

## Faith Serious Case Review Briefing December 2017



**Welcome** to this Serious Case Review (SCR) practitioner briefing to help practitioners and their managers understand the key messages from the Faith SCR. The messages are just as important for those working in adult services (where service users could be parents or carers).

### Why an SCR?

Faith was removed from the care of her parents due to neglect aged 15 months, and placed in foster care.

6 months later Faith was admitted to hospital because she could not stand on one of her feet.

She was found to have eight separate limb fractures of which seven were assessed to be non-accidental and to be no older than two months. The injuries had therefore occurred whilst Faith was in care and her case was the subject of care proceedings.

The circumstances of Faith's injuries have not been established which posed particular challenges for this SCR, whose task was not to attribute blame. The criminal investigation had ended before this SCR commenced, without any charges being brought either for Faith's neglect or for her subsequent injuries.

This SCR has sought to understand what can be learned from Faith's experiences whilst a Looked After Child (LAC) in order to try and prevent other children being injured in similar circumstances and to improve the way in which professionals work in the future.

## Overview of Learning

### Child Protection Medicals

The system for undertaking child protection medical assessments on Faith and her siblings very soon after they entered care failed on this occasion. The delay potentially compromised the gathering of evidence in both the care and criminal proceedings. For very young children in particular, a delay of weeks is likely to make it more difficult to gauge the effect of chronic neglect on their health and development. Both Police and Children's Services were frustrated by the cancellation of the medicals but neither challenged this. At the initial strategy meeting greater consideration should have been given to what information was required from the child protection medicals and whether or not the initial health assessments could achieve the same outcome.

[http://bedfordscb.proceduresonline.com/chapters/p\\_child\\_med\\_asses.html](http://bedfordscb.proceduresonline.com/chapters/p_child_med_asses.html)

### Social Worker Workloads

The administrative burden resulting from issuing care proceedings on 5 children caused the workers in this case to feel overwhelmed. This was further exacerbated because neither worker had been involved in care proceedings before, therefore, unfamiliar with tasks which would have been onerous even to experienced workers. One of the workers during Faith's care proceedings had three other sets of proceedings at the same time. A consequence of the demands of the administrative burden was that the workers had limited time to reflect on Faith's case, spend time with Faith either in her foster home or with her parents, read carefully the supervised contact sheets and reports from other specialists or to observe contact.

### Injuries to Ears

On two occasions, injuries to Faith's ears were not given sufficient attention and the possibility that they might have been a non-accidental injury.

Injuries to ears are unusual and practitioners should always regard them with suspicion. When blood was found in Faith's ear, the foster carers were not contacted for further information and medical advice was not sought. In the second incidence, an Out-of-Hours GP did not record the precise location of a bruise and did not consider the possibility of non-accidental injury. It is possible that in dealing with this second injury the GP knew that Faith was living with foster carers and therefore regarded her as 'safe'.

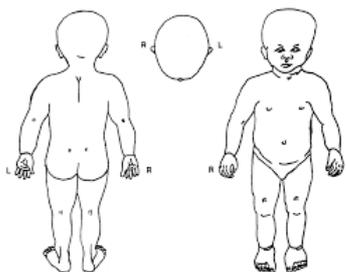
[http://bedfordscb.proceduresonline.com/chapters/p\\_bruise.html](http://bedfordscb.proceduresonline.com/chapters/p_bruise.html)

### Contact: Assessment v Supervision

Neither the social worker or Guardian observed Faith with her parents during her time in care, they relied solely on 3rd party reports. The Guardian's and social worker's understanding of the relationship between Faith and her parents would have been considerably enhanced by directly observing some contact. The supervised contact reports were sent in large bundles to the social worker, who only read a sample of the reports. The parents believed that the contact supervisors acted as a conduit for communication between themselves and the social worker, this was not the case. Important information was potentially missed or not received in a timely way because it was included in supervised contact reports that were late or not read at all. When the independent contact provider failed to provide 2 supervisors, they did not alert the Local Authority and no one noticed via the contact reports. Fundamental, life-changing recommendations were being made as to whether Faith should be adopted without all the supervised contact reports or contact communication book being read, let alone the supervised contact between Faith, her siblings and parents itself being observed.

### Foster carers & the recording of accidents & minor injuries

The foster carer completed dozens of body maps relating to Faith's everyday bumps/bruises. It was not easily explained why and when foster carers are expected to complete such maps. As with many fostering tasks, foster carers were, to a degree expected to use their own judgement. One reason given for the completion of these body maps was for the foster carers' own protection when children are having contact with their birth family and it is important to know when, where and how any injuries might have occurred. There was no system for collating the information from these body maps or for sharing them with a health professional, whose expertise would necessarily be greater than that of the social workers in the case.



### Monitoring Contract Compliance

There was no effective system in place to monitor the independent contact provider's adherence to their contract and no dialogue between them and the commissioners whereby problems in delivering the requirements of the contract could be communicated

### Checking GP records



On three occasions the foster carer took Faith to a local walk-in medical centre. On two of the visits the records were not easily visible in Faith's health records. Practitioners outside of 'health' and the foster carers both assumed that a health visitor or community nursery nurse would be able to see any GP visits on a child's records, which is not in fact the case. Practitioners outside of health organisations do need to understand what information is being shared and with whom within the NHS as a whole.

### What can the BBSCB offer to support you in your work?

The published SCR report is available on the BBSCB website.

[http://www.bedford.gov.uk/health\\_and\\_social\\_care/children\\_young\\_people/safeguarding\\_children\\_board/serious\\_case\\_reviews.aspx](http://www.bedford.gov.uk/health_and_social_care/children_young_people/safeguarding_children_board/serious_case_reviews.aspx)

For both e-learning and face to face training use this link:

[http://www.bedford.gov.uk/health\\_and\\_social\\_care/children\\_young\\_people/safeguarding\\_children\\_board/serious\\_case\\_reviews.aspx](http://www.bedford.gov.uk/health_and_social_care/children_young_people/safeguarding_children_board/serious_case_reviews.aspx)

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