

Health Visitor's report

I am the allocated Health Visitor for Jacky Johnson/Wade.

My report is based on the Family CAF assessment I undertook with the family following the birth of Jacky when Stella reported feeling depressed, finding it difficult to cope with all three children and there were indications that the care of the children was suffering as a consequence. Tony refused to be involved in the assessment because he said he didn't need people "interfering".

Child Development

Jacky was born at term by caesarean section weighing 3kg and was bottle-fed. On two occasions Stella was offered an appointment for Jacky's six week physical at the GP surgery but did not attend. After much persuasion, Stella attended the appointment at fourteen weeks where Jacky's weight was found to be above the 91st centile. Stella reported she had started Jacky on solids when she was 11 weeks old, despite recommendations and advice that this would be more appropriate at a later stage. Jacky had not received any immunisations.

At 23 weeks during a home visit I observed Jacky being 'prop' fed and Jermaine and Rosa were being actively encouraged to change Jacky's nappy while Stella sat on the sofa. I pointed out the dangers of prop feeding and spoke to Stella about ensuring the children were properly supervised. There then followed five visits when I could not get access to the family home, despite appointment letters being sent. Jacky consequently had a late developmental review at 10 months. We agreed as part of the Family CAF plan that I would review Jacky at one year particularly in relation to her locomotor skills and speech and language development. We also discussed the Early Years Visitor offering weekly visits to concentrate on play and development and perhaps accompany Stella to a group at the local children's centre.

The Early Years Visitor attempted to visit on three occasions, however Stella was not at home at these times and consequently the early years visitor stopped calling. At eighteen months Jacky's overall development was age appropriate apart from some marginal delay noted in her expressive language. We agreed this would be reviewed in three months.

At 21 months I reviewed Jacky at home, her expressive language remained delayed and I discussed with Stella the benefits of referring Jacky for Speech and language therapy. I had concerns regarding Stella's capacity to meet the children's needs and again recommended bringing in an Early Years Visitor to concentrate on stimulating play and establishing routines. It was agreed the Early Years Visitor would visit initially for six weeks and then we would review the situation. Again Stella was only available on one of the planned visits. Stella did however take Jacky to three of the four speech and language appointments and Stella said she found these helpful as they gave her ideas about how to help Jacky's speech development.

Unfortunately, at Jacky's three year developmental review she was found to be significantly delayed in most areas. Also, during this visit, finger tip bruising was observed on Jacky's back. When I questioned Stella about the bruising Stella seemed evasive about how the injury had occurred but suggested that Jacky may have fallen or perhaps Tony had caused the marks. Following this visit I discussed my concerns with my Practice Manager about the children's safety and a referral was made to Social Services.

Parenting Capacity

There have been issues in the past with the children's basic needs not being met and this has been demonstrated by Stella finding it difficult to provide sufficient food and requiring help to get the children dressed. I am also aware Jermaine is often seen to be helping Stella to care for his younger siblings. There have been issues with domestic violence on a number of occasions and although Stella is sometimes insightful into the impact of this on the children, I think she is not confident she could manage without Tony. Stella has spoken about contacting RISE but I am not aware that she has done so.

Stella also has a history of postnatal depression dating back to Rosa's birth. Her GP previously referred her for counselling but I understand she did not attend the appointments offered. Stella has told me how much she wants the best for her children, but at times the responsibility of caring for her family appears overwhelming. Evidence does also suggest emotional warmth may be compromised when a person suffers from depression and on two occasions I have observed the younger children, when upset, going to Jermaine for a cuddle rather than their mother.

From my observations it would appear that Tony does take the younger children to school/nursery sometimes but expects Stella to carry out most of the other child care tasks.

Family history and functioning

There is a long history of Stella being prescribed antidepressants by her GP with varying results. Tony has been referred to the Substance Misuse Service several times and he has a long history of using cannabis and amphetamines.

The couple's relationship is very volatile, with episodes of domestic violence. Stella and Tony have separated following these incidences but this is often for short periods only. The Police have been called in the past and on one occasion Stella was allegedly terrified when Tony attempted to 'kick the door in'. On another occasion during a home visit the Health Visitor had difficulty gaining entry and eventually Tony was heard to be aggressive towards Stella. All children were present at the time.

In summary I have been involved with the family for the last three years. Despite offering the family additional support and continued intervention I have serious concerns regarding Stella and the children's welfare. In my view neither parent has made consistent use of services which might enable them to make necessary changes for the benefit of the children.

Nursery Report

Jacