Lessons Learned

Fara's Story....

Fara is described by her family as 'a little miracle, perfect in every way', 'her smile was enough to melt anyone's heart and her giggle was so infectious'. Fara was 1 year old when she suffered a cardiac arrest at the family home. She was taken to hospital and sadly pronounced deceased shortly after. The police investigation confirmed that Fara had drowned in the bath whilst the parents were under the influence of drugs. Fara's mother is White British. Her father is Iraqi Kurd and an asylum seeker, and as such is not permitted to work in the UK or claim financial support. He is now and awaiting deportation after his asylum claim failed. Fara's mother and father have histories of substance misuse, mental ill health and her father had served a short custodial sentence prior to her birth.

Fara's family first became known to services when her mother presented to the GP at 30 weeks pregnant. Mothers' late presentation was due to previous fertility issues, and she did not think she could get pregnant. At her appointment mother reported to midwifery service that she was on a drug treatment programme. Fara's father was under the supervision of Community Rehabilitation Company. Children's services undertook a single assessment and concluded that both parents had addressed their drug use and had good family support. Midwifery services undertook 2 ante- natal visits with Fara's mother; however, her father was not present and little information was provided about him.

When Fara was born, no concerns were noted by midwifery services and children's services were informed of the birth. Post birth visits were undertaken by health visitors at Fara's grandparent's house where the family were living at the time and no safeguarding concerns were identified. Fara and her mother then moved to their own accommodation when Fara was three months old. The housing provider was not made aware of Fara's mothers' history of substance misuse or that her partner would be living at the property.

In a three-month period, many reports from neighbours were received by both the housing provider and the police. These related to allegations of drug dealing from the property and ASB. The housing provider and police continued to monitor the situation until it became known that Fara was living in the property and a referral was made to the MASH. Eight days later, after struggling to contact Fara's mother and her failure to bring Fara to a developmental review, the heath visitor also made a referral to the MASH. It was identified that MASH had created two files for the family, these were merged, and the case was transferred to the Initial Response Team for a single assessment to be undertaken. A strategy meeting was not held, nor a Section 47 initiated. The following day Fara was taken to hospital and sadly pronounced deceased.

What we have learned...

Both the midwifery and drug treatment services recognised concerns about mother's late presentation in pregnancy and made referrals to MASH, triggering the single assessment by children's services. However, there was no contact between these services and Mother's consent was not sought for this. Midwifery accepted mother's account of her opiate substitute treatment, without confirming this with the drug treatment service. It would have been in both the mother's and the unborn baby's interests for midwifery to liaise with the drug treatment service as they were providing ante-natal care and therefore should have had confirmation of the treatment she was receiving.

Learning for Practice: Practitioners need to understand the significance of late presentation/concealed pregnancies, the reasons for the delay and the potential impact on the care and safety of the child, both pre and post birth.

Learning for Practice: Parental self-reporting should not be accepted without further independent confirmation. Practitioners should guard against being overly optimistic and demonstrate professional curiosity. Parents may find it very hard to be honest and to ask for help for fear of the reprisals, e.g. removal of a child.

Learning for Practice: Parental substance misuse can expose children to risk of serious harm and death through neglect and lack of care, routine and supervision. Assessments should be dynamic and not static.

Lessons Learned (cont.)

What we have learned (contd.)...

The GP referred father to mental health services due to serious concerns about his mental health. GP records noted that father had no thoughts of self-harm as his child was a protective factor. However, despite knowing of the young baby in the family, the GP did not consider the child's welfare and did not contact the health visitor. This was a missed opportunity to alert health visiting to the family's difficulties and potentially offer additional support, e.g., Early Help.
Learning for Practice: When GPs are aware of family difficulties, which may impact on the care and safety of a young child, they should consider a referral to children's services and alert the health visitor.

A significant decision. which affected how agencies worked together was the concluding recommendation of children's services single assessment that 'a planning forum was not required', leading to the case being closed. If a referral had been made to Early Help or a Child in Need Plan put in place, then there would have a mechanism for sharing information and co-ordinating the work of agencies. Other agencies, e.g. health visitor, could also have made an Early Help referral.
Learning for Practice: The importance of single assessments should not be underestimated, as the outcome sets the course of agencies' engagement with a family, e.g. Early Help, Child in Need Plan. They should consider forthcoming changes to family circumstances, i.e. be future proofed. Management oversight should not be purely process led but should provide reflective supervision to ensure the outcome is child focused and guards against an overly optimistic approach.

On father's release from prison Community Rehabilitation Company (CRC) Officer completed an assessment and identified an entrenched pattern of Class A drug use and offending, and, due to unemployment and inability to work, there was a clear financial motive to fund father's drug use. The officer correctly made the link between father being unable to work and criminality and this concern was raised with the parents when they were seen in the office in July and were struggling financially. However, no other action was taken, e.g., no referral to drug treatment services or signposting for immigration or financial advice. Neither was there any contact between CRC and mental health services despite both agencies being involved with father at the same time.
Learning for Practice: Practitioners should understand the challenges experienced by asylum-seeking adults facing deportation, without the right to work and support their families financially, and the potential impact this has on their lives, their mental health, relationships and parenting capacity, and have knowledge of how to access appropriate services, e.g., support, legal and financial advice, interpretation and translation.

Reports to housing and the police were mainly viewed as anti-social/criminal behaviour and not as child safeguarding concerns, despite the report to the police providing information that there was a child living in the property. The housing provider always reports allegations of drug dealing in the area to the police. However, there is no evidence that consideration was given to the impact of the alleged drug dealing from the family home, as well as the comings and goings, on a vulnerable baby, i.e., what were the risks and potential harm to a baby?
Learning for Practice: Think child. The needs and safety of the child should always be paramount. It is vital for practitioners to consider the impact of criminal activity/ASB on the family's day-to-day life and care of children in the household – what risks might they be exposed to and what protective action should be taken?

What do I need to do....

Advice for professionals

- For advice and support for asylum seekers visit Coventry Refugee and Migrant Centre website or the Refugee Council.
- Familiarise yourself with the WM Regional Child Protection procedures: Recognising Abuse and Neglect and Parents who Misuse Substances.
- Read Warwickshire Safeguarding's 7 Minute Briefings on Children of parents who misuse substances, Parental capacity to change, Making a referral to Family Connect, Professional curiosity and Use of interpreters and translators.

Advice for parents and carers from Fara's mother

- Serious accidents are more likely to happen if you use drugs or alcohol. You may lose concentration or fall asleep for a short while when a child can be unintentionally seriously harmed or die, e.g. through a fall, a fire. You may have to live with a tragedy for the rest of your life.
- DO NOT be frightened to ask agencies for help. You may be worried that your child or children will be removed and placed in foster care, but professionals do not want to take your child but rather help you. That is a better option than a tragedy happening to your child.
- The dependency on drugs can be stronger than anything else, parents need help and support. The risks of not asking for help are just too high.

Advice for communities

- If you are concerned that child or young person is at risk of abuse or neglect or you need support, contact Warwickshire's Family Connect (Children's Social Care).
- If you or someone you know is struggling with drugs and alcohol misuse, support is available from one of Warwickshire's support services.