling was now 7 months old and the situation still not resolved. Asked for matter to be addressed with sense of urgency

8 December 2014	NCS phone call to housing case worker. The case had been accepted long ago and transferred to Housing Supply. The case is with letting/private sector. Social worker says not acceptable and agrees to email setting out concerns re unmet housing needs of sibling. Email sent same day
11 December 2014	Mother attends interview and is booked into temporary accommodation at Chadwell Heath. Mother also completes her medical assessment form and cites medical problems. Homelessness case officer refers her to "Now Medical" an independent medical advisory service Ongoing concerns about missed appointments for sibling and non-engagement with professionals
22 December 2014	Now Medical assessment is returned to Newham Council. States that although Mother has had episodes of blackouts requiring brief hospital admissions she did not appear to have any substantive medical condition or diagnosis nor that she was currently being treated for any medical condition. They stated there were no other relevant medical issues and no essential housing needs were identified. The report recommended that the floor level, location and type of accommodation offered were not relevant and that there was no medical need to reside within the Borough
<b>2015</b>	
27 January 2015	Phone call to Mother from health visitor seeking housing update. New address is given and case handed over to local health visiting team
29 January 2015	Phone call between Health visitor and Barking Health Visiting Team for verbal hand over of case
30 January 2015	Records received from Newham and sent to Seven Kings Team (this is in Redbridge and was an error)
3 February 2015	Electronic records transferred from ELFT to B&D Child Health Team
4 February 2015	Phone call to Health visitor requesting update Phone call to her uncle. Uncle also says unable to contact Mother. He does not know her address Email to housing for update. Response - Mother placed in emergency accommodation. Her booking was cancelled last night as she was about to be made an offer of PRS and officer not able to contact her. Was expected to come to office tomorrow (5 <sup>th</sup> ) due to cancellation
5 February 2015	Mother attended ELFT walk in clinic with sibling for weight check. Three red spots noticed on forehead. Notes family address changed to Chadwell Heath. NCS request address update from housing NCS request update from health visitor – response gives address as Chadwell Heath and that the mother had been seen that day – sibling weight had dropped (now 7.89kg) Newham CS phone call to Chadwell Heath Health Centre to request urgent visit. No response Newham CS request for police intelligence to the Child Abuse Investigation Team regarding sibling. No details of father given. Police Merlin shared with Newham CS
6 February 2015	Mother calls ambulance for sibling at 21.28 from the father's address in London Borough of Newham. Mother attends ED with sibling - possible insect bites. Electronic notes say (incorrectly) that there is a CP Plan from 3 Feb 2014 Sibling seen by co-op GP at 22.54 re red blotches. Discharged back to GP

	<p>NCS phone call to Chadwell Heath Health Centre. Case received on 3 Feb and waiting allocation. Agreed to do health visitor home visit on 9 Feb and feedback.</p> <p>Single assessment completed (started in August) concludes main concern is about housing and not a safeguarding concern. Mother only seen once in the 6 month period</p> <p>Managing Agent of accommodation emails to say Mother not living at the property – 2 more emails sent on 27 Feb and 6 March</p> <p>Records from Newham received and sent to Health Visitors at Chadwell Heath. There is a phone call between health visitor and social worker. Noted Health visitor only for the next week. Social Worker conveyed family history</p>
10 February 2015	<p>Health visitor update to NCS – visited the property but no one present. Social worker to complete urgent home visit that day.</p> <p>Unannounced visit made to Chadwell Heath. No-one home. Mother's uncle called – he has no contact either but will keep trying</p> <p>Single Assessment signed off</p>
11 February 2015	<p>Sibling's attendance at ED on 6<sup>th</sup> Feb is put on RIO</p> <p>NCS email Housing for update. Concern sibling not seen since December 2014. Response is that the address is correct by they are trying to contact her and if she does not make contact they will have to cancel the booking. Housing asked for Managing Agents details to gain access to property</p>
12 February 2015	<p>Email re psychosocial meeting re Sibling's ED attendance. Health visitor advise to send ED notification to the B&amp;D Child Health Team</p> <p>Opportunistic home visit by Health visitor – no answer. Social Worker informed</p>
13 February 2015	<p>Sibling and Mother seen at drop-in Child Weight Clinic – 8.04kg. Mother says she is going to Stratford Housing Dept. Plan made to visit Mother the next week. Social worker updated</p>
17 February 2015	<p>Phone call from health visitor to Mother to arrange transfer-in home visit. Mother said not at home that day. Plan to visit on 19 Feb</p>
19 February 2015	<p>No one at home for visit. No answer to phone calls to Mother – message left asking for her to make contact</p>
20 February 2015	<p>Health visitor phones Mother – no answer message left</p> <p>Health visitors change at this point – now with Chadwell Heath</p>
27 February 2015	<p>Housing Needs Service receive another email/phone call from temporary accommodation agent to say Mother was not living in Chadwell Heath</p>
March 2015	<p>Date unknown. Father sees GP with chronic back pain which is resistant to pain relief. Script for morphine given.</p>
3 March 2015	<p>Phone call from Health Visitor to Mother – home visit agreed for 10.30am. No one home. No response to phone call message left requesting contact</p>

