

Learning Briefing – Child O

In 2023, the Isle of Man Safeguarding Board completed a Serious Case Management Review (SCMR) to consider local systems and practice with families where a child is born to young parents with their own significant vulnerabilities. This was the second review undertaken with similar concerns within 12 months. A separate learning briefing is also available which outlines the details of the Child N review and the specific learning from that case.

Child O was 16 weeks old when they received significant injuries that are believed to be nonaccidental.

The learning from Child O overlaps with Child N in the following areas:

- The importance of knowing and sharing information pre-birth when there are known or knowable parental vulnerabilities such as mental health issues, a history of abuse or neglect, care experience, substance misuse, and concerns about anger management and violence. There must be robust consideration of the impact of these parental issues on a baby, including pre-birth, alongside offering support.
- Awareness of and promotion of information sharing legislation¹ and the need to promote the welfare of, and protect the safety of, children.
- Focusing on the child and considering their likely and actual lived experience.
- Professional challenge of themselves and others if practice is overly parent focused.

Additional learning was identified in respect of Child O:

- Professionals involved during a pregnancy (or failing that, as soon as possible after the birth of a child) should consider the parent's history of adverse childhood experiences, especially abuse and neglect and the on-going impact of this in respect of their ability to care for a child, along with the support they are likely to need to do so safely. This should include considering the insight shown by the parents into the likely challenges they will face.
 - Robust consideration needs to be given to ongoing mental health issues, substance misuse, parental relationship problems, limited or potentially risky wider family support, and external stresses such as finance and housing issues.
 - The risk of relying on parental self-report, particularly when the parents refuse consent for information sharing and assessment.
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- Avoiding professional optimism or lack of curiosity about a mother's ability to stop smoking cannabis without help, after many years of daily use, and the need to consider the impact of stopping on their mental health.
- The importance of accessing information held on the GP record about a parent's history, mental health, substance misuse etc.
- Ensuring robust information sharing (including of up-to-date information on the parents) and attendance of key professionals, including those with information about adults, at multiagency meetings, including strategy meetings.
- Consideration of gaps in information due to parents living elsewhere.
- Clarity about what risk factors should lead to a pre-birth social work assessment.
- All professionals need to challenge themselves and others to ensure recognition of; collusion or the minimising of concerns to avoid conflict or upsetting the parents; being over optimistic and overstating any positives; focusing on the parent's needs rather than the child's.
- Professionals need to ensure that they are willing to change their minds and admit that their initial view may be wrong when further information becomes available.
- The need to identify if parents are controlling the narrative and planned actions, and whether there are indicators that they may be manipulating and/or splitting professionals.
- The need to undertake a robust assessment of the impact of refusing consent, where safeguarding concerns are evident.

Areas for reflection:

The review indicates questions to be considered by professionals to enable reflection on the work they are undertaking with families where there are significant parental vulnerabilities that may be a risk to a baby.

- Do I make sure I know about a parent's history when I am working with a family and making decisions about an unborn child, do I robustly consider the ongoing impact this history may have on them and on their child, at the time and over time, and am I clear what risk factors require a pre-birth social work assessment?
- Do I ensure that the pre-birth period is utilised when an assessment is required, when there is a need to build a relationship with parents, to improve engagement and provide support?
- Do I seek advice when a parent does not want to work with me or other professionals but there are reasons to be concerned about their child? Do I challenge others to do the same?
- Do I challenge myself and others about accepting the word of a parent who states they have given up cannabis after many years use, without considering how realistic this is or what impact it will have on their mental health?

- Do I seek detailed and up to date information about a parent from their GP and from the police when there are safeguarding concerns about a child?
- If a parent has lived elsewhere, do I seek information from outside the isle of Man?
- Do I check myself and others to ensure I am not colluding with a parent or losing focus on a child?
- Am I willing to change my mind when required?

The findings and recommendations were made and have been accepted by the Safeguarding Board.

Key documents

- [Pre-birth procedures](#)
- [Information Sharing Guidance](#)