



Nottinghamshire  
SAFEGUARDING  
CHILDREN Board

# Key Messages From Local and National Serious Case Reviews 2008-2009



## Assessments

- Should involve all relevant professionals and family members
- Should be undertaken by specialists where complex issues are involved.
- Should be completed by CSC where previous children have been removed
- Should be made regarding the impact of men involved with the family and the impact of mental ill health and substance misuse on parenting capacity
- Should be undertaken by CSC pre-birth where risk is identified
- Should take full account of the history
- Should include a clear assessment of risk



## Case management decisions

- Should be taken with reference to assessment / risk analysis
- Should be informed by relevant NSCB Practice guidance
- No child, about whom there are child protection concerns, should be discharged from hospital without proper planning
- Need prompt written information following child protection medicals
- Should include clear contingency planning to address disengagement



## Multi-agency working

- All agency views to be taken into account with procedural arrangements for dealing with Interagency disagreements
- Ensure there is clear interagency communication
- Ensuring clarity regarding thresholds for referral and re-referral to Children's Social Care



## Factors relating to the Children

- Almost all children had been known to CSC at some point
- Almost half of the children lived in poor living conditions and had high mobility
- Three quarters lived with domestic violence, parental mental ill-health and or substance misuse - often in combination
- Almost half the children who die are under one year of age
- "Hard to help adolescents" are the next most likely group



## Communicating with children and families

- Always try to see children alone
- Give children plenty of opportunity to talk about their situation
- Do not rely solely on what you are told by the parents