Painéal Náisiúnta Athbhreithnithe
NATIONAL REVIEW PANEL

Review undertaken in respect of an infant whose family had contact with HSE/Tusla

Jack

Executive Summary

December 2017

Introduction

This review concerns an infant, here known as Jack, who was born prematurely and died while co-sleeping with his mother. His mother had used drugs during pregnancy and he was kept in hospital for an extra day for toxicology tests and observation. Jack's parents lived together and had the support of extended family. His mother, here called Kim, had a history of anxiety and post natal depression and had recently experienced the loss of a close family member. Jack was diagnosed with failure to thrive when he was a few weeks old and required careful monitoring to make sure he was meeting his developmental milestones. The family was regularly visited by two PHNs from the PHN nursing service.

A PHN had referred the family to the social work department (SWD) while Kim was expecting Jack, due to concerns about the impact of Kim's drug use on her unborn baby. There is no record of this referral in the social work records but it is noted in the PHN records along with a response from the SWD advising that the case was on a waiting list for attention. It appears that this referral was not discussed with Kim by the referring PHN. When Jack was born, hospital nursing staff sent a referral to the SWD and a social worker visited and discussed Kim's reported drug use and its impact on the children with her. Although a PHN had mentioned in an earlier report that Kim's partner also used drugs, this matter was not brought up by and possibly not known to the social worker and in fact Jack's father was not seen as part of the assessment. Kim told the social worker that she was not a regular drug user, only using cannabis, and did not use alcohol. She said she intended to return to the adult mental health services and the social worker was satisfied that there were no child protection issues. The case was classified as 'child welfare', i.e. under the threshold for child protection intervention, and closed, but the basis for the decision is not recorded.

A few weeks later, baby Jack was admitted to hospital because of weight loss. Following his discharge, he was visited regularly by the PHN service and was apparently doing well. Sadly, he died a few weeks later. The Gardaí notified the SWD that a few hours prior to his death, they had been called to the family home and found both parents under the influence of substances. Jack was sent to a relative for the night and Kim later joined him there. It appears that during the night, whilst he was in bed with Kim, Jack died. The post- mortem indicated that he died as a result of Sudden Infant Death Syndrome (SIDS).

Findings and conclusions

The review found that the first referral made by the PHN service, which was acknowledged by the SWD, was not noted in the SWD files and not known to the social worker that later followed up the

second referral. As this report contained important information about Kim's alleged drug use during pregnancy, an opportunity to intervene at that stage was missed by the SWD. The fact that the social worker who followed up the second referral was unaware of information in the first one detracted from the value of the meeting held with Kim. Her denial of drug misuse was accepted and the assessment conducted on that occasion was limited. Conclusions were reached on the basis of very little information or evidence from other professionals involved with the family.

The review notes that while the PHN service was diligent in terms of monitoring Jack's health, the individual PHNs did not discuss Kim's drug use with her. The service has suggested that this may have been because they were anxious to maintain access to the child, thereby leaving the issue of drug use to be discussed by other professionals working with Kim, but they did not agree this as a possible strategy with others involved in the case.

The review has found that very limited communication took place between the SWD and the PHN service as well as between the SWD and other professionals. No interagency meetings were held on the case, which meant that opportunities for sharing information about the full range of vulnerabilities being experienced by the family was not given due attention.

Overall, the review found that

- Baby Jack died whilst co-sleeping with his mother. The records indicate that this topic of safe sleeping had been discussed with her by the PHN service. However, neither the PHN service nor the social work service discussed Kim's drug use with her in any depth, therefore the risks associated with co-sleeping and substance use were not highlighted.
- The initial assessment by the SWD was incomplete; not all family members were seen and there was insufficient consultation with other professionals who would have held information on the family. This meant that the vulnerabilities being experienced by the family and their potential impact on the children were not adequately considered
- There was no attempt by the services to engage with Jack's father.

Key Learning Points

This report has attempted to reflect on the Jack's short life and the challenges faced by the staff who worked with his family. It has identified areas where lessons can be learned.

- It is well established and reiterated in the HSE Child Protection and Welfare Practice Handbook that the purpose of an initial assessment is to come to a preliminary conclusion about unmet need and risk of harm in order to plan and provide an appropriate response. A multi-disciplinary approach is recommended, given that detailed information is required from a number of sources including family members and other professionals. Child protection and welfare concerns are more likely to arise when a number of risks such as drug use, mental health problems and other problems exist. There is added risk when children are under four years of age. When drug use is a feature of a case, questions about the frequency, duration and intensity of drug use are required. The potential cumulative impact of drug use and mental health on parental capacity must be thoroughly assessed. In order to reach a conclusion, all the available information needs to be critically analysed in order to evaluate the exact nature and severity of the risk

- Post-natal depression may affect up to one in ten new mothers, although the incidence could be higher. There may be a number of factors involved including life changes, a previous history of depression (including post-natal depression) and the death of a relative. Treatments include medication and therapeutic support[1]. Post-natal depression may re-occur in subsequent pregnancies. Where a history of postnatal depression exists, this matter needs to be taken seriously in a social work assessment and the potential for recurrence should be raised, particularly with the public health nursing service which normally conducts postnatal screening for depression

- The HSE issue guidelines on safe sleeping in order to reduce the risk of SIDS.[2] There are a number of factors that may increase the risk of SIDS such as smoking and co-sleeping. The association between co-sleeping and SIDS may be greater following recent alcohol consumption or drug use by the parent[3] [4] or low birth weight or premature infants[5] [6]. This fact, albeit gleaned in hindsight, affirms the importance of considering all risks to the safety

[1] https://www.hse.ie/eng/health/az/P/Postnatal-depression/Symptoms-of-postnatal-depression.html

[2] http://www.hse.ie/eng/services/publications/Children/Child_Safety_Awareness_Programme_Safe_Sleep_for_your_baby_.pdf

[3] Blair, P.S., Sidebottom, P. Evason-Coombe, C., Edmonds, M., Hackstall-Smith, E. and Fleming, P. (2009) Hazardous co-sleeping environments and risk factors amenable to change: case control study of SIDs in South West England, *British Medical Journal*, 339:b2666.

[4] -Ball, H.L. and Russell, C.K. (2014) SIDS and Infant Sleep Ecology *Evol Med Public Health* (2014) (1): 146.

[5] Co-sleeping and SIDS a guide for professionals https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2*/2016/07/Co-sleeping-an*d-SIDS-A-Guide-for-Health-Professionals-2.pdf

[6] https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-bed-sharing-infant-sleep-and-sids/

of children when their main carer is allegedly using drugs. It is equally important to bear in mind that cannabis use in pregnancy may carry a number of risks for both the mother and unborn baby. For the mother, there is an increased risk of developing mental health problems such as anxiety and depression as well as breathing and other health problems. Babies can sometimes be born with withdrawal symptoms and may be restless and more difficult to feed[7]

- Research demonstrates that the mother is often the focus of many social work interventions. An assessment which excludes fathers may result in incomplete information about a family or about relationships within the family. A review of research[8] on engaging fathers in child protection cases indicates that a father can be easily excluded on the basis of other family members' accounts and/ or by a failure of workers to contact him directly. The research also indicates that professional attitudes are significant in terms of promoting engagement. Early identification and involvement of fathers is also linked with higher levels of engagement in later stages of the child welfare process.

Recommendation

The matters highlighted in this report had already been addressed in procedures and practice guidance and do not require any new policy changes on the part of Tusla. It is suggested, however, that they are highlighted in any relevant future learning events or any revisions of practice guidance in order to emphasise their importance.

Dr. Helen Buckley

Chair, National Review Panel

[7] Southampton National Health Patient Information Factsheet http://www.uhs.nhs.uk/Media/Controlleddocuments/Patientinformation/Pregnancyandbirth/Cannabisandpregnancy-patientinformation.pdf

[8] Maxwell, N., Scourfield, J., Featherstone, B., Holland, S. and Tolman, R. (2012), Engaging fathers in child welfare services: a narrative review of recent research evidence. *Child & Family Social Work*, 17: 160–169.