

Rapid Reviews: Baby G



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| Newcastle Safeguarding Children Partnership | | | |

Background

- Baby G was born at full term with no issues. Their parents were no longer in a relationship and though Dad was known to have contact his role within the family was not clear.
- Baby G lived in an overcrowded house with other children with additional needs. Mum reported low mood but declined support. They were managing a stressful situation and looking after an additional child following the death of a significant family member.
- There was evidence of positive bonding and attachment between parents and children, but there were six referrals for neglect, domestic violence and overcrowding in an 18-month period and Dad referred his concerns to CSC about how Mum was coping.
- CSC identified the family needed support and referred them to Early Help.
- Baby G was brought to hospital at 6 months old with a fracture, cause unknown it was suspected to be non-accidental and occurred seven days earlier. No other injuries were identified and it was suggested as being caused by another child when left alone with Baby G.

Learning

- Baby G was a very young baby and could be seriously injured if not handled with care. They were reliant on carers to meet all needs.
- Baby G was born into home where neglect was evident with home conditions deteriorating over time. Whilst some injuries to children might not be predictable professionals should consider that neglect can be linked to increased risk of injury whether through accident, deliberate injury, or lack of supervision
- Repeat referrals were seen in isolation rather than as a pattern of family difficulties. Chronologies and reflective supervision can be used to support and challenge practitioners to identify patterns of parenting, patterns of concern and risk and when intervention is not working
- Professionals not aware of how the family were coping after the end of Mum and Dad's relationship.
- There was evidence of a delay by health agency making referrals to CSC and on one occasion a delay in implementing an Early Help Plan
- Dad's and wider family's role in parenting was unclear
- Mum's mental health and how this was impacting on her parenting was not known

Learning

- Baby G lived in a home with a child with additional needs but this and the impact it may have on parenting capacity was not understood by professionals
- Grief and loss over the death of a significant family member was not fully recognised.
- The pandemic meant that home visits were not always allowed which can be a lost opportunity to understand what is happening in the home
- Professionals should be curious - what do you know about the adults in the baby's life and what risks and/or protective factors do the adults pose?
- Professionals should explore what is the parenting like when a parent has low mood? What is the impact of this on the child?
- Professionals should know who is living in the household and what the sleeping arrangements are?
- The role of dads need to be considered – what do you know about their involvement with the child and what is their caring role? What strengths/risks does the Dad or male carer bring to the family?
- The impact of significant life events, such as deaths or taking on responsibility for another child with additional needs should be considered?

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