6 March 2015	Housing Needs Service receive another email/phone call from temporary accommodation agent to say Mother was not living in Chadwell Heath
10 March 2015	Mother attends maternity booking in. Partner "LH". Risk factors identified and states there is a social worker due to housing issues. Case to be under Acorn Team. Partner identified as 40yrs + but Sibling not documented. Currently living in B&D in temporary accommodation waiting housing in Newham. No longer with father of sibling but he supports her with care of 1 <sup>st</sup> child. Case not been closed because father not engaged with Social Worker and Housing. Social worker to attempt contact with father and get update on housing Case to subsequently close by 26 March 2015 Paper records show partner is "LW", unemployed with other children, address in London Borough of Newham Newham Social Worker supervision notes include statement that the sibling is meeting their development needs
11 March 2015	Temporary Accommodation at Chadwell Heath cancelled
16 March 2015	Phone call from Mother to say no where to stay. Appointment arranged for 17 March Attends scan – about 6 weeks pregnant Scan showed Mother was 6 weeks pregnant and later scanned booked in. Mother rescheduled this appointment because she was no longer living in Chadwell Heath because of the bed bugs and was back at her uncles. Mother said the social worker was aware of the situation
17 March 2015	Mother attended viewing in Edmonton but refused property due to distance
20 March 2015	Maternal aunt phones to say Mother has been locked out of Chadwell Heath property Health visitor leaves message for Mother to contact her
23 March 2015	Mother requests change of scan from Barking Birth Centre to Newham as she no longer lives in Chadwell Heath. Now staying with uncle in Newham and a friend. Says social worker aware and helping with housing
24 March 2015	Social worker from Hospital Assessment Team requests alternative temporary accommodation for Mother. Viewing arranged from 7 April
25 March 2015	Mother tells Health Visitor she was evicted and is moving from place to place Health visitor updates social worker
26 March 2015	Scan date changed from 27 <sup>th</sup> to 28 <sup>th</sup> at Newham. Text sent to Mother 8 -12 months check letter sent for appointment on 9 <sup>th</sup> April. Social worker confirms to health visitor that the mother was evicted
27 March 2015	Offer of temporary accommodation made in Dagenham– viewing on 7 April
30 March 2015	Phone call to Mother by Housing for response to letter – no answer. Call made to maternal aunt who offers to contact Mother

	NCS raises questions with housing that if accommodation offered refused would she be evicted from the current property and also that that property was unfurnished
1 April 2015	Housing response – Mother could return to old address to collect her things Text received from Mother and call returned – encourage to attend viewing
7 April 2015	Entry by Redbridge Health Visiting Team – noticed the address is in B&D and records sent by Newham in error
9 April 2015	Mother did not attend 8-12 months health review for sibling
13 April 2015	Redbridge send records to B&D
22 April 2015	Health Visitor phone call to Social Worker requesting update
27 April 2015	Mother calls to confirm scan details for the next day. Advised to come in 10 minutes early
28 April 2015	Mother failed to attend time of appointment – phone goes to voice mail. She shows up at 16.00 – not scanned because she walked off
30 April 2015	Angry phone call from Mother to midwife. Midwife to set up new scan
10 May 2015	Mother takes Sibling to ED for head injury – discharged. Sibling showing as on CPP (incorrectly) so Children's Services notified by fax. Address recorded on A&E Sheet as the mother's uncle's address but with handwritten note saying Chadwell
12 May 2015	Attends scan. Delivery date estimated to be 4 November 2015. Still living at uncles with the sibling. Allocated flat in Dagenham but waiting for renovations. Is supported by maternal aunt, friend and partner. Letter to GP for iron deficiency. Antenatal scan booked for 16 June
13 May 2015	Notification of sibling attendance at ED received and sent to Child Health Team Management Direction to progress case to closure as real concern was about Mother not seeking health input for sibling and housing issues. Sibling's father not engaged but sibling does not reside with him. No further role for CYPS
15 May 2015	Mother's case is closed by social care
<b>Time Period 3: July 2015 to July 2016. Relates to paragraphs at 3.4 onwards</b>	
9 June 2015	Mother signs tenancy for accommodation in Dagenham
22 June 2015	Mother did not attend appointment. Phone goes to voice mail. Mother text to re-arrange
26 June 2015	Mother attends ED in ambulance. Baby delivered by at the Father's address in Newham by LAS – dead. Lives with uncle. Referred for bereavement midwife support. Midwife says the mother thinks she has had up to 6 miscarriages. Unclear if miscarriage or neonatal death. Decision to issue neonatal death certificate. Post mortem declined
6 July 2015	Mother moves into accommodation in Dagenham Managing agent remembers Mother being upset and referred to having had a still birth

