

# **THE CASE OF BABY PETER**

## **Background**

Baby Peter born 1<sup>st</sup> March 2006, a White child of Irish ethnic origin, died aged 17 months on August 3<sup>rd</sup>, 2007 following severe injuries inflicted whilst in the care of his mother, her partner and her lodger. His mother pleaded guilty to causing or allowing the death of a child, and the partner and lodger were found guilty of the same charge on 11<sup>th</sup> November 2008

At the time of his death, Peter was the subject of a multi-agency child protection plan, which had been put into place on 22<sup>nd</sup> December, 2006 and was known to have been seen in excess of 60 occasions by professionals.

Haringey's Local Safeguarding Children Board (LSCB) published their Serious Case Review (SCR) on 12<sup>th</sup> November, 2008, as required following the death of a child where abuse is known or suspected to be a factor. A second Serious Case Review was commissioned as the initial was judged to be inadequate by Ofsted. This was published in February 2009.

## **Agency Involvement**

Peter's mother separated from her husband in the summer of 2006, from which time she had undertaken the care of their four children, Peter and his three older siblings.

There were no concerns about the welfare of any of the children in the family prior to mid December 2006.

On the 11th December 2006 Peter's mother telephoned the surgery and spoke to the GP. She said Peter, then aged 9 months, had a swelling on his head and asked what she should do. The GP invited her in so that he could examine the child. Peter was subsequently referred to the hospital. At the hospital, a number of bruises were seen on his body and documented on a body map. Peter's mother said she did not know when or how the swelling on Peter's forehead had occurred. She attributed the other bruises to him climbing and falling easily, as well as slapping his body in play.

A strategy meeting was held the following day and records from this meeting referred to "pummelling" as a possible explanation for the significant bruising on his buttocks. There was clear concern for Peter's welfare and decision

reached that he could not return home until the s.47 enquiries and the Police investigation were complete. Peter's father offered to take time off work to care for him but this offer was not taken up because Peter's mother claimed he had slapped the children in the past. The notes of the meeting referred to mother having a male friend who was not left alone with the children. The Paediatrician recorded in a detailed letter that the combination of bruising seen 'is very suggestive of non-accidental injury'. Peter was discharged from hospital some four days later to the care of mother's female friend.

A case conference was held on the 22nd December 2006. Key agencies were absent from the conference including the GP and Paediatrician. The Police stated that they understood that Peter would not be returned home until the Police investigation was completed. This was not recorded in the minutes. Most participants agreed that one of the other children should also be registered for neglect. None of the conference members supported registration of the remaining children in the household. The legal view given verbally immediately following the conference and confirmed in email was that the threshold for care proceedings had been met, but this did not prompt care proceedings being initiated.

A review strategy meeting was held on the 24th January 2007 and agreed that the injuries were non-accidental, although it was not clear who the perpetrator was. The Police who were continuing their investigation agreed that Peter could go home once Peter's mother has made alternative arrangements for the dogs.

From this point onwards, mother and her children had extensive involvement with professionals from local agencies particularly the Police, Children & Young People's Service and primary, community and acute health service providers.

Observations and assessments of the relationship between mother and her children remained largely positive and she was considered to be co-operating with the child protection plans.

From March, a main element of the child protection plan was to obtain a developmental paediatric assessment, to ascertain if there was an organic reason for Peter's injuries given the description/explanation given by mother for the injuries i.e. Peter was an active, clumsy child.

On 5th March 2007 the school nurse observed Peter's mother shouting loudly and slapping the cheek of one of his siblings. The children were seen alone

and confirmed the assault. Peter's mother agreed to attend a parenting programme. This child was consequently made subject of a child protection plan in March 2007.

On 23rd March 2007 Peter's mother was angry and upset with the social work services because she said the high frequency of visits were preventing her from relaxing and enjoying the children.

On 9th April 2007 Peter was taken to A&E by his mother and a large boggy swelling was observed to the left side of his head. Mother's account was that four days earlier he had been pushed against a marble fire place by a similar aged child. Body maps indicated bruises and scratches on his head, face and body. The Serious Case Review identified that because mother had stated the injury had been caused by another child it was not considered that it could be non-accidental. The social work team agreed to discharge home and the Police were not involved

There was a further significant event in early June 2007 when a social worker observed Peter observed with bruising during a home visit. He was taken to hospital. There were multiple bruises and scratches of different ages on his body. There was a grab mark bruise on his lower left leg that doctors were particularly concerned about. A strategy meeting was subsequently held a couple of days later and made a number of recommendations including the implementation of a written agreement for mother not to be left alone with Peter. The Police felt that Peter should be removed from his mother's care whilst their investigation was ongoing. Peter's mother was interviewed and gave a variety of possible causes for the injuries.

