DDSCP Keeping Babies Safe Multi-Agency Audit: Briefing

In May 2021, a multi-agency audit was undertaken as part of a package of work to obtain assurance that local safeguarding arrangements are keeping babies safe. This is in response to concern about the number of incidents and subsequent reviews involving babies. Between January 2018 and 25 December 2020 across Derby and Derbyshire, 11 babies have been seriously harmed or died because of abuse or neglect; 10 had either current or previous involvement from children's services.

Six cases were audited from each local authority; 3 were subject to child in need plans and 3 Early Help. The audits included Children's services, Health visiting teams, maternity units and probation. Alongside standard audit considerations, this audit focussed on key aspects of keeping babies safe, including safe sleep, safe handling and safe space.

This briefing contains the main features and themes that practitioners should be aware of in their work with children and families.

Keeping babies safe:

- The **'Shaking the baby is just not the deal'** video is routinely delivered across both hospital trusts to mothers prior to discharge. Delivery to fathers and others directly involved in the care of baby (including through formal supervision arrangements) was not as consistent and it is important to ensure that both parents have adequately understood the messages.
- There is evidence of robust delivery of **parent education messages** including **safe sleep, safe handling and safe space** across the partnership. It is well considered in assessments and revisited regularly, including identification and discussion around factors that increase the risk of Sudden Unexplained Death in Infancy (SUDI). However, 3/12 cases had no **safe sleep assessment.**
- **Routine enquiry** around domestic abuse is routinely asked in both midwifery and health visiting services, however more consideration could be given to revisiting this where routine enquiry hasn't been conducted due to the presence of others.

Wider themes:

Think family:

- There is good consideration of baby when the focus of work is with an older child/children
- Large/complex families require more careful consideration in assessment and planning in terms of their role in the care of the child, as well as their impact on both the child and the parent's ability/capacity to care for them; there is a tendency to see and work with a small family unit within a wider family.

Hidden men:

- There were examples of tenacious work to engage reluctant fathers, but this is inconsistent. Conversely there are also examples of fathers not being spoken to prior to completion of assessment meaning that the risks/strengths are not well understood, and limited curiosity around other male 'visitors'
- Health visitors should ensure that the father is registered on the system as per best practise

Domestic abuse:

- Consideration of the impact of domestic abuse on a household and their ability to facilitate change could be strengthened
- Practitioners should be aware of the risk of disguised compliance in situations where the victim may experience control from or fear of the perpetrator.

Professional optimism and curiosity:

- Good examples of professional curiosity uncovering risks that were either previously not known or well understood, particularly in midwifery and probation, alongside keen observations of the living areas and interactions, and using these to facilitate discussions and advice for parents, particularly in children's services and health visiting
- Some cases displayed a level of professional optimism that was not appropriately evidenced. It should be noted that these were often difficult cases, where practitioners worked diligently and sensitively to engage reluctant mothers, however in some cases this resulted in the needs of the mother overshadowing the risks to and needs of the child.

Multi-agency working:

- There were multiple examples across all agencies of regular and effective communication enabling a robust package of support.
- In complex cases, and where there are many practitioners involved with the family, joint supervision would be beneficial.
- There are inconsistencies in attendance/invites to multi-agency groups and attendees (particularly health visiting) receiving the minutes.
- Several plans were described as 'single agency' particularly around what was seen to be discrete pieces of work to be undertaken. However, in all these examples there were needs and/or risks that were not initially apparent and did require a full multi-agency approach.
- Escalation plans were clear in all cases that were reviewed. In a few the cases that remained open, there was no clear multi-agency plan for closure/exit strategy to universal services.

Barriers to engagement:

There were cases across both areas where one or both parents had had social care involvement as a child, specifically being looked after, which resulted in reluctance to engage with children's services and an element of mistrust and fear that their children would also be removed. This is challenging, particularly with non-statutory Early Help and Child in Need, but the impact of this on the parent's ability/willingness to engage was not well recognised/recorded as part of the planning and analysis. In most cases this was resolved by sensitive and creative multi-agency working, in particular between children's services and health visiting in both areas

What happens next?

- All practitioners working with children and families should be aware of the main themes in this document, and consider how it relates to their practise, including through supervision.
- The DDSCP has published the 'Three steps for baby safety' strategy which supports practitioners to confidently deliver messages of safe sleep, safe handling and safe space as well as recognising the specific vulnerabilities of babies and identifying risk at the earliest opportunity.
- Agencies will be reporting through the DDSCP Quality Assurance subgroup and through the Keeping Babies Safe working group on the areas identified that need strengthening.