Painéal Náisiúnta Athbhreithnithe
NATIONAL REVIEW PANEL

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

Josh

Executive Summary

December 2017

Introduction and background

This review concerned the death of a stillborn infant here called Josh. Although the review took place because of Josh's death, it was considered appropriate to broaden the timescale to cover the period from the time that HSE/Tusla first became involved with the family as the services provided from then onwards could potentially impact on the welfare of an unborn infant.

Josh was the younger of two children born to his mother here called Cora. His sibling is here known as Eve. She had a serious medical condition requiring ongoing monitoring and treatment. The social work department (SWD) was already involved with the family at the time of Josh's death, because of reported medical neglect of Eve's condition. The children's mother, here called Cora, was a problem drug user and had mental health problems. She had been prescribed methadone and a number of other medications. The involvement of the SWD at the outset was somewhat intermittent despite a number of concerns being referred by Eve's medical team, and the case had been on a waiting list for a considerable period before an assessment was conducted, after which it was closed. It was later allocated to a social worker but then left unallocated for a period after she ceased her involvement. At that time, the SWD had a waiting list of 600 cases and the PHN service was also very understaffed. The case was again allocated when further concerns were referred about Eve's medical condition and general welfare and from then on, social work involvement was consistent and regular. Eve's name was listed on the CPNS for a period. A number of services had been involved with her, including her school, her GP, public health nurse and the children's hospital she attended, as well as the National Educational Welfare Board, a psychologist and an art therapist. Cora's pregnancy with Josh was not disclosed until six months gestation, at which point some of her medication was reduced. Closer to the baby's birth, it was revealed that Cora was using cocaine.

At the time of Cora's pregnancy with Josh, four different social workers had been involved over a period of time and Cora had been very resistant to contact with them. When Cora's pregnancy was confirmed, the maternity hospital SWD and the drugs liaison midwife also became involved. A family support service had been commissioned to work with Cora but she refused to engage with them. Cora's attendance at her medical and antenatal appointments was poor. Three weeks prior to Josh's birth, the SWD had held a pre-birth child protection conference and consideration was given to removing both children to care due to their assessment that Cora's parenting skills were not adequate to meet their needs. Near the time of Josh's birth, Cora became very resistant to the intervention of all services including ante-natal care, and the SWD kept in close touch with her. Sadly, baby Josh was stillborn.

Findings

The review found that the response by the SWD to referrals about medical neglect in respect of Eve was slow at the outset. It is acknowledged that the capacity of the area was reduced at the time. It also found that once the SWD became actively involved, all the practitioners concerned did their best to address the needs of the unborn baby and plan accordingly. The review has noted the strong resistance of Josh and Eve's mother to the involvement of services and commends the efforts made by all professionals to develop positive working relationships with the family. It notes that, for most of the time, good interagency working relationships and cooperation existed between the SWD, the hospitals, schools and others.

Key Learning Points

The review team consider that there are areas where lessons can be learnt.

- Managing a chronic and life threatening illness can be difficult and stressful for many parents who need ongoing support, education and training and this may be especially so for single parents. However, a parent's persistent failure or delay in providing adequate care for their child's medical needs may constitute medical neglect which like other forms of neglect can result in short and long term consequences for children which are often serious (including death)[1] [2]. Medical neglect can occur for a number of reasons including a lack of knowledge or trust, impaired parenting due to drug use, family belief systems amongst others[3]. It has been long recognised that the effective management of neglect can be challenging for professionals and can lead to drift whereby children are left in unsafe situations. This is further compounded by the fact that neglect has to be chronic and persistent before the threshold of significant harm is met (Children First, 2011). When concerns exist in relation to medical neglect it is essential for the SWD and others to inform themselves fully of all the needs of such children (including those of their medical condition) so that they can adequately assess if the child's needs are being adequately met

[1] Jenny, C. (2007) Recognizing and Responding to Medical Neglect. *American Academy of Pediatrics* http://pediatrics.aappublications.org/content/pediatrics/120/6/1385.full.pdf

[2] Child Welfare Information Gateway (2013) Long-Term Consequences of Child Abuse and Neglect http://www.childwelfare.gov/pubPDFs/long_term_consequences.pdf

[3] Jenny, C. (2007) Recognizing and Responding to Medical Neglect. *American Academy of Pediatrics* http://pediatrics.aappublications.org/content/pediatrics/120/6/1385.full.pdf

on a consistent basis. This highlights the need to keep the focus on the child and to be proactive in case management.