On 4<sup>th</sup> June 2007, so as to ensure no unsupervised contact between Peter and his mother, arrangements were made for Peter to be cared for by a childminder and a friend who had previously provided temporary care for him.

On 8th June 2007, a review child protection conference was held. The conference chair expressed concern that Peter was experiencing the same injuries for which he was originally placed on the child protection register. In addition, it was highlighted that if they were caused by Peter's own behaviour, as his mother claimed, then they should be occurring continuously rather than as a serious but intermittent injury.

A home visit was conducted on 15th June, Peter's mother's male friend present. She was happy to speak in front of him because she said he knew

everything.

On 29th June the childminder advised that Peter's mother had taken him away and it was reported that Peter's mother had gone to Cricklewood to care for an uncle.

The next home visit undertaken on 9th July. Peter's ear was observed to be red and looked sore.

Haringey's Children & Young People's Service held a legal planning meeting on 25.07.07, which concluded that on the basis of the information provided, the threshold for initiating Care Proceedings was not met.

30th July 2007 Peter seen at home-face smeared with chocolate. The social worker requested that it be cleaned off. A family friend took him away to do so and did not reappear.

Police enquiries with respect to potential perpetrators of Peter's injuries both in December 2006 and June 2007 proved inconclusive and on 31<sup>st</sup> July 2007, the Police met with CPS who advised that no criminal charges would be brought against any individuals.

During the final two weeks of Peter's life, his weight continued to reduce to the 9th centile (having been recorded on the 25th centile on the 18th July 2007)

On 1st August 2007, Peter was seen by a paediatrician for the purposes of the developmental assessment. He had visible bruising. The doctor concluded that he was unwell and miserable due to a possible viral infection. It was noted that he had a history of recurrent bruising and recurrent infections (including a partly healed current scalp infection), a history of abnormal behaviours - aggression, head butting, head banging and hyperactivity - and it was considered a possibility that he might have some underlying metabolic disorder. The doctor thought the female friend with mother was a foster carer.

On 2nd August 2007, Peter's mother was seen by the police and was told that neither prosecution would be pursued.

On 3rd August 2007, the London Ambulance Service responded to a 999 call at 11-35am. The caller was Peter's mother who reported a 17 month old child, who was taking antibiotics was now not moving. Peter was pronounced dead at 12-19pm. On initial examination he was seen to have bruising to his body, a tooth missing, a torn frenum and marks to his head. The Police Individual

Management Review referred to a post mortem completed on the 6th August 2007 which revealed further injuries (a tooth was found in Peter's colon and eight fractured ribs on the left side and a fractured spine were detected). The provisional cause of death was described as a fracture/dislocation of the thoraco-lumbar spine.

Police enquiries established that at the time of Baby Peter's death, mother's boyfriend Mr H lived at her address and Mr G, his three children and a fifteen year old female whom he described as his girlfriend had been staying there since 17.07.07.

### **Lessons Learnt**

Agencies were too willing to believe Peter's mother account of herself, her care of the children, the composition of the household, and the nature of her friendship network. There can be a danger in an over-identification with the service user in a wish to support and protect the child's place in the family and so the decision to place Peter with a family friend from December 2006 to January 2007 was considered by the review a "clear indication" that agencies wanted to keep the family together and the injuries were not being treated suspiciously.

Further, there was a high degree of trust of mother. This was reinforced by her predominant behaviours and presentation i.e., her:

- Co-operation with most professional visits and appointments
- Positive response to offers of help
- Frequent initiation of communications with professionals, often relaying information between them
- Openness of manner

The review found that agencies repeatedly gave Peter's mother unchallenging messages about her "poor parenting". For instance, her two older children were not placed on the child protection register after the December conference, despite all four "experiencing a degree of neglectful care" .

It is considered that the level of concern was too low and given the adults had refused to disclose what had happened to Peter, the review found that it was

reasonable to conclude that all the children could be at risk of significant harm, and all of them should have received the added security of a child protection plan.

As a consequence of professional perceptions of mother, coupled with the lack of an identified perpetrator, Peter's injuries were perceived to be largely a consequence of insufficient supervision and of his own observed behaviours. The latter led to concerns about a potential organic causation of Peter's bruising and injuries and prompted the involvement of the Specialist Child Health Service (SCHS).

Within the above context, new incidents were interpreted in terms of the existing understandings of the family dynamics, with insufficient attempts to use the incidents to prompt re-assessments.