August 2015	Date unknown: funeral papers issued to Mother
3 August 2015	Bereavement midwife follow up with Mother and the death certificate is collected. Numerous (no dates) attempts to contact Mother beforehand.
10 August 2015	ELFT notified of still birth by NUH. Bereavement visit offered and confirmed with Mother where it transpired that she no longer lived at the given Newham address. Maternity ward contacted to confirm the gestational age
17 August 2015	Health visitor phones Mother to confirm home address and arrange bereavement visit
18 August 2015	Bereavement visit not achieved. Health visitors informed by uncle that family had moved to Dagenham.
October 2015	Date unknown. Father tells GP he is buying diazepam off the street
12 October 2015	Deputy Superintendent Registrar emails to say they are still waiting for Mother to register the birth of her (dead) child. Mother due to attend Registrar's office – but does not
14 October 2015	Email states Mother offered a hospital funeral, but she would not be able to attend. This was declined, and Mother said that she wanted to organise her own funeral
30 December 2015	Letter sent to Mother asking her to confirm that she wanted to carry out her own funeral. She was advised that they could not keep the body post 4 weeks and if there was no response the bereavement office would make arrangements
31 December 2015	Letter from Deputy Superintendent Registrar to Mother informing her that if she did not make contact within 10 days they would issue a duplicate death certificate, so the hospital could organise a funeral
<b>2016</b>	
February 2016	Date unknown: Mother contacts Acorn midwife direct and informs her that she is pregnant again. Acorn midwife refers her for a scan and pre-term clinic. Date unknown: Mother did not attend the pre-term clinic nor her maternity appointment. Appointment was rescheduled but then rescheduled by the hospital. When she booked LH was identified as the partner. Said she had never smoked, did not drink, was living alone in temporary accommodation and that she had had 5 miscarriages. There was resolved domestic abuse history and Children's Services had closed her case in 2015. As no new issues identified no referral was made to Children's Services and Acorn Team declined her. Mother was referred to the Foetal Medical Unit due to her previous obstetric history
15 February 2016	Email sent by the Bereavement Officer to the Deputy Superintendent Registrar saying Mother wanted a funeral of her choosing but had not been in touch. Bereavement officer requested duplicate death certificate, so they could organise a funeral
9 March 2016	Letter from Bereavement Officer to Mother saying that due to no contact they would organise a funeral for 31 <sup>st</sup> March at City of London Cemetery. She was asked to let the funeral directors know if she would be attending

17 March 2016	Last time managing agent of accommodation in Dagenham visited the property. A neighbour said Mother never stayed there. On entering the agent found no proper furniture, food or sign of residency. Previous to this there had been quarterly visits by the agent but Mother had never been there and had not responded to letters or phone calls
April 2016	Date not known, managing agent notifies Newham Council and cancels tenancy. There was no forwarding address. Notes that homelessness duty had been discharged.
25 May 2016	Mother did not attend appointment with midwife
2 June 2016	Child C born (28 weeks gestation) Midwife called to Mother's partner's address early in morning – baby is born. Ambulances take Mother and baby to hospital from the Father's address in Newham Mother discharges herself against medical advice later that day. Visits neonatal unit at 5pm. Says she will return the next day Birth notification address is Dagenham
3 June 2016	Post-natal home visit – no access to property, no answer on phone
4 June 2016	Post-natal home visit – no access to property, no answer on phone
5 June 2016	Midwife sees Mother at home – no problems - follow up at post-natal clinic
6 June 2016	Staff note that Mother not visited since 3 <sup>rd</sup> June – no answer to phone calls. Safeguarding adviser requests strict visiting record is kept Mother visits SCBU at 18.00 (visit 1)
8 June 2016	Mother visits neonatal unit (visit 2)
9 June 2016	Mother attended post-natal appointment
10 June 2016	Mother visits neonatal unit (Visit 3)
11 June 2016	Mother had to be called to because Child C needed a blood transfusion and she needed to supply a blood sample so this could go ahead immediately. Mother agreed to come the next day and said she would bring in clothes and nappies for Child C.
12 June 2016	When Mother did not arrive, she was called and said that she was having trouble getting someone to look after Sibling and he was ill (flu) so she requested to come in the next day instead of the 16:00 deadline (as bloods need to get to the pathology laboratory for processing), she was advised no. The Social Worker and safeguarding children team were on the unit waiting for Mother to arrive so they could talk with her. Mother arrived at 16:40 and said the traffic had been bad, Sibling did not look like he had flu and mum had the blood test. Prior to Mother arriving on the unit that day it was discussed with the consultant that if the baby (child C) had not been transfused by the next day it would be unsafe for the baby and would need immediate action.

