

# Children's Practice Review: Child E1 - Practitioner Learning Brief

## Background

Child E1 was born before Christmas 2020 during a global pandemic. Child E1 was born with a cleft lip and palate which affected feeding. Child E1 parents received support from both universal services and the specialist cleft lip and palate team for feeding. During Child E1's short life, they lived with two older half siblings.

## Themes

### Post-Natal

- It was also noted that E1 mother had been diagnosed with postnatal depression in 2015 therefore increasing the risk of her developing postnatal depression following the birth of E1.
- the Covid 19 restrictions introduced from Boxing Day 2020 to address the Delta wave of the pandemic may have added to the communication challenges.
- There was a lack of in-person, video or telephone contact during this period.

### Parental Mental Health

- Current or recent concerns about parental mental health and/or parental capacity or current or recent involvement of children's social care, may be an indicator of increased risk to the unborn child
- when referrals are made to the cleft lip and palate team, any information held in respect of parental mental health is shared with the cleft lip and palate team

### Pre-Birth Assessment processes

- There is no indication that there was any consideration of whether a Pre-Birth Assessment was required
- Decision to end children's social care involvement without considering whether a pre-birth assessment was required in respect of mother's pregnancy with child E1
- The Pre-Birth Assessments Policy does not include disability of the baby as a criteria for considering a referral for a pre-birth assessment

### Early Help

- There was a lack of consideration of an Early Help Assessment following the booking-in or when the scan subsequently diagnosed that child E1 has cleft lip and palate.
- Professional involved with the family assumed that other agencies had initiated the Early Help assessment.

## Good Practice

Schools involved were proactive in engaging the family in relevant meetings and also sharing information with other agencies.

## Good Practice

Community Midwives undertook visits during the 'Delta' phase of the pandemic which was an extremely challenging period in which to maintain the provision of services

## What did we learn?

- It is important to acknowledge the complexities for families that the subsequent diagnosis of babies born with cleft lip and palate changed the dynamic of the situation. This is likely to increase parental anxiety during the antenatal period and present additional parenting challenges in the postnatal period.
- The Pre-Birth Assessments Policy does not include disability of the baby as a criteria for considering a referral for a pre-birth assessment, nor does it advise that the criteria (a) to (o) are not necessarily exhaustive and that professional judgement may be called for, nor does it advise professionals that a decision not to undertake a pre-birth assessment can be revisited if circumstances change.
- Information required from CAF/CASS regarding the siblings
- When professionals have a difference of opinion regarding a safeguarding concern, they should follow the RBSCP Escalation Policy until they are satisfied that all areas of their concern have been fully considered and addressed and that the child is being made safe.

## What needs to happen?

- Escalate any concerns in accordance with the RBSCP Escalation Policy. Ensure that you are fully aware and understand this process.
- Make sure that all records fully reflect the child's circumstances, concerns and actions taken and all relevant information is shared appropriately
- If you suspect a child is being harmed or is at risk being of harmed call 0300 303 0440 to report your concerns.

[Click here to access the resources on Coping with Infant Crying – Abusive Head Trauma](#)

[Click here to access the Assessment Tools, Forms, Templates & Other Resources](#)

[Click here to book on the Neglect Training Rochdale Safeguarding Events](#)