

## Swindon Safeguarding Partnership Serious Case Review Briefing: January 2020 Serious Case Review: Child G

[Swindon Safeguarding Partnership Multi-Agency Training – to view the calendar and book a course click here](#)

Courses include: Working with Resistant Families, Escalating Concerns, Parental Mental Health.

**Professional curiosity:** Professionals should always be alert to the possibility that family members may not always tell the truth, and the triangulation of information between professionals is good practice in cases where there have been previous concerns. Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It **means** not taking a single source of information and accepting it at face value.

The Munro Review commented that adults have a number of motives for not always providing a full picture of their or their children's circumstances. The task of professionals, where there are concerns about children, is to remain in a position of "respectful uncertainty" and display "healthy scepticism".

This means routinely checking the validity of information provided by parents/adults by cross referencing and triangulating with other sources; testing out the level of parental care and concern for children and the extent to which parents feel a sense of responsibility for their children and their well-being.

Asking questions and seeking explanation from parents is something to be valued; healthy challenge is good and can provide assurance that your assessment of the situation is accurate. A high reliance by professionals on self-report by parents brings with it significant risks of proceeding on false information.

Good information sharing, supervision and open discussion at key decision-making meetings to 'check and test' information can be crucial in ensuring this does not happen.

For information on disguised compliance click [here](#).

## Learning from Case Reviews

This leaflet sets out some of the learning for agencies and practitioners identified through recent case reviews.

Pregnancy and the first year of life is a critical life stage – in the first 18 months of life babies experience a period of incredibly rapid growth and development.

Research and experience indicate that very young babies are extremely vulnerable and premature babies may be more vulnerable to abuse and neglect. This may be increased if families are experiencing problems, and/or have premature twins/multiple births. ([NSPCC 2017](#))

In the antenatal period risk assessment and effective planning and supportive intervention will help to minimise harm to the unborn baby. It is vital that assessments are started as early as possible and that information is shared so that the child and family have the necessary support and best start to family life, thereby minimising the need for child protection intervention.

Please refer to the [Swindon Safeguarding Partnership Unborn Baby Protocol](#).

**The need to use unambiguous terminology:** Professionals need to be clear about the terminology they use, particularly when communicating with parents. There needs to be an awareness that some words such as 'referral' may be used for different processes.

For further information please refer to [Swindon Safeguarding Partnership Unborn Baby Protocol](#).

Making referrals refer to [South West Child Protection Procedures](#)

## Concerned about a child?

**Contact the Multi-Agency Safeguarding Hub (MASH); Telephone: 01793 466903**  
Email: [Swindonmash@swindon.govuk](mailto:Swindonmash@swindon.govuk)

**Communication and information sharing:** The review highlighted learning regarding the processes used to request and share information for unborn children. In 2017, this process was strengthened to allow more detailed information to be shared and considered. With reference to the SSP [escalation policy](#) if required.

It is important that professionals document and share any history of risk/vulnerability when making referrals and providing or seeking information. Historical information should always be considered as this will give an insight into past vulnerabilities, life experiences and medical conditions. This helps inform the risk trajectory.

Good practice suggests separating past risks/vulnerability from current and future harm/need that has happened to a child or information relating to parents/carers. Open rather than closed questions assist in providing clarity and avoid misunderstanding. Talking to other agencies and practitioners helps triangulate a full picture of what is happening. Information sharing has been identified as a practice issue in previous serious case reviews. ([NSPCC 2016](#)).

Further information and guidance regarding information sharing refer to the [South West Child Protection Procedures](#). Also [Safeguarding Practitioner information sharing advice](#).

**Parental mental health:** Parents may need extra support to care for their baby and keep them safe. Learning from other case reviews (NSPCC, 2015) highlights parental mental health as a factor in [case reviews in England](#) from 2009 -2010.

Considering parental mental health ensures a better assessment of risks in relation to parenting capacity. Professionals should consider consulting with the respective GP's of parents as this will avoid missing potentially significant information.

The Swindon Integrated Perinatal Mental Health Pathway is being reviewed in light of learning from this review.

For further information regarding risk factors to an Unborn Baby refer to the [SSP Unborn Baby Protocol](#). For Parental Mental Health refer to [NSPCC](#).