June 2016	Date unknown: A strategy meeting was requested by the safeguarding children team to the Social Worker due to issues that included multiple DNAs in 'community health' for Mother and Sibling; minimal visits, short durational visits; lack of provisions for Child C; multiple addresses and contact details; Sibling's lack of contact with health professionals. It was also noted that if the hospital were unable to obtain a vital blood sample from mother then they would request the police to collect mother.
13 June 2016	Mother visits the neonatal unit (visit 4) Mother tells the Social Worker she will visit more. She also reports that she is not living in the current address due to electricity and gas issues that were down to the previous tenants. Safeguarding children team request a professionals meeting and the Social Worker says that she will update all staff following her assessment.
16 June 2016	Mother attended post-natal appointment At 19.00 Mother visits the neonatal unit (visit 5)
17 June 2016	Health visitor attempts new birth home visit. Unable to get Mother on phone or on flat's intercom
21 June 2016	Referral sent to NCSC – main issue is lack of visits by Mother but she is also asking for food when there Health visitor attempts new birth visit at home. Neighbours says they have not seen Mother for some time
22 June 2016	Hospital Safeguarding Adviser advises neonatal unit staff to contact Mother to ask her to visit
23 June 2016	Mother does not attend post-natal appointment
24 June 2016	Midwife report says Mother forgot about appointment on 23 <sup>rd</sup> June – was offered (but refused) home visit for the 25 <sup>th</sup> June - said would come to post-natal clinic next week. Health visitor unable to contact Mother and wants staff to ask her to call. Staff say referral has been made to SCS but waiting for response. Referral refaxed to Newham CSC. CSC referral to Newham made and shared with Child Health. Child Health ask for referral to go to B&D as well
27 June 2016	2 <sup>nd</sup> CSC sent to B&D at 16.00
28 June 2016	Hospital Safeguarding Adviser visits the neonatal unit and advises staff to contact Mother – no answer, message left
29 June 2016	Mother visits neonatal unit (visit 6). Speaks to health visitor on the phone and arranges visit for the next day Hospital Safeguarding call LBBD CSC Triage. Told case being looked at. LBBD CSC ring back at 17.00 to say case referred to Family Support Worker Police received referral by CAIT for ICIP. Health visitor attempts home visit – no answer
30 June 2016	Mother visits neonatal unit (visit 7) – sibling being looked after by his father. She attends the post-natal clinic, but the clinic is running late, so she leaves – has to pick sibling up from nursery

2 July 2016	Mother and a friend visit the neonatal unit (visit 8)
5 July 2016	Mother phones to say she's been ill but will visit neonatal unit on 6 <sup>th</sup> . Staff seek and get details of social worker There is a planned post-natal appointment but no answer at the house (the father's address in Newham) and unable to get hold of the mother by phone Emails between Newham Hospital Safeguarding Adviser and SW about keeping up to date to aid discharge planning
6 July 2016	SW visits neonatal unit and leaves details for Mother. Community midwife wants to discharge Mother so speaks to SW and agrees to visit Mother to assess situation
7 July 2016	SW phone both Mother and the Father – no answer. Leaves message for both Mother visits neonatal unit in the evening (visit 9)
11 July 2016	Mother is phoned to say a blood sample is needed from her for Child C's transfusion. Mother says she will be in on the 12th
12 July 2016	SW visits neonatal unit hoping to see Mother. Mother phones saying trying to get someone to look after Sibling. SW and Safeguarding Nurse wait on the ward. Safeguarding Nurse has discussed with the consultant at what point the issue needs to be escalated – decide if Mother not in by 13th Mother visits (visit 10) at 18.20 to give blood sample so Child C can have blood transfusion
13 July 2016	Mother and sibling visit neonatal unit (visit 11). SW sees both of them and arranges a visit for the 15th
15 July 2016	Mother and sibling visit neonatal unit (visit 12) Team Manager supervision – Child C cannot be discharged until housing issue is sorted out – checks with Newham Housing to be carried out. Case to be escalated if Mother's behaviour continues SW attempts home visit – Flat has been vacant since 29 April
16 July 2016	Mother visits the neonatal unit (visit 13)
18 July 2016	Child C fit for discharge
19 July 2016	Mother visits neonatal unit with Sibling (visit 14) SW asks for planned discharge date The named nurse wanted to understand why mother was unable to visit and also know if the HV had any concerns about Sibling. She clearly states that whilst she does not want to keep a well baby on neonatal unit she cannot safely discharge whilst she has concerns regarding parental engagement The Named Nurse requested a Discharge Planning meeting (DPM). It is noted that the SW wanted to discuss the case with her team manager. There was an escalation of concerns regarding no accommodation as well as the other concerns previously stated.
20 July 2016	Named Nurse says cannot discharge Child C until there is a safe place to go to
21 July 2016	Mother tries to visit neonatal unit with maternal aunt– issue about visiting hours

