

1. What happened

Child F is a **9-month-old baby who resided in a caravan** with her parents. **Both parents were known to be involved in drug use and related crime.** Child F's father had several associates who posed risk.

Safeguarding concerns were reported on two occasions within three days of each other to Children's Social Care and following insufficient enquiries no further action was taken.

A few weeks later Police were called to the caravan and found it in an **unhygienic and unsafe condition.**

2. What happened

There was evidence of **weapons, broken glass on the floor, and drug paraphernalia.** A white powder, which was thought to be cocaine, was found next to open tubs of baby formula.

Toxicology results show that Child F had **"cocaine and metabolites in her system.**

It is not yet known if there will be any long-term complications for her health and development.

Both parents were arrested for Child Neglect and possession of Class A drugs.

3. Professional curiosity

Practitioners should use **professional curiosity** particularly when undertaking home visits.

This means:

- asking enquiring questions
- asking to seeing the whole home
- maintaining **respectful uncertainty**
- not accepting things at face value and checking out the facts
- using your observational skills

Click here for the [SSCP Professional Curiosity Guidance](#)

8. Take away messages

- **BE CURIOUS**
- **MAINTAIN A FOCUS ON RISKS TO THE CHILD**
- **UNDERTAKE A ROBUST ASSESSMENT OF THE CHILD'S HOME CIRCUMSTANCES WHEN VISITING THEIR HOME**
- **WHERE CHILD SAFEGUARDING CONCERNS ARE IDENTIFIED MAKE A REFERRAL TO CHILDREN'S SOCIAL CARE**



4. Weighting given to child safeguarding referrals

Child safeguarding concerns raised by **members of the public, family or friends** should be **treated in the same way as referrals from professionals.**

Sufficient enquiries should be undertaken and if subsequent concerns are raised from the same or a different source, then the enquiries should be revisited to ensure they are robust, before a decision is taken for no further action.

This learning has been identified in previous children's case reviews.

7. Children's Safeguarding Summit

Due to three recent cases of non-accidental injury in babies under 1yr being referred for Rapid Review the Partnership held a Children's Summit to explore the reasons for this.

The event reinforced all of the learning, tools and procedures that have been produced for the Partnership in the last three years.

At the event, agencies explained what they are going to do differently to ensure that children are safeguarded from harm.

Click here for the resources from the [Children's Safeguarding Summit](#)

6. Identifying and referring child safeguarding concerns

There were **many** missed opportunities to make **child safeguarding referrals by a number of agencies** for Child F. Practitioners should always consider and focus on the risk to the child and not get distracted by other issues relating to the parents.

Where there are safeguarding concerns for a child then a child safeguarding referral should be made to Children's Social Care on **0345 678 9021**. This should be followed up with the completion of a [Multi-Agency Referral Form](#).

5. Undertaking robust safeguarding assessment

When assessing levels of risk for Under 5s, it is important that any practitioners undertaking home visits do all that they reasonably can to ensure they are **seeing the child in their home environment.** This is the property in which the **child lives and sleeps**, in order that an effective assessment of home circumstances can be undertaken.

Click here to see the [SSCP Neglect Tools and Pathways](#) and [SSCP Assessment Poster](#)

Learning Briefing Child F Non-Accidental Injury

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