



Child H - Lessons Learnt and areas for development

1. It is potentially dangerous practice for professionals to make assumptions about the actions or decisions of other agencies or other practitioners, without checking out the accuracy of that assumption with the other agency involved.
2. To take an optimistic stance in respect of parenting by a professional, and to not support this with objective evidence, or to not identify contra indicators, will inevitably compromise the assessment, and potentially retain a child in an at-risk situation.
3. Being sensitive to a baby's needs should be reflected by practitioners seeing the infant as often as possible and recording and commenting on their presentation, behaviours and relationships and responses with carers. To not do so will mean that interventions are not child focussed and will leave practitioners unable to have any understanding of the child's lived experience.
4. Organisational restructuring can have the impact of disrupting front line services in such a way that the quality of child care practice can be significantly compromised in the short term.
5. If terminology used by professionals is ambiguous, such as "welfare visit", "discharge meeting" or "parenting assessment" then it will likely mean different things to different professionals and potentially give false assurances that certain actions to address the risk to a child will be or have been undertaken.
6. Initial and Core Assessments which fail to seek information from other agencies and practitioners known to have worked with the family, will lead to an incomplete analysis of parental strengths and weaknesses, and therefore compromise the validity of any findings.
7. For any professional practice to be effective, first line management oversight and quality assurance processes need to be consistently applied. When this does not occur, any shortfalls in direct practice will not be picked up, with the likelihood that there will be a significant risk of safeguarding concerns going undetected.
8. In the early stages of this case, the explicit support by CSC for the father to retain care of his child, was not only misinterpreted by the parents regarding the formal authority of this, but it also generated confusion between professionals which impacted on the later management of the case. Professionals must therefore be completely clear about the messages given to parents regarding the actions being undertaken on their behalf, checking out what the

parents understand about the status of any support and if possible to put this in writing, so as to avoid any later possible confusion or misinterpretation.

- 9.** For practitioners not to take account of racial and cultural issues will not only undermine any assessment of need or risk, but giving the issue insufficient sensitivity and attention may adversely influence the quality of any professional relationship that can be developed with a parent or child.
- 10.** If escalation processes are not used by practitioners and managers to effectively challenge the professional practice or decisions of another agency, then poor or inappropriate practice will go unchallenged and potentially leave a child in an at-risk situation.
- 11.** If agreed threshold arrangements are not employed in respect of early intervention services such as CAF, then this will significantly impact on the types of services, or lack of them, which will follow. Whilst Munro speaks of the “child’s journey”⁹, in this case Child H’s “journey” took the wrong course from the outset.