22 July 2016	Notes say Child C is fit for discharge. SW emails Named nurse to say case escalated and a 87a completed for strategy meeting with the police
23 July 2016	Mother visits neonatal unit (visit 15) – leaves phone number to be told when DPM is
25 July 2016	SW says won't hold a DPM until the strategy meeting held with the police Strategy meeting held – recommends the case progresses to ICPC
26 July 2016	Mother visits neonatal unit (visit 16). Says she is living in Bow with maternal aunt and sibling is at her uncles.
27 July 2016	Mother visits the neonatal unit (visit 17) ICPC arranged for 15 August. SW tells Named Nurse that mother will live with maternal aunt and a home visit is arranged for 28 <sup>th</sup> July. Professional meeting proposed for 29 <sup>th</sup> and DPM on 1 Aug. Mother tells health visitor her address is her sister's (the maternal aunt) address in Tower Hamlets.
27 or 28 July 2016	Mother visits neonatal unit with the baby's father (visit 17 or 18) - entry not dated, just says between 27 <sup>th</sup> and 28 <sup>th</sup>
28 July 2016	SW visit to maternal aunt's house - Mother did not attend. Maternal aunt says she will support Mother at the ICPC meeting
29 July 2016 (Friday)	Professional Meeting takes place. Attendees: neonatal unit Nurse, Named Nurse for Safeguarding. SW met with Mother (with maternal aunt). Mother arrived at 16.30 for a 13.30 meeting. Agreed plan for Mother and children to live with maternal aunt. SW to assess suitability of home
31 July 2016	Mother calls neonatal unit and requests update
1 August 2016 (Monday)	SW requests DPM for 2 <sup>nd</sup> August
2 August 2016 (Tuesday)	DPM at Newham Hospital. Attendees: Mother, SW, Named Nurse for Safeguarding, Neo Natal Ward Doctor, Neo Natal Ward staff nurse. Apols from Tower Hamlets Health visitor. Date for discharge not set. Not registered with GP Designations of people in attendance written down. Health visitor does not attend but there is a request for an update after the meeting. Maternal aunt's address is recorded as is Mother's phone number but it says that she is unavailable. Dr had written notes saying Child C was fit for discharge but needed routine blood tests and eye review next Thursday (4 August?). Someone says that Mother will be at her maternal aunt's address for about 3 months. Social worker says the home environment is fine and that maternal aunt is sensible. Noted that Mother needed to register with a GP in Tower Hamlets and speak to the cab firm about a car seat. Noted that social worker spoke to Mother about time management and the need to stay at maternal aunt's address, that the children's whereabouts needed to be known and that the case would not be transferred to Tower Hamlets at that time.
3 August 2016 (Wednesday)	Mother visits neonatal unit. (visit 18 or 19) Also advised to register with GP

4 August 2016 (Thursday)	Mother asked to come in and sign consent forms for immunisations
<b>Time Period 4: 5<sup>th</sup> August 2016 to 22<sup>nd</sup> August 2016. Relates to paragraphs at 3.5 onwards</b>	
5 August 2016 (Friday)	<p>Consent forms not signed</p> <p>Social worker happy for discharge. Doctor advised Mother that babies usually kept in for 24 hrs after immunisations. Mother says will be back at 18.00 and wants to take Child C home. Child C discharged at 6pm</p> <p>Paperwork sent to GP1– Mother not yet registered with GP in Tower Hamlets</p> <p>Discharge says mother's address is the maternal aunt's address in Tower Hamlets and that this is the discharge address. Father is "LH" living at an address in Newham. Notes that mother is moving to stay with maternal aunt</p>
8 August 2016 (Monday)	<p>B&amp;D Multi Agency CP Conference date set for 15<sup>th</sup> August</p> <p>SW visits maternal aunt's address to see Mother and Child C – no answer. Maternal aunt says Mother has said she'd cancelled the visit because Child C was unwell. Mother angry that maternal aunt was contacted. Agreed priority to take Child C to hospital</p> <p>Conference date set for 15 August</p>
9 August 2016 (Tuesday)	<p>SW emails Named Nurse to say Mother said she took Child C to hospital on 8<sup>th</sup>.</p> <p>Named Nurse confirmed Mother did not attend hospital but had called and was advised to go to A&amp;E</p>
11 August 2016 (Thursday)	<p>Health visitor tells SW of failed meeting with Mother at Globe Town Health Centre and attempted unannounced home visit but no-one home</p> <p>Tower Hamlets health visitor not attending ICPC as Mother not living in Tower Hamlets and there will be no further support. Responsibility with GP Surgery</p> <p>SW does unannounced visit to try and see Mother and children at her uncle's address, Uncle presents as vulnerable adult. Says not seen Mother for 18 – 24 months</p> <p>Team Manager approved social worker's report for the ICPC</p>
12 August 2016 (Friday)	Agreed case can go to TCLPM if Mother does not attend or allows the SW to see the children
15 August 2016 (Monday)	<p>ICPC held at Barking Town Hall</p> <p>Both children put onto CP Plan Neglect. Child C not seen by a professional since her discharge</p> <p>Named Nurse attended. Her notes say Mother arrived late and left early. No notes from Conference</p>
16 August 2016 (Tuesday)	<p>Agreed to escalate case to attention of Group Manager and agreed to be taken to Thresholds of Care and Legal Planning Meeting with Public Law Outline plan</p> <p>Single Assessment recorded as completed on ICS</p>
17 August 2016 (Wednesday)	TCLPM held – meets criteria for applying for interim care order. Decide not to remove children now but keep under review. If children not seen by 19 <sup>th</sup> August application for Emergency Protection Order to be considered

