Child MF Multi-Agency Learning Review Practitioner Briefing

BSCB has recently reviewed the circumstances leading up to the tragic death of Child MF. The review will not be published, however BSCB is keen to ensure that the learning is made available to practitioners. Child MF suffocated while co-sleeping with dad, who, along with mum, had consumed alcohol and cannabis throughout the previous evening.

The family were only known to universal services, however there were a number of indicators of lower level needs that led the review to conclude that an Early Help Assessment should have been completed and a plan put in place to support Child MF and family. This would have enabled involved practitioners to triangulate information and to develop a multi-agency plan to prevent issues becoming more embedded. Effective triangulation of information would have revealed inconsistencies in information provided by mum to different agencies which could then have been challenged (see the Child BZ practitioner briefing for more learning in this respect from another review).

Male victims of domestic abuse

There were two known incidents, prior to Child MF's birth, in which dad was a victim of physical assaults by mum. Routine enquiry throughout and following pregnancy is geared toward situations in which mum is the victim, however the baby is still at risk of harm if dad is the victim. In this case dad disclosed being a victim of DA to his GP and, while this information was shared with other practitioners, no action was taken to ascertain his safety or the impact on Child MF. When a disclosure of DA is made, the situation should be explored and a DASH checklist completed irrespective of the gender of the victim. Services are available for male victims with a specialist IDVA provided by FCWA.

Female Genital Mutilation

Type 4 FGM consists of harmful procedures for non-medical purposes, including piercing. Practitioners should be alert to risk indicators for FGM, which include having a mother who has undergone FGM herself. At a minimum, practitioners in these circumstances, should seek advice from their own agency safeguarding team/ lead.

Full guidance, including a multi-agency pathway, for practitioners who identify a risk of FGM is provided within the Pan-Lancashire Policies and Procedures, including circumstances in which the mandatory reporting of FGM applies. Training is also available as part of the BSCB training programme.

Safer sleep and alcohol use

Advice is available for parents and practitioners about how to create a safer sleeping environment for babies. This advice warns of the dangers of co-sleeping, particularly after having drunk alcohol or taken drugs (including prescribed medication).

All practitioners who have contact with a family should support safer sleeping messages—it is not just the responsibility of midwives and health visitors. Practitioners should not just provide advice but ask questions about what parents do in practice (where did baby sleep last night?) and ask to see where baby sleeps. Completing a home safety risk assessment can help ask these questions.

Cannabis use, pregnancy and child safety

Mum disclosed a history of cannabis use to a number of practitioners with whom she had contact, although she was adamant that this ended at the point she discovered that she was pregnant.

In similar situations there is a need for ongoing professional curiosity about cannabis (and other drug) use. This should include exploring the issue with mum and being alert to signs of drug use in the home environment. This is of relevance both during pregnancy, in light of clear NICE guidance, and post birth given the impact of substance use on the ability to care safely for a baby and of the potential for baby to be exposed to smoke.

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