Baby O’s Father

* Was 40.
* Is an ex-serviceman (having left in 2010)
* Has convictions for drugs, burglary, offensive weapon, driving offences and theft
* Was supervised by probation till March 2020 when he completed a community order.
* His history of engagement with drug services is patchy and his file with WDP was closed in 2018.

Recommendations

* CSC to develop and/or implement an internal process for debrief/ case review when a child dies or is seriously harmed
* Housing ensures that senior leaders are engaged in complex cases where child safety is an issue.
* That CSC consider monitoring and reporting on changes in social worker, with the intention of minimising case transfers.
* That midwifery services consider how they might develop some outreach capability – so reluctant/ hidden pregnant women can be reached and encouraged to receive ante natal services.
* Harrow Partners consider the development or commissioning of a service for women who have had children removed – such as the Pause Programme (https://www.pause.org.uk)

The Pregnancy

* April 21- Mother attends hospital with abdominal pain, is diagnosed as being pregnant, possibly ectopic . She leaves before final assessment.
* July 21 Mother and father of baby O while living with a drug user reported to the police as possibly exploiting him
* July 21 Both parents found sleeping in a tent , placed in bed and breakfast
* August – September 21, non-engagement of parents ; parents meet `HV but do not book with midwifery services.
* August 21 Unborn baby CPC – convened; followed by 2 changes of social worker in the next 2 months
* September 21; evicted from B and B for damage to property and placed in emergency accommodation.
* September – October a social worker ( following an unborn baby CPC) makes three successful visits, but Mother still does not take up antenatal services.
* November 10th – Mother attends A and E , Baby O born and dies.

Baby O’s mother,

* Was 19 when she became pregnant
* She is from Wigan and had been in care there
* She was thought to be ‘leaving care’ to Kent [but this wasn’t the case]
* She had a long history of trauma including maternal bereavement in childhood; child sexual exploitation; domestic abuse and homelessness.
* Baby O was her third known pregnancy.
* Her two previous children are permanently cared for by relatives.
	+ One of her children was born with significant medical issues.
* She was registered with a Kent GP
* She did not book her pregnancy with midwifery services.
* She was homeless
* She was believed to be misusing drugs