Rapid Review February 2025

7 Minute Briefing

1. Purpose

This briefing shares key learning from a recent safeguarding review to help improve practice and keep children safe

2. Type of Review

Rapid Review February 2025

3. Reason for Review:

- A first referral to Children's Social Care raised concerns that the baby presented with two bruises to the back of her thigh and neither parent could not account for. It was shared that both parents had learning needs and physical health needs. In line with the Bruising in Children Who are Not Independently Mobile guidance, a multi-agency strategy meeting was held and a section 47 investigation completed. However, following this, the assessment concluded that it was safe for the baby to remain in parents care and the case was stepped down to Family Help.
- The Rapid Review was undertaken following a second referral to Children's Social Care 3 months later detailing significant injuries to the baby.

4. Key Learning Themes

- Physical abuse and child neglect
  - the baby suffered physical harm as evidenced through the physical injuries. The parents were not fully able to meet the baby's needs who, is now, assessed to be developmentally delayed.
  - Parents additional learning needs - Assessments indicated that the parents' additional needs meant that neither can safely care for the baby alone for extended periods.
- Parents were both care experienced.
- Information sharing -
  - Agencies alone were in possession of vital information which, should have been brought together to enable a holistic assessment.
  - There is evidence of information being misinterpreted, which had had a direct impact on the outcome for the baby.
- Theme 4 - Domestic abuse
  - information was not adequately shared between agencies to provide the most appropriate level of support and there was an over reliance on mother to seek support from domestic abuse services via signposting, should she feel it is relevant.
  - The domestic abuse from the father towards the mother was not considered from the baby's perspective.

5. What Good Practice Looks Like

- ✓ Macclesfield District General Hospital evidenced good practice when the baby was presented on the ward for the more recent injuries.
- ✓ Adults and Children's Social care working together.

6. Actions for Practitioners

- ✓ Health visitors to use supervision and ensure that Early Help plans are commenced to triangulate information where there are concerns about universal services level.
- ✓ Professionals to understand the learning needs and functioning of parents and their capacity to meet their child's needs, in the context of their additional needs.
- ✓ Professionals should consider the Bruising in Children Who are Not Independently Mobile guidance and professionals and be professionally curious about bruising on babies.
- ✓ Professionals involved an multi agency strategy meeting should ensure that all relevant information is available in advance of the meeting to ensure that an accurate risk assessment and management plan are developed.
- ✓ All agencies have a responsibility to be professionally curious about all information shared at multi agency strategy meetings. i.e. sexual offences and domestic abuse and the safeguarding risk this could present to babies/children.
- ✓ GPs to ensure that safeguarding concerns are coded correctly to ensure they can be seen.
- ✓ Children's Social Care to be more professionally curious about information provided around domestic abuse, through having the conversation with both parents separately to understand impact of this risk.
- ✓ Where Adults Social Care are advised by a parent with additional needs that they are struggling to meet the care needs of their child, consideration should always be given to a referral to Family Help or Children's Social Care
- ✓ Police to ensure that correct details are obtained to link the adult nominal for the accurate information to be shared at strategy meetings.
- ✓ Adults Social Care should ensure that all children are associated to ensure that information can be considered in a safeguarding capacity.
- ✓ Children's Social Care, Adults Social Care, Family Help and the health visiting team to explore wider family networks and ensure the parents have good support networks around them, particularly in the context of parents with additional needs.
- ✓ All agencies should document who was present at visits and meetings to establish what information has been shared and with whom.

7. Resources & Support

- ➢ Training opportunities: Safeguarding Childrens Partnership Training offer
- ➢ Guidance: Bruising in Children who are Not Independently mobile

8. Points for consideration

- ➢ How does this learning apply to your role/agency?
- ➢ What changes can you make in your practice?