All the professionals working with the family understood the household composition to be mother and her four children. Although it was known that a Mr H was a friend, neither his intimate relationship with mother nor his presence within the household, had been discerned by any professionals. The review highlighted that one of the potentially dangerous scenarios in child protection is an unrelated man joining a vulnerable single parent family and in this case, mother's account of Mr H's role was accepted too readily

Too little significance was given to mother's own childhood experience of serious physical and emotional abuse and the possible impact of it both on her own parenting and also her ability to manipulate the system.

Little significance was given to the possibility that a small baby had been injured deliberately and agency expectations of parental care in the family were low:

"The implications of the inter-agency and local authority actions appeared to be that this kind of occurrence was not surprising in a family like this..."

The review identified that what was required was an authoritative approach to the family, with a very tight grip on the intervention including "clear targets" with "short timescales".

Authoritative intervention is "urgent, thorough, challenging, with a low threshold of concern, keeping the focus on the child, and with high expectations of parents and of what services should expect of themselves."

The focus of the intervention should have been to gain an understanding of Mother's responses to demands placed on her and so discover her motivation and capacity to be a responsible parent. The passive acceptance of her continued poor parenting was a fundamental problem in the inter-agency approach.

## **Conclusion**

The review concluded that, for a case which reflected the highest level of concern that we can have for a child's welfare, the interventions were:

- Lacking urgency
- Lacking thoroughness
- Insufficiently challenging to the parent
- Lacking action in response to reasonable inference
- Insufficiently focussed on the child's welfare
- Based on too high a threshold for intervention
- Based on expectations that were too low

The review highlighted that those agency roles which are the protectors-doctors, lawyers, police officers and social workers need to become much more authoritative both in the initial management of every case with child protection concerns, and in the subsequent child protection plan.

## Appendix 1

### CHRONOLGY OF AGENCY INVOLVEMENT : Source BBC website 2006

1 March:	Baby Peter is born.
22 March:	Health visitor Yvonne Douglas makes first home visit. Peter has oral thrush.
24 March:	Family GP Jerome Ikwueke sees Peter for the condition.
7 April:	Yvonne Douglas weighs Peter at baby clinic.
13 April:	Six-week examination by Dr Ikwueke.
2 May:	GP visit for diarrhoea and vomiting.
4 May:	Yvonne Douglas sees mother and Peter at health clinic.
22 May:	First vaccinations for meningitis and diphtheria.
28 May:	Peter vomiting after feeds, mother calls out of hour's emergency service.
4 June:	GP visit for pain, diarrhoea and vomiting.
9 June:	Peter's mother seen for depression by mental health worker Karolina Jamry.
19 June:	GP visit, second immunisations.
11 August:	Peter's mother sees Ms Jamry about marital problems.
15 September:	Home visit by health visitor Yvonne Douglas.
19 September:	Seen by GP for nappy rash.
13 October:	Seen by GP for bruising to head and chest, mother claims this was caused by an accidental fall down stairs.
17 November:	GP visit for upper respiratory tract infection and thrush.
11 December:	Peter admitted to Whittington Hospital in north London with bruising to forehead and nose, sternum and right shoulder/breast.
12 December:	Peter examined and referred to child abuse investigation team, seen by DC Angela Slade.
13 December:	Peter examined on ward by consultant paediatrician Heather Mackinnon.
14 December:	Peter examined on ward by Dr Mackinnon.
15 December:	Peter discharged into care of Angela Godfrey. A police investigation begins.
18 December:	Social worker Agnes White visits Peter's mother at home.
19 December:	Peter's mother and grandmother are arrested and interviewed at Hornsey police station in north London.
21 December:	Peter's leg X-rayed at hospital.
22 December:	Peter's mother attends a child protection conference with Haringey social workers and Dr Mackinnon.
24 December:	An emergency duty team visits Angela Godfrey's home to check on Peter.