	Unannounced home visit by SW at maternal aunt's home – no one in. Home visit arranged for 18th Re maternal aunt's checks – no concerns
18 August 2016 (Thursday)	Home visit by SW. Not in, SW phoned Mother who said she would be back in 5 minutes. SW waited for 45 minutes then left. Maternal aunt gave permission to SW to look round – no evidence of Mother and the children living there. SW bumped into Mother in the street and challenged her about where she was living – insisted she lived at that flat
19 August 2016 (Friday)	SW sees Mother and children at the office. Plan to relocate to Essex SW requests Police checks on Maternal Grandmother. Mother, Maternal Grand Mother and maternal aunt sign Family Plan. Plan is for Mother to move with the children on 21 <sup>st</sup> August to live with maternal grandmother but live with maternal aunt in the interim. Social Worker to visit on 21 <sup>st</sup> August
<b>Time Period 5: 22<sup>nd</sup> August 2016 to Child C's death. Relates to paragraphs at 3.6 onwards</b>	
22 August 2016 (Monday)	SW visits maternal grandmother's home to check suitability. SW recorded that Mother and children had moved to live with maternal grandmother Core Group originally planned for this date SW told to alert Essex of children on CP Plan moving into their areas and to alert the CP Chair Family relocate to Essex
23 August 2016 (Tuesday)	SW contacts CP Chair, Health Visitor in Tower Hamlets and Essex CSC Health Visitor notified by SSW that Mother had moved to Essex on 22 <sup>nd</sup> and that SW would be asking Essex to place the children on a temporary register
24 August 2016 (Wednesday)	SW tells health visitor of Mother's new address in Essex B&D health visitor gives hand over to new health visitor over the phone CP Summary completed by health visitor. Details of next CP Conference records and date of Core Group confirmed Mother registers at GP practice in Essex TCLPM updated. Legal advice is not to issue PLO. Safeguarding agreement to be put in place, work with CP plans. Core group meetings to be arranged. SGO advise to be sought for maternal grandmother if needed Community Health records show a move of children on CPP. Icon is added to record
25 August 2016 (Thursday)	GP practice asks Mother to come in with the children's Red Books. Sibling is booked in for 12 month immunisations that afternoon. Maternal grandmother attends for appointment with sibling
26 August 2016 (Friday)	SW receives phone call from Mother saying the maternal grandmother has kicked her out and she needs accommodation in B&D

	SW speaks to maternal grandmother who says she cannot accommodate Mother and the children indefinitely
30 August 2016 (Tuesday)	GP practice rings Mother and advises her to bring Child C in on 7 <sup>th</sup> Sept for immunisations and to see the GP
1 September 2016 (Thursday)	Health visitor does home visit to maternal grandmother's address – sees both children. Another visit/Core Group arranged for 6 <sup>th</sup> Sept SW letter to GP – both children on a CPP at LBBD under category of neglect
5 September 2016 (Monday)	GP confirmed with B&D that Mother had registered with their surgery. GP requested Social Care to liaise with Essex Social Care to organise Health Visitor
6 September 2016 (Tuesday)	Core Group Meeting held at maternal grandmother's address. Mother, maternal grandmother, SW, Health Visitor 4 present.
7 September 2016 (Wednesday)	GP sees Child C with Mother, Sibling and maternal grandmother.
8 September 2016 (Thursday)	GP practice rings Mother to remind her to bring in child C's Red Book – she does SW phones Mother and also maternal grandmother. Neither answer. Messages left asking them to make contact
12 September 2016 (Monday)	Home visit by Health Visitor
14 September 2016 (Wednesday)	SW phones Mother – no answer. SW phones maternal grandmother who says that Mother and the children left on 12 <sup>th</sup> September after the visit by the health visitor. Mother is due back on 15 <sup>th</sup> (Thursday)
16 September 2016 (Friday)	GP practice phone Mother and make appointment for Child C on 19 <sup>th</sup>
19 Sept (Monday)	Child Protection Home Visit by SW. Mother, Sibling and Child C seen at maternal grandmother's address. Mother on way to GP appointment. ICPC minutes received and sent to professionals and parent GP sees Child C and appointment for Child C's 3 <sup>rd</sup> round of immunisations is booked
23 September 2016 (Friday)	Housing Options Essex ring SW – Mother does not have appointment – case still being checked
26 September 2016 (Monday)	Mother cancels Monday's (26 <sup>th</sup> ) visit and re-arranged for Tuesday (27 <sup>th</sup> ) by text Family discussed at Children's Centre Meeting. Family allocated to worker
27 September 2016 (Tuesday)	Text from Mother - not available for the afternoon visit from health visitor. Could it be re-arranged to Wednesday afternoon (28 <sup>th</sup> ). Visit booked for 16.00 on 28 <sup>th</sup>

	Case supervision – SW view is that Mother responding better and showing more insight. Decision needed whether LBBB continues to work with the case or to discuss transfer to Essex. Plan to visit every 2 weeks
28 September 2016 (Wednesday)	09.30 Mother boards bus in with Child C in a baby sling and the 2 year old Sibling in a pushchair. After around 20 minutes she arises alarm that Child C is not breathing. Passenger on bus performs CPR LAS and police called to incident and Child C is taken to Newham General Hospital with the mother. 11.30 Child C is pronounced dead. A rapid response meeting was convened and police investigation by the Child Abuse Investigation Team started Mother and Father arrested on suspicion of murder Phone call from maternal grandmother to social worker to say Child C had died Newham Hospital inform team manager of death and likely NAI – 16 weeks and 6 days old Strategy Meeting held at LBBB with GM, TM, Police and health
30 September 2016 (Friday)	Specialist post mortem. Cause of death “head injury”. Skeletal survey post death indicated multiple fractures that had occurred on different dates and were consistent with NAI.
1 October 2016 (Saturday)	Both parents charged with murder.

