

Background

Child J1 and J2 lived with their parents and two older siblings. All children were under the age of 5.

Child J1 was 1 month old and Child J2 was 18 months old.

Safeguarding concerns

- Delay in parents accessing medical support for both children leaving to the two youngest members of the family being very poorly to the point that had further delay been experienced, there could have been loss to life
- Cannabis use in the family home and attachment concerns between Mum and J1
- Health concerns for J1
- Health concerns for Child J2. J2 was unable to support his head or weight bear on their legs
- Cause/allow children to suffer serious physical harm

Further Resources

[NSPCC children-and-families-at-risk/parental-substance-misuse](#)

[Turning Point Recourses and advice](#)

[Gov.uk safeguarding-practitioners-information-sharing-advice](#)

[Greater Manchester Safeguarding Children Procedures Manual](#)

<https://www.olscb.org/parents/drugs/>

The incident

On 8th December parents contacted 11 reporting that J1 was blue and floppy. They had observed that Child J1 had blue lips for 3 days. They were admitted into hospital. On 9th December CSC attended the family home and found J2 very unwell. Practitioners found it difficult to persuade Dad to J2 to hospital. J2 was treated for sepsis and pneumonia.

LCSPR Child J1 & J2

Recommendations

To support information sharing where concerns are identified for children OSCP requested assurance that there was a standardised process for information sharing with health economy.

The Primary Care team at Oldham CCG to work with practices to develop a standard response to children missing immunisations. This is to be informed by the work of the Public Health group which is focused on "understanding why parents do not attend".

Turning Point to review current information and resources they have developed them into a response to this review to consider; the impact of cannabis use on parenting and how to discuss the use of Cannabis with parents

The review

The rationale to progress to LSCPR for J1 and J2 was based on a view that:

The focus of learning needs to be on health services and the quality of contacts, understanding of support needs & the effectiveness of communication and information sharing

An LCSPR is an effective way to gain clarity on the circumstances experienced by these children to provide system learning to improve outcomes for families in the future.

The findings

Shift in society where the use of cannabis is now normalised.

Practitioners did not ask exploratory questions or make links to the effects of cannabis use on parenting. Barriers and challenges to information sharing across the health economy.

Inconsistency in the sharing of information between health professionals and out of borough care settings. Communication between external agencies and GP surgeries being a concern. Health professionals do not have access to one IT system resulting in ineffective information sharing. Health visitor did not get all of the hospital letters and therefore was not aware of the family's non-attendance. As such the service was not able to identify that this family may not be prioritising the health needs of their children. There is a mixed approach in GP practices on chasing up immunisations in that each practice does this in a different way. Prior to Covid, GP practices had monthly meetings where concerns that the practice had about a family would be discussed with a Health Visitor in the area and information shared