- 27 December: Social worker Agnes White visits Peter at Godfrey's home and returns later unannounced.
- 29 December: Agnes White returns for check on Peter's contact with his mother.
- 2007**
- 9 January: Angela Godfrey takes Peter to health clinic for thrush on buttocks and is seen by Yvonne Douglas.
- 12 January: Peter's leg is X-rayed again at hospital.
- 16 January: Agnes White checks for a second time on Peter's contact with his mother.
- 17 January: Peter's leg is X-rayed again at hospital.
- 19 January: Mother seen by Ms Jamry.
- 25 January: GP visit for nappy rash.
- 26 January: Repeat visit by Agnes White to check on Peter's contact with his mother, who is seen on the same day by Ms Jamry.
- 2 February: Peter's third set of vaccinations and Maria Ward allocated as social worker.
- 8 February: Preliminary assessment of mother by unspecified official Caroline Sussex.
- 18 February: Peter and mother moved to new address in Haringey.
- 22 February: Social worker Maria Ward's first home visit.
- 27 February: Miss Ward attends case conference at Haringey.
- 2 March: Miss Ward and health visitor Paulette Thomas visit mother at home.
- 5 March: Miss Ward questions mother after school nurse sees her slap a child.
- 6 March: Unannounced visit by Miss Ward.
- 8 March: Visit by Miss Ward.
- 14 March: Visit by family support service worker Marie Lockhart.
- 16 March: Haringey child protection conference with mother, attended by Miss Ward and Miss Lockhart.
- 20 March: Mother and Peter videoed at parenting class.
- 22 March: Miss Ward visit.
- 23 March: One-year check at health clinic.
- 29 March: Haringey case conference.
- 9 April: Peter seen by GP with bruising to face. Mother claims he was pushed into a fireplace by another child. Peter is admitted to North Middlesex Hospital in Enfield, north London, for bruising and swelling to his head.
- 10 April: Peter referred to child development clinic by a social worker who sees him "head-banging".

11 April: Peter discharged from North Middlesex Hospital.

12 April: Child protection meeting at North Middlesex.

24 April: Home visit by Miss Ward.

3 May: Mother and Peter attend parenting class.

9 May: Planned home visit by health visitor Ms Thomas.

16 May: Family support visit by Ms Lockhart.

18 May: GP visit for hives, an allergic reaction.

21 May: Miss Ward visits.

1 June: Miss Ward makes an unannounced visit and reports Peter's mother to police over bruises to Peter, who is taken to North Middlesex Hospital for a check up.

5 June: Mother interviewed under caution at Hornsey police station.

6 June: Peter seen by Ms Thomas at the health clinic.

7 June: More immunisations at GP surgery and child protection meeting at North Middlesex Hospital.

8 June: Police take photos of Peter and seize a toy from his home.

12 June: Registered childminder Anne Walker takes P for day care for 10 days.

15 June: Home visit by Ms Lockhart.

19 June: Miss Ward visits childminder.

20 June: Case conference at Haringey.

21 June: Peter and mother attend a parenting class.

5 July: Mother and Peter attend a parenting class.

9 July: Mother takes Peter to North Middlesex Hospital with an ear infection.

11 July: Home visit by Miss Ward.

18 July: Peter seen at health clinic for a scalp and ear infection.

19 July: Mother and Peter attend a parenting class and go to North Middlesex Hospital about the infection.

26 July: GP visit for head lice and blood in Peter's ear.

30 July: Case conference at Haringey. Home visit by Miss Ward. Mother is feeling stressed.

1 August: Peter seen at St Ann's Hospital in north London by locum paediatrician Sabah Al Zayyat.

2 August: Mother told police to take no further action over assault allegations.

3 August: 1136 GMT: 999 call. 1140 GMT: Ambulance arrives. 1143: Ambulance leaves. 1149: Ambulance arrives at hospital. 1210 GMT: P pronounced dead and police called. 1330 GMT: Body maps completed. 1345 GMT: Mother arrested

## Appendix 2

### INDIVIDUAL AND TEAM REFLECTION

How do I seek, analyse and evaluate new information? Do I make effective use of chronologies? What would help me to do this more effectively?

How can I ensure that children's plans are reviewed in light of new information? What would help me to do this more effectively?

How am I challenged and how can I challenge others when there is a prevailing view about a child/family held by myself/professionals? What would help me to challenge/be challenged?

How can I ensure that I understand the household composition and the family networks? What else might I need to do to ensure I am aware of any changes?

What responsibility do I have for ensuring that all aspects of the child protection plan are completed in a timely and child centred way? How can I fulfil my responsibilities effectively?

How authoritative is my practice? What else do I need to do to ensure that I have a "tight grip" on the intervention?

How able am I to identify risk factors especially in cases where parents/carers present as co operative and are viewed positively? What support do I require to be more effective at identifying risk and working with disguised compliance?

Am I challenged and enabled to reflect on what might be going on for a child and what I may not want to acknowledge could be going on? What else would help me to be more reflective?

How do I ensure that the level of expectation that I have of parents and what service provision is at the right level to promote a child's safety. What barriers might I face in operating high standards and how can I overcome these barriers.

What 3 key messages would I like to feedback to senior managers in my organisation and the Local Safeguarding Children Board regarding how agencies work together to keep safeguard children and young people?