Painéal Náisiúnta Athbhreithnithe
NATIONAL REVIEW PANEL

Review undertaken in respect of the death of Oscar, an infant whose family had contact with Tusla services

Executive Summary

June 2019

1. Introduction

This review concerns an infant, here called Oscar, who died two weeks after he was born with traces of cannabis and cocaine in his system. His mother, Sandra, had an older child and was a vulnerable single parent who had a history of drug misuse. She had lost her parents as a young child and been brought up by her grandparents. Her grandmother was still alive and continued to give her support, as did other family members. She and her daughter, Ruby, had been known to social work services for a number of years; her main difficulty at the time of the first referral was management of Ruby's behaviour which had been quite sexualised at times. Sandra was attending an addiction service, where she was on a methadone programme, as well as a family support service. She very much wanted to overcome her addiction, but struggled to adhere to the prescribed regime and continued to use cannabis and sometimes other substances. She was not in a relationship with the father of her children, but he was involved in her life to a certain degree. Sandra needed support with parenting and with her drug treatment, but also to help her process the consequences of the adversity she experienced in childhood. Ruby was attending a hospital service, including psychology, for developmental problems. She was ultimately discharged from this service because of non-attendance.

Initial concerns about Ruby's sexualised behaviour were the subject of a number of referrals, including one from the psychologist she had been attending. The behaviour was considered at the time to be self-soothing, as it usually coincided with periods where Sandra was not coping well. Records indicate that a discussion was to be held with a child sexual abuse assessment unit, but there is no evidence that this occurred at the time. Sandra herself was resistant to the notion that her use of cannabis, which she considered harmless, was impacting on her parenting capacity. Two social workers were involved in the case for the first two years after her case was referred. Neither had a lot of contact with Sandra or Ruby, and the second social worker had great difficulty in contacting Sandra.

When Ruby was five years old Sandra became pregnant and became homeless at the same time. At that point, further referrals were made about her drug use and parenting of Ruby. There were also concerns that the unborn baby's father, who was also Ruby's father, may be abusive. Her pregnancy was difficult because of medical complications. Because of her homeless situation, her accommodation changed very frequently which was very disruptive for Ruby. In response to the new referrals, the SWD initially planned to hold a child protection conference, but in the event, decided to hold a core group meeting instead, which did not include Sandra. At the discussion, it

was agreed that Sandra was making progress with her drug treatment, but that her very transitory housing situation was very difficult for both her and Ruby. She had formerly been in a more settled accommodation, but had been asked to leave because drug paraphernalia had been found in her room. A new social worker was allocated. From that point onwards, there was regular social work contact with Sandra, and liaison with her key family support worker who saw her very frequently and provided considerable support. Ruby was re-referred for a child sexual abuse assessment. The social worker cautioned Sandra about her cannabis use and its impact on her unborn baby. The family support service made a number of referrals about Sandra, including concern about the children's father and also reporting other incidents including Sandra's involvement in an altercation and a suspicion by Ruby's school that Sandra was under the influence of alcohol. The social worker met with Ruby and continued to support Sandra, and the family support worker saw her approximately three times a week to help her with parenting and bring Ruby to school. At this point, Sandra had secured emergency accommodation where she could remain until after the baby's birth and had made practical preparations for the birth. She continued to attend a methadone clinic, and while she had occasional slips in her adherence to the regime, her social worker felt that overall she was doing well.

An appointment had been made for Ruby to be seen for a medical examination at the child sexual abuse assessment service when Sandra was admitted to hospital and gave birth to Oscar. Toxicology results showed that Oscar had cannabis and cocaine in his system when he was born. Sandra denied knowingly taking cocaine but acknowledged that she had smoked a joint two days before his birth which may have contained it. Oscar was considered to be doing well and was discharged with Sandra after three days.

Over the following days, Sandra had telephone contact with her social worker and was visited by the family support worker and the public health nurse. Although very tired, she appeared to be coping well. Sadly, Oscar passed away at two weeks of age from Sudden Infant Death Syndrome (SIDS).

2. Findings and conclusions

Baby Oscar died from SIDS, and his death was not related to any deficit in service. His mother was a vulnerable young woman who struggled with addiction and homelessness. The initial response to early referrals was somewhat fragmented and there was a considerable delay in arranging a child sexual abuse assessment. However, in the last six months of the period under review, Sandra received a consistent multi agency service prior to and following Oscar's birth, and all possible

efforts were made by the social work department and partner social care and health services to stabilise her drug use, assist her with her parenting and to resolve her social and relationship difficulties. Both the social worker and key family support worker managed to develop good relationships with her, which was a positive achievement in view of Sandra's acknowledged difficulty in dealing with social services. Both workers could show firmness and support with her, and were focused on her children's welfare. Casework is well documented. The early management of the case was not helped by changes of social workers, but there is evidence of more active oversight during the final six months of the review period.

3. Key Learning Points

- In assessment, extended family support must be carefully evaluated in terms of what it is providing for vulnerable young parents. The parent's capacity and motivation to change must also be examined. When the SWD relies too much on a parent's involvement with extended family and positive engagement with services, this can lead to a rule of optimism in relation to the progress of the case and hinder critical evaluation by the SWD.[1]

- There are challenges in promoting the health and welfare of pregnant women who use drugs so as to maximise the potential for the delivery of a healthy baby. There is extensive literature on the risks for unborn babies associated with maternal drug use, and these are documented in the report of the National Advisory Council on Drugs, 2011, entitled 'Parental Substance Misuse: Addressing its impact on children available at http://and.ie/download/publications/2011nacdparentalsubstance misuse impact children litreview.pdf. The report outlines the factors associated with maternal drug use both before and after a child is born, highlighting the effects not just on the physical development of the infant but, as in this case, on the parenting capacity also.

- Research suggests that the risk of harm increases with the impact of multiple adversities: Sandra's history of involvement with the SWD as a teenager, her drug use and homelessness all added to the vulnerability of the situation when Oscar was born. Some young parents may feel overwhelmed by the number of services involved and it may be worthwhile focusing on one key agency /service to build a positive working relationship. (Family support service in Sandra's case). Of key importance is Sandra's own early history with the SWD, the

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

loss of her parents, her siblings being placed in care and her account of an abusive relationship within her family. The lack of a secure base and trusting attachment figures would have contributed to her subsequent vulnerability to addiction and abusive relationships. This cycle was then replicated with a lack of attunement in meeting the needs of her own children. An earlier referral for Marte Meo work / a parenting capacity assessment may have highlighted the areas to be addressed in Sandra's parenting of her children. Trust in the relationship is the key factor and young people on the margins require carefully paced, long-term work. Interventions such as sensory work and mentalisation based therapy may have offered Sandra the containment she needed. This would have established the basis for Sandra being able to address Ruby's needs and ultimately the needs of her baby. Parents with histories of rejection, abuse, neglect, trauma and loss tend to have problems mentalising their children's psychological condition. Their children's needs and behaviours are difficult for them to read. This is stressful and can precipitate strong feelings of fear, anxiety and anger, leading to abuse, neglect or both. (Ruby displayed the classic markers of an insecure ambivalent attachment.) A skilled therapeutic service would have needed to liaise closely with all other services involved with the family. The family support services, with whom Sandra appeared to have built some level of trust, may have been in a position to act as key advocate and coordinate more specialised supports. There needs to be clarity and consistent overview as regards the objective of key organisations in working with such families.

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