

A thematic report of Ofsted's evaluation of serious case reviews from 1 April 2007 to 31 March 2011

Ofsted reports have consistently highlighted that babies less than one year old and older children have been the subject of a high proportion of serious case reviews. This report provides a thematic analysis of 482 serious case reviews that Ofsted evaluated between 1 April 2007 and 31 March 2011. The main focus of this report is on the reviews that concerned children in two age groups: babies less than one year old and young people aged 14 or above.

*Note: This digest focuses on the **Key findings** and the **Practice implications** in the report, which have been slightly edited but retain the language used in the report.*

### Key findings (page 4)

The report has identified recurring messages from the reviews that concerned babies less than one year old. In too many cases:

- there were shortcomings in the timeliness and quality of pre-birth assessments
- the risks resulting from the parents' own needs were underestimated, particularly given the vulnerability of babies
- there had been insufficient support for young parents
- the role of the fathers had been marginalised
- there was a need for improved assessment of, and support for, parenting capacity
- there were particular lessons for both commissioning and provider health agencies, whose practitioners are often the main, or the only, agencies involved with the family in the early months
- practitioners underestimated the fragility of the baby.

A notable feature of the cases about young people over the age of 14 is the wide diversity of incidents that resulted in serious case reviews.

- agencies had focused on the young person's challenging behaviour, seeing them as hard to reach or rebellious, rather than trying to understand the causes of the behaviour and the need for sustained support
- young people were treated as adults rather than being considered as children, because of confusion about the young person's age and legal status or a lack of age-appropriate facilities
- a coordinated approach to the young people's needs was lacking and practitioners had not always recognised the important contribution of their agency in making this happen.

### Babies less than one year old

Para 7. These messages have implications for practitioners and also for the Local Safeguarding Children Boards themselves. In too many cases:

- there were shortcomings in the timeliness and quality of pre-birth assessments
- the risks resulting from the parents' own needs were underestimated, particularly given the vulnerability of babies
- there had been insufficient support for young parents
- the role of the fathers had been marginalised
- there was a need for improved assessment of, and support for, parenting capacity
- there were particular lessons for health agencies, whose practitioners are often the main, or the only, agencies involved with the family in the early months
- practitioners underestimated the fragility of the baby.

### Pre-birth assessments

Para 17. Practitioners should:

- ensure that pre-birth assessments are undertaken in a timely manner
- take early action to minimise the impact of any known risks to the unborn baby
- take care not to minimise risks when reviewing child protection plans for babies.

Local Safeguarding Children Boards should:

- consider carrying out an audit to check that pre-birth assessments are routinely being carried out whenever there may be safeguarding risks to the unborn child
- ensure that there are adequate systems in place for quality assuring prebirth assessments in their area.

### The role of parents

Para 31. Practitioners should:

- make and record robust decisions about whether a young parent should be considered as a child in need, when practitioners have significant concerns about a young parent's own needs
- maintain a focus on the father of the baby, the potential implications of his own needs and his role in the family
- assess the parenting capacity of both parents.

Local Safeguarding Children Boards should:

- take a strategic overview of the involvement of fathers in assessments of risk and safeguarding concerns, with a particular focus on unborn children and babies, in line with locally determined procedures
- check on the quality, availability and relevance of materials and education programmes which support the development of parenting skills, especially for teenage and young parents.

### The contribution of health agencies

Para 41. Practitioners should:

- confidently use and share the evidence from their direct observation and knowledge of parents and their babies to inform assessment of risks
- carry out routine procedures, such as checking on the weight of vulnerable babies

Local Safeguarding Children Boards should:

- scrutinise local systems for transfer of cases between the midwifery service, the health visiting service and GPs.

### The particular vulnerabilities of babies

Para 53. Practitioners should:

- give full consideration to the heightened risks for babies and unborn children when domestic abuse or drug and alcohol misuse is occurring in the family

Local Safeguarding Children Boards should:

- make sure that advice for parents about the risks for babies is sufficiently clear in relation to co-sleeping, overlay, parents' drug and alcohol misuse, and administration of prescribed drugs to babies
- work collaboratively with housing services to ensure appropriate priority is given to parents with babies who present themselves as intentionally homeless.

### Young people aged 14 years or older

#### Challenging young people or children in need?

Para 67. Practitioners should:

- seek to understand and act on the causes of young people's challenging behaviour when there is any suggestion that abuse may be a contributory factor
- recognise young people's rights, needs and vulnerabilities as children as well as their rights and responsibilities as young adults.

Local Safeguarding Children Boards should:

- check that all agencies' assessment processes recognise the specific needs of young people up to the age of 18 and provide services appropriate to their age.

### Whose responsibility?

Para 81. Practitioners should:

- demonstrate that clearly risk-assessed decision-making informs all actions in relation to older children
- collaborate fully with other agencies that are working with the young person
- take responsibility for following through any concerns and not assume that someone else is addressing the matter
- challenge other agencies if they have serious concerns which they believe are not being adequately addressed.

Local Safeguarding Children Boards should:

- carry out audits of complex cases involving older children to identify where agencies are working well together and where improvements can be made and disseminate this learning
- ensure that there are robust mechanisms in place to enable agencies to challenge decision-making processes in relation to safeguarding.

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