

7-minute briefing

Child B Child Safeguarding Practice Review

January 2022



GREENWICH
**Safeguarding
Children**
PARTNERSHIP

Background

When Child B was born his mother was admitted for Mental Health treatment and he was placed in foster care by Greenwich, following this they went to a *Mother and Baby* unit together, which was positive.

They moved to living independently in the community and child B was subject to a Supervision Order that ended in July 2019.

His mother received support from Mental Health services, with a diagnosis of paranoid schizophrenia; this changed to probably severe depression.

Child B had Global developmental delay and in December 2020 he was diagnosed with Autism.

What Happened

Child B was a 4-year-old boy who died at home by drowning. His mother has been charged with murder (awaiting trial). She delayed seeking medical treatment after Child B's death for four to six hours.

An inquest into Child B's death has been opened and adjourned.

There were no indications prior to Child B's death that his mother's mental health was deteriorating or that she would harm Child B.

Further reading

The GSCP guidance on [7-min-briefing-Supervision-Orders-2021.pdf](#)

GSCP and SAB See the adult see the child guidance www.stastcgreenwich.org.uk.

GSCP Learning and Development programme: e.g. ACES E-learning module <https://training.greenwichsafeguardingchildren.org.uk/>

Findings

While the predisposing vulnerabilities of Child B and his mother were recognised, the risk Child B's Mother might present if/when she ceased her medication was not adequately considered across the multi-agency.

The overall team around the family was not effective and part of that was the lack of a shared understanding of the risks of relapse and of the implications of the change of medication.

Actions

Attend training to raise awareness of parental mental health.

GSCP to develop guidance for lead professionals.

Children's Services to ensure there is a robust 'move on' ('step down') process.

Agencies' / Services' 'Pandemic Recovery Plans' to have clear arrangements for virtual and face to face interventions; and consider the impact of this on service provision.

Recommendations

The need of support extended throughout childhood, where there are enduring adult needs and vulnerabilities for the child.

Ensure that all staff are aware of, understand the importance of and know what their responsibilities are of the 'move on' (previously 'step down') process.

Quality information sharing should take place between ALL agencies.

Cultural / religious competence of all staff so that they have the confidence and skills to ask children and families about their culture and how this may inform their experience and view of the services they are offered.

Key Learning

The importance of recognising the key indicators of ill mental health; the impact of enduring a mental illness; and adverse childhood experiences (ACES) on capacity to care for their child.

Avoid using generic phrases such as 'children doing well'. Inaccurate or imprecise language does not support critical thinking or professional curiosity and can give false assurances when read by other practitioners.

The importance of face-to-face interventions, to gain a better understanding of an individual's lived experience.

Information Sharing between agencies, including for transitions, such as between Pre-school to Primary School; and between services / agencies working with adults and those working with children.