

Child LH Serious Case Review Learning Brief Published 14th June 2017

Case Summary

Lancashire LSCB commissioned a Serious Case Review (SCR) regarding a child known as Child LH who sustained a non-accidental injury and subsequently died. Child LH's Father received an 18 year prison sentence.

Prior to the timeframe used for the SCR, Mother made a disclosure about historical child sexual abuse by her Stepfather. This led to arrest and imprisonment of the perpetrator. Some agencies were not aware that mother had suffered sexual abuse as a child and she didn't disclose to agencies but assumed they would have known. These experiences made it very difficult for Mother to trust people and this was increased when Child LH's older sibling was born. Mother suffered with stress, anxiety and low mood. Both parents disclosed that they used cannabis on a daily basis and whilst the amount of cannabis smoked by each parent differed, the family budget was significantly impacted.

The review highlighted key themes which are listed below:

- Cannabis is an illegal substance and should always been identified as a risk regardless of quantity used. All professionals should be mindful of the potential seriousness of cannabis, the impact on parenting capacity and the impact on the child/ children in the household;
- When families do not engage with Mental Health Services every effort should be made to discuss different options with families to make the service more accessible. The referrer should be notified if a patient is to be discharged without being seen;
- All professionals need to ensure fathers are included as part of assessments and their presence or absence recorded at appointments;
- Multiple transfers of GP within the same geographical area should be a cause for concern and reasons behind this explored with families. Professionals should ensure any concerns are shared with other agencies;
- GPs should share information with maternity services regarding previous post-natal depression;
- GP Surgeries should encourage 'whole family's' to register with one GP;
- Consideration should be given to a parent's ability to cope and their capacity to parent their children when they are struggling with emotional health and wellbeing issues;
- Parental histories should always be taken into account part of an assessment and the impact of adverse childhood experiences (ACEs) considered as a risk (this is cumulative if there are more than one);
- Early Help Services should clearly explain the purpose and benefits of initiating a CAF and encourage parents to provide consent;
- All professionals should discuss with families at routine contacts about coping with an inconsolable crying baby and the dangers associated with 'shaking the baby'. Support should be provided to families to help them consider how they may cope should this issue arise for them. The LSCB will be developing an awareness raising programme and documentation to support agencies with this;

Good Practice Highlighted:

- The health visitor appropriately increased the level of support to Universal Plus.
- The GP appropriately offered Mother the choice of a further referral to mental health services or a review with a female GP after presenting at 9 weeks with the unplanned pregnancy of child LH.