- The 'rule of optimism' first coined by Dingwall et al. (1983) highlighted how assessment and decision-making in child protection work can be affected by professionals who often want to see the best in parents. They may also be overly confident that their interventions can protect children[4]. However, such optimism may not be grounded in reality and can leave children at risk. It is also essential to recognise resistance and avoidance by parents when it occurs and to respond effectively (Laming, 2009)[5]. Tuck (2013)[6] suggests that professionals can be misled by intermittent incidents of disguised compliance which again may contribute to an overly optimistic view of parental competences and their ability to change. Tuck highlights how non-engagement by families must be recognised as a significant obstacle to effective intervention and that practitioners should prepare for resistance by familiarising themselves fully with case histories, reflecting on the lived experience of the child, and examining parental motivation for avoidance. Robust supervision may be necessary and motivational interviewing can be a valuable approach. The HSE Child Protection & Welfare Handbook (2012) offers practical guidance on working with families who are uncooperative
- Child protection and welfare concerns are more likely to arise when parents are dependent on drugs (both prescribed and illicit) and when other parental problems exist. There is added risk when children are young and have special needs. In addition, drugs in pregnancy can affect the foetus in various ways including abnormal development leading to birth defects or death. They can also cause the baby to be born underweight and/or trigger premature labour. When drug use is a feature of a case, building trust is a vital part of social work intervention but this can be a slow process with distrustful families[7] or those who may want to conceal the full nature of their drug use. Clear communication, consistency and honesty by professionals can assist in building trust. However, there may also be a need to challenge parents if their motivation is poor and the required changes and improvements in a child's life are not forthcoming. Detailed questions about the frequency, duration and intensity of drug use in conjunction with regular drug testing may

[4] Dingwall R, Eekelaar, J, and Murray, T (1983) *The Protection of Children*: *State Intervention and Family Life.* Basil Blackwell: Oxford.

[5] Lord Laming (2009) *The Protection of Children in England: A Progress Report.* The Stationery Office: London.

[6] Tuck, V. (2013) Resistant Parents and Child Protection: Knowledge Base, Pointers for Practice and Implications for Policy Child Abuse Review, Vol. 22, 1 (5–19)

[7] University of Edinburgh Good Practice Guide *Engaging with involuntary service users in social work* http://www.socialwork.ed.ac.uk/__data/assets/pdf_file/0020/62273/Good-Practice-Guide.pdf

be necessary in order to support parents' efforts to change. Given that drug use can impact on parenting capacity, ongoing assessment is also required

- Many families in the child protection system experience multiple adversities and may require the services of various agencies in order to ensure that they receive adequate support. In this context, research has repeatedly highlighted the need for good inter-agency working together amongst the professionals and services involved[89]. However, there is a danger that some families may feel overwhelmed by the number of services that they are expected to engage with. This is even more evident when distrust is present, in such circumstances, consideration should be given to identifying one key agency or professional that families can learn to trust and build a positive working relationship.

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[8] Department of Children and Youth Affairs (2011) *Working Together for Children - A review of international evidence on interagency working, to inform the development of Children's Services Committees in Ireland.* https://www.dcya.gov.ie/documents/publications/wtfchildren.pdf

[9] Duggan, C& C. Corrigan (2009) A Literature Review of Inter-agency Work with a Particular Focus on Children's Services http://www.ypar.ie/wp-content/uploads/2011/10/Interagency-work-2009-IAC-Literature-Review.pdf