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(Health Visitor Role – Child HN / Theo Case)

Abstract

This is a briefing that addresses the health visitor's role in the multi-agency child protection conference, with the focus on the child's health, development, and overall well-being, as well as the early identification of child protection concerns in the child's family. Health visitors tend to have close contact with families, especially during the early stages of the child's development.

Case Background

The case in this discussion is that of Child HN, also referred to as Theo, who died as a consequence of the abuse suffered during the care of the parents. The child, along with his elder sister Ruby, was known to the child protection agencies, with the children having been the subject of care proceedings due to concerns about the risk of significant harm. Despite the extensive professional contact with the child, the child protection interventions put in place were not effective in the protection of the child, as evidenced by the case, with major weaknesses in the child protection system (Derby and Derbyshire Safeguarding Children Partnership, 2024).

Risk Profile

The risk profile of the child is presented by the various risk factors that were prevalent in the child's environment, which are commonly associated with child protection concerns. The mother was noted to have emotional, mental health, and trauma-related conditions, while the father was noted to have substance, criminal, and domestic violence-related conditions. The combined effect of these conditions appreciably increases the risk of child protection concerns, with evidence showing a strong link between parental mental health, substance, and child protection concerns, especially when combined with domestic violence (Rodriguez et al., 2021).

Conceptualisation of Well-Being

From the perspective of the health visitor, well-being goes beyond physical health and includes emotional security, developmental progress, and the provision of a stable and nurturing environment. From this perspective, Theo's well-being was undermined by his experience of his parents' cannabis use, conflicts at home, and poor living conditions. These adverse childhood experiences (ACEs) have long-term developmental consequences for physical and psychological development. According to Hughes et al. (2021), when exposed to multiple adverse childhood experiences during early childhood, there is an increased risk of adverse

health outcomes during later life. This is particularly worrying for infants who completely rely on their parents for their well-being.

Clinical Role and Observations

The role of health visitors includes regular visits to families at home, monitoring child development, and assessing their home environments. Health visitors are trained professionals who recognize early signs of neglect, including poor hygiene, poor living conditions, and poor caregiving. In the case of Theo, his developmental checks showed good physical well-being, while several environmental and parental risk factors were of concern. The review suggests that despite regular contact with the family, their role in planning for safeguarding was limited and did not form part of an overarching decision-making process.

Interprofessional Collaboration and Information Sharing

In this case, the lack of interagency collaboration was a critical issue. Effective safeguarding practice requires collaboration between social work teams, health visitors, law enforcement, probation officers, and drug abuse programs. In the case of Theo, there was poor information sharing between these agencies. For example, despite parents' drug use being known and identified as an area of concern, drug abuse programs were not fully involved in safeguarding planning. This meant that information sharing about parents' behavior was not fully explored.

Literature evidence confirms the concerns about information sharing in serious case reviews. Baginsky & Manthorpe (2021) argued that poor communication results in decision-making in child protection that is based on inadequate information, which is harmful. From the health visitor's point of view, poor communication makes it difficult to recognize the patterns of risk and act accordingly.

Assessment Quality

A further important issue relates to the quality of professional assessments. Parenting assessments were based on parental perceptions and lacked objective measures, leading to an over-optimistic view of safety. The Derby and Derbyshire Safeguarding Children Partnership (2024) document indicates this gap.

Holistic and Multi-Agency Assessment

A holistic approach to safeguarding assessments involves input from all relevant agencies and a thorough evaluation of all available facts. Turney and Ruch (2021) emphasize the need to maintain professional curiosity by questioning facts, scrutinizing inconsistencies, and considering the family as a whole. In Theo's case, the cumulative effect of all the risk factors was not fully appreciated. Although substance abuse, domestic strife, and poor housing conditions were evident, these were not holistically evaluated as contributing to the total danger to the children.

Impact of COVID-19

COVID-19 had a significant impact on safeguarding practices. The restrictive measures put in place to contain the spread of the virus limited face-to-face interactions, thus limiting home visits and relying on parental perceptions. Katz et al. (2021) argue that the pandemic created conditions that made it difficult to detect child abuse, thus making such children more vulnerable.

Legal and Policy Framework

The framework that guides the practice of safeguarding is supported by legislation such as the Children's Act 1989 and the Children's Act 2004, which emphasize that the welfare of the child is paramount. In addition, the working together to safeguard children guidance (2023) clearly articulates the role and responsibility of professionals in the sharing of information and working together in the safeguarding of children. In the case of Theo, there were existing frameworks that were not effectively implemented.

Implications for Practice and Lessons Learned

There are significant lessons that can be learned in the case of Theo and the role that the health visitor played. Firstly, there is a need to improve communication between agencies so that all professionals have access to the same information. Secondly, there is a need for parenting assessment that involves input from multiple agencies and is based on evidence rather than the parent's perception. Lastly, there is a need to intervene in cases where there is substance misuse by the parent at an early stage. In addition, there is a need to reinforce early intervention. Health visitors are in a unique position and have critical knowledge of the child's development and home environment. Their input in the deliberation on child safeguarding is critical.

Conclusion

The case of Theo is an example of how the system failed in the practice of safeguarding children. However, there were professionals involved in the case. In addition, there were risk factors that were evident in the case. In the case of Theo, there were poor communication and assessment. These factors led to the failure of the system in providing the required protection and support to a vulnerable child. In addition, there are lessons that can be learned in the case of Theo. These lessons are critical in ensuring that children are provided with the required support and protection.

Reference

- Baginsky, M. and Manthorpe, J., 2021. The impact of COVID-19 on Children's Social Care in England. *Child Abuse & Neglect*, 116, p.104739.
- Cocker, C., Holmes, D. and Cooper, A., 2024. Learning from Safeguarding Adult Reviews, Serious Case Reviews, and Child Safeguarding Practice Reviews about care-experienced young people. In *Transitional Safeguarding* (pp. 168-188). Policy Press.
- Derby and Derbyshire Safeguarding Children Partnership. (2024). *Theo: Local Child Safeguarding Practice Review*
- Higgins, D.J. and Mathews, B., 2024. Research engagement and impact: The Australian Child Maltreatment Study and pathways to evidence-based policy and practice. *Children Australia*, 46(1), pp.1-8.
- Hughes, K., Ford, K., Bellis, M.A., Glendinning, F., Harrison, E. and Passmore, J., 2021. Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis. *The Lancet Public Health*, 6(11), pp.e848-e857.
- Katz, I., Katz, C., Andresen, S., Bérubé, A., Collin-Vezina, D., Fallon, B., Fouché, A., Haffeejee, S., Masrawa, N., Muñoz, P. and Priolo Filho, S.R., 2021. Child maltreatment reports and child protection service responses during COVID-19: Knowledge exchange among Australia, Brazil, Canada, Colombia, Germany, Israel, and South Africa. *Child abuse & neglect*, 116, p.105078.
- Rodriguez, C.M., Lee, S.J., Ward, K.P. and Pu, D.F., 2021. The perfect storm: Hidden risk of child maltreatment during the COVID-19 pandemic. *Child maltreatment*, 26(2), pp.139-151.
- Squires, B. and Morgan, H., 2024. Where is the love? Promoting a rights-based, person-centred and relational approach to social work practice. In *Mental Capacity Law, Sexual Relationships, and Intimacy* (pp. 93-117). Bristol University Press.