### **Appendix 3: Recommendations from IMRs:**

The recommendations from the Independent Management Reviews demonstrate that 'learning' from this case has already happened and changes have been made to practice. Examples **include:**

- ELFT have introduced a mentoring programme for newly qualified health visitors that includes monthly supervision using 'Signs of Safety'
- LBN and Essex have introduced a Neglect Strategy to support practitioners in the identification and management of neglect
- LBBB the use of CIN templates at the point of discharge from hospital
- Barts Health to emphasise 'Think Family' in training programmes and reinforced in supervision
- NELFT Health Visitors to consistently use the assessment framework to document needs assessments in children's records
- Essex Clinical Commissioning Group will ensure that their current standard operating procedure reflect that where the patient discloses safeguarding information that this is reviewed by the practice safeguarding leads and appropriate alerts are uploaded to the patient record
- Local Health Provider has tightened the process around attachments to record, to ensure it is documented in the electronic record that these have been read by the named clinician.

All of the recommendations made in the IMRs should be reviewed by the respective LSCBs.

#### **London Borough of Barking and Dagenham:**

##### **1. Quality of practice in single assessment and plans**

Continuing attention and support has to be given to the guidance and training for social workers and case supervisors about:

- a) **Voice of the child:** the voice of the child must be strong and 'jump off the page' in assessments, plans and case records, including records about health and development needs. There should be further input about practice guidance and 'what does good look like' and with particular attention to situations in which there are difficulties with parent/s engaging and in which children are non-verbal.

- b) **Use of research:** the principle of drawing on research findings and in this case use of the Research in Practice briefing with the Dartington research about attachment should be evident in assessment and case records to inform and underpin decisions and a plan for support and intervention
- c) **Working with neglect:** the Children's Social Care service should also now put into practice a tool which would be used when carrying out assessments and also ongoing work when neglect is an issue. This would also be with a view to developing the tool for multi-agency working.
- d) **Invisible father:** the child/ren's father remained invisible due to mother (and her family) misleading professionals on a regular basis. Despite this, as happened in this case, investigations should continually remain vigilant as to the possibility that father might be hidden or emerge and then a risk assessment should follow. Self-reporting by a mother should be respected but has to be checked further.
- e) **Working with uncooperative and hard to engage families:** a strong theme in this case and a significant challenge for the staff who were trying to fulfil their responsibilities to the children. There is procedural guidance in place on the London Child Protection Procedures but further support through training is also merited. There are no easy answers but input, including training, would give social workers and managers the opportunity to think and reflect further about the issues involved

## 2. Safeguarding process and procedural points

- a) **Use of template for CIN plan:** plans for children in need upon discharge from hospital should be recorded using the Child in Need plan template, distributed to the relevant professionals, and parent/s and recorded accordingly whilst also being chaired by a Team Manager.
- b) **Agreement with parents and families:** Child in Need plans or Child Protection plans should be used as the starting point for the formal agreement between parent/s and the local authority. These should be signed by the parent/s as an indication of agreement.

Further guidance would be helpful about the use of 'safeguarding agreements' if a written agreement is needed further to the plan – referred to as a written contract in the London Child Protection

procedures. If used then there should be a model template which sets out the expectations of the parent/s and any other family members involved; the services to be provided; arrangements for review; and the contingency plan if the agreement is seen not to be working.

As with the use of CIN or CP plans if the parent does not sign in agreement or the agreement is breached then the contingency plan must be considered including discussion at the Threshold of Care and Legal Planning meeting or more immediate emergency action.

### **3. Children and families moving across local authority boundaries**

- a) **Children on child protection plans moving across local authorities:** if a child who is the subject of a child protection plan moves to another local authority then that local authority must be notified.

The child protection plan should also be shared at the earliest possible point with any other members of the core group in the local authority area concerned.

### **4. Disseminate findings and lessons learned**

The findings and lessons learned will be disseminated through meetings with staff and forums for further discussion such as supervision, team meetings, service meetings and the Practice Improvement + Outcomes Group for Team Managers.

Lessons learned will be assimilated in to training provided for social workers, managers and independent reviewing officers

#### **London Borough Of Newham:**

**Newham were already sighted on and have begun to address issues flagged in the IMR. Notably:**

1. A partnership wide implementation of an evidence based systemic tool for neglect.
2. Driving forward a systemic approach to assuring consistency in practice, quality of assessments and robust reflective supervision
3. Improved and proactive information sharing across agencies.

A comprehensive plan was in place to address issues and was

operationalised in 2015.16.

**London Borough Of Newham Adult Social Care:**

No recommendations

**London Borough of Newham Housing Needs Service:**

No recommendations.

**Newham CCG – General Practice:**

No recommendations

**Barts Health NHS Trust:**

1. Acorn Teams notes should marry up with the hand-held maternity notes.
2. Notes audit to be conducted on the Neonatal Unit.
3. Neonatal unit Community Nurse to be in place in Neonatal Unit.
4. Audit of the use of the purple sticker within postnatal notes.
5. Meeting proforma to be launched within Neonatal Unit and paediatric ward to cover all multiagency meetings such as strategy and discharge planning meetings.
6. Training and supervision to emphasise more regarding the use of genograms and Think Family approach.
7. Letter to be developed and sent to regularly used CSC that any strategy meetings should take place on Newham hospital site if the child is an in-patient
8. Standard Operating Procedure to be developed in cases of later miscarriages attending ED.
9. Bereavement registrars to escalate to clinical staff if delays in parent(s) attending to receive death certificates and organise funerals.
10. Learning flyer regarding this case to be shared when SCR finalised and share at all sites safeguarding meetings.
11. Teaching around complex discharges from Neonatal Unit
12. Rooming in to be offered to all parents once their baby is close

to fit for discharge.

13. Staff to be made aware of escalation processes both internally and with external partners

#### **East London Foundation Trust:**

1. Review of health visitor's operational protocol.
2. Monitor staff access to safeguarding supervision and case discussion
3. Review of administrative process for transferring records out of the Trust
4. Improving communication blocks across organisational boundaries.

#### **North East London Foundation Trust:**

1. Key learning from SCR to be cascaded through managerial frameworks from ISG to frontline practitioners.
2. Key learning from SCR to be shared with Safeguarding Children Supervisors.
3. Health Visitors to be professionally curious and to escalate safeguarding concerns where indicated.
4. Health Visitors to consistently use the assessment framework to document needs assessments in children's records
5. Areas of emerging learning from SCR are formally discussed in managerial supervision with all universal services practitioners.
6. Practitioners involved in child C's and her siblings care to be aware of emerging learning from SCR to include notable practice and areas to be strengthened.
7. Health visitors to be clear about Corporate Health Visiting and their accountability.

#### **An Essex Clinical Commissioning Group on behalf of a GP practice:**

1. Essex Clinical Commissioning Group, ensured the GP practice involved amended their current standard operating procedure to reflect that where the patient discloses safeguarding information that this is reviewed by the practice safeguarding

- leads and appropriate alerts are uploaded to the patient record”
2. Essex Clinical Commissioning Group ensured the GP practice involved amended their GP patient registration form for children up to the age of 18, to include a tick box that would indicate if children are subject to a child protection plan and/or are a current Looked After Child
  3. Cascades (internally) revised contact details for the health visiting service once received following the change to a new provider from the 1<sup>st</sup> April 2017

**The Local Provider Health Service in Essex:**

1. Initial Health Needs Assessment Standard Operating Process
2. Transfer in of children on CPP or CIN to be notified to Safeguarding team for review of case.
3. Skills workshop on disguised compliance for 0-19 service clinicians. To include information around late cancellations of appointments and when these should be escalated.
4. Tighten process around attachments to record, to ensure it is documented in the electronic record that these have been read by the named clinician.

**London Ambulance Service NHS Trust:**

No recommendations.

**Metropolitan Police Specialist Crime Review Group:**

No recommendations.

#### Appendix 4: Acronyms and Terminology

ASC	Adult Social Care
BARTS	Barts NHS Foundation Trust
CPR	Cardio Pulmonary Resuscitation
CAMHS	Child and Adolescent Mental Health
CHC	Child Health Clinic
CIN	Child in Need
CPP	Child Protection Plan
CSC	Children Social Care
DfE	Department for Education
ED	Emergency Department
ELFT	East London Foundation NHS Trust
GP	General Practice / Family Doctor
HV	Health Visitor
HNS	Housing Needs Service
ICPCC	Initial Child Protection Case Conference
IMR	Individual Management Review
IT	Information Technology
LAS	London Ambulance Service
LBDD	London Borough Barking and Dagenham
LBH	London Borough of Newham
LCPP	London Child Protection Procedures
MARF	Multi agency Referral Form
MASH	Multi agency Safeguarding Hub
MP	Metropolitan Police
NN	Named Nurse
NAI	Non Accidental Injury
NCSC	Newham Children's Social Care
NIHIT	Newham Intensive Hospital Intervention Team
NUH	Newham University Hospital NHS Trust
NSPCC	National Society for Prevention of Cruelty to Children
SCR	Serious Case Review
SCRP	Serious Case Review Panel
SW	Social Worker
TAC	Team Around the Child
TCLMP	Threshold of Care Legal Planning Meeting
TM	Team Manager
UCC	Urgent Clinical Care

## **Appendix 5: References**

Working Together to Safeguard Children, A guide to inter-agency working to Safeguard and promote the Welfare of Children (HM Government, 2015)

London Wide Child Protection Procedures 2016

Assessing Children in Need and their Families: Practice Guidance (DOH 2000)

Research Briefing: Neglect (NSPCC 2012)

Developing an effective response to neglect and emotional harm to children. Ruth Gardner University of East Anglia and The National Society for the Prevention of Cruelty to Children (January 2008)

Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 -2014 (DfE 2016)

Brandon M, Belderson P, Warren C et al (2008) The preoccupation with thresholds in cases of child death or serious injury through abuse and neglect, Child Abuse Review, 17 (5), 313-330

Sofia Serious Case Review Tri-borough (Dec 2015)

Child J Serious Case Review, Luton Safeguarding Children's Board (02.06.2107)

UK – World Health Organisation Growth Charts (2016)