Lessons Learned: Child C, D and E
The Child's Story

What Happened?

In 2013, two siblings (Child C and D) died 7 months apart from within the same household. Both children had a history of emergency admissions to hospital following reports of acute respiratory difficulty at home. Both children died having been found at home unresponsive by a MI (male involved). Child C died first at the age of 24 days and Child D died at the age of 21 months.

Child E was born in 2016 and started to present at hospital with respiratory problems similar to Child C and D which instigated multi-agency child protection processes to safeguard them. A complex criminal investigation commenced, spanning several years, resulting in multiple convictions for MI who was found guilty of murdering Child C and D by deliberately obstructing their airways and for attempting to murder Child E. The context of the family was that the incidents occurred whilst the children were in his sole care.

What Have We Learned?

Perplexing Presentations (PP)/ Fabricated or Induced Illness (FII):
PP is used to describe the commonly encountered situation when there are alerting signs of possible FII (not yet amounting to likely or actual significant harm), when the actual state of the child's physical, mental health and neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life.

All those involved with children and families need to ensure they know and understand their role and responsibility when FII is suspected and know how to effectively work with others to protect children.

It is important for health staff working in hospital and GP practices to share information about health or safeguarding concerns with the child's Health Visitor to promote effective assessment of their overall circumstances.

Professional curiosity is about the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. It requires practitioners to think 'outside the box', beyond their usual professional role, to consider families' circumstances holistically and show a real willingness to engage with children, adults and families.

This is essential when undertaking an assessment of pre-verbal children. If a child presents at hospital due to a life-threatening incident, with no findings on medical examination, both parents should be spoken to separately, to gain a clearer picture of the context or family circumstances at the time of the incident.

Consideration should be given to promote excellence in the medical assessment of pre-verbal children in cases where the child presents to hospital as an emergency with a **B**rief **R**esolved **U**nexplained **E**vent (BRUE).

Paediatricians have an integral role in safeguarding children and contributing to child protection discussions and strategy meetings. Hospital Trusts need to consider how best to support them particularly in complex cases where FII features.

Top Tip: Think the unthinkable, practice `respectful uncertainty', apply critical evaluation, maintain an open mind and act on your suspicions.

Coercive Control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten a victim.

Women in controlling relationships do not always realise what is happening or what a "normal" relationship should be like. Often men can appear to be the "perfect partner" whilst they erode their partners confidence and self-esteem leading to isolation and enslavement.

Professional curiosity around the quality and nature of adult relationships should be included in "Routine Questioning" on domestic abuse.

When women try to end a controlling relationship, this should be viewed as a dangerous time not only for the women but for any children living in the family. When adults are vulnerable, children become vulnerable.

Top Tip: If you suspect an individual is a victim of coercive control, seek guidance, highlight common examples and signs of coercive behaviour and tell them where to access support.

Medically Unexplained Deaths in Children

Professionals who attend multiagency meetings as part of SUDC (Sudden Unexpected Death in Childhood) and CDOP (Child Death Overview Panel) processes should understand their role to both represent their organisation and ensure records reflect any issues relevant to either parent or child which may have an impact on future siblings.

Deaths of two children or more in a family should be viewed as a high alert to guide further investigation into possible deliberate harm of a child. In cases where there have been two child deaths in a family the Care of Next Infant (CONI) programme should include a pre-birth multiagency assessment.

Top Tip: Always take care to flag and deal with all loose ends in single agency and multi-agency discussions.

What Do We Need To Do?

Read and familiarise yourself with the following terms and practice guidance:

Perplexing Presentations (PP) a child's presentation features *alerting signs where there is the presence of discrepancies between reports, presentations of the child and independent observations of the child, implausible discrepancies and unexplained findings or parental behaviours* RCPCH Guidance 2021.

See Cumbria Safeguarding Partnership's 5 minute briefing on **Professional Curiosity**

See Manchester Safeguarding Partnership's resources for practitioners on Professional curiosity and challenge

Fabricated or Induced Illness (FII) is a rare form of child abuse which occurs when a parent or care giver exaggerates or deliberately causes symptoms of illness in a child. It is highly complex and should be discussed with your safeguarding lead as soon as concerns arise. *The implementation of the new local FII and PP guidance is key to promote the use of the new local framework for managing cases of these types (link here).*

Brief Resolved Unexplained Events (BRUE) usually occur in infants where the parent or carer reports the child had a serious medical event but once in hospital the child appears well with no medical concern identified. These events are not uncommon as a one-off incident. However, more than one should be viewed as high risk and consideration of socio-environmental factors included in any assessment.

Coercive Control is described as controlling behaviour designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. The Domestic Abuse Act, April 2021 emphasises that domestic abuse is not just physical violence, but can also be emotional, controlling, or coercive and economic abuse. Womens Aid information on Coercive control.

Domestic Abuse eLearning course (this includes domestic and emotional abuse)

Child Safeguarding Practice Review Panel: Multi-agency safeguarding and domestic abuse

Keep in Touch

Further learning and resources can be found on the Children's Safeguarding Assurance Partnership website

For queries or feedback please contact the Joint Partnership Business Unit Team jpbu@lancashire.gov.uk