#### 01. BACKGROUND

At the age of 6 months Child G had non accidental injuries. The family had moved to Halton from another area.

There was a history of Domestic Abuse within the family.

#### 02. WHAT DID WE LOOK AT?

- Transfer in arrangements, meeting the health and education needs of the children
- 2. The arrangements to safeguard Child G and their siblings & promote their welfare
- 3. Consideration of cultural background



#### 07. WHAT CAN YOU DO NOW?

Think about the learning from this review and the children and families you work with. In particular:

- All primary care givers need to know how to care for babies & cope with crying, it is important not just to rely on the one main carer to pass information on to a partner care giver. (Please refer to ICON)
- Practitioners to ensure "Respectful scepticism" & professional curiosity are particularly when parents deny reported incidents of domestic abuse, especially if the mother has previously been subject to domestic abuse, and/or she is pregnant.
- Think sibling when you are dealing with reports of Acute Life-Threatening Event (ALTE)

#### **06. WHAT WILL WE DO NOW?**

- A) Support partner agencies to raise awareness in sharing the ICON message.
- B) Develop a specific Acute Life-Threatening Event (ALTE) pathway flowchart

Check that:

- C) Partners have effective arrangements for practitioners to find out about unfamiliar BAME cultures
- D) Health providers delivering midwifery, health visiting and school nursing services, the local authority regarding education, and the Clinical Commissioning Group regarding GPs have effective arrangements to share information about children moving in and out of Halton.
- E) All relevant agencies take steps to identify and safeguard any siblings when information is shared or received during any referral including an Acute Life-Threatening Events (ALTE)
- F) All professionals exercise "respectful scepticism" and curiosity when parents deny reported incidents of domestic abuse (DA) and liaise with each other regarding any difficulties in undertaking "routine enquiries" about DA or following up notifications about incidents of DA, especially where a practitioner has not had the opportunity to discuss these with the victim in private

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## 05. THE MAIN THINGS WE FOUND

#### Safeguarding children after Acute Life-Threatening Events (ALTE)

- Prompt referrals of Acute Life-Threatening Events (ALTE) to police and Children's Services are important to ensure a timely multi-agency response, as some of these later turn out to be due to abuse.
- Agencies reporting or receiving reports of ALTE need to identify any siblings and consider any risks to them.
- Further concerns about parental behaviour and care of children may emerge following initial enquiry & these may be in any setting, these also need to be promptly reported.

#### 03. THE MAIN THINGS WE FOUND:

## Supporting children and families; transfer in arrangements and babies & children

- To ensure prompt receipt of healthcare and education children benefit from effective systems to share information between agencies and services about families who move between areas.
- Transfer summaries need to be written in a style which minimises scope for misinterpretation by a new practitioner.
- It is important to specifically engage BOTH parents directly in providing information and support about crying babies. It can be hard to do this for any carers who are not present during routine contact, consideration is needed to ensure these messages are available and shared.

#### 04. THE MAIN THINGS WE FOUND

### Domestic abuse; supporting mothers and children

- Incidents of domestic abuse are under reported and it is not unusual for victims to deny them.
- Research shows domestic abuse can have a significant impact on unborn children, at worst increasing the risk of miscarriage or prematurity, and causes stress and anxiety for the mother which can affect the development of the baby. Risks for older children can include retriggering trauma if they have witnessed domestic abuse of their mother by a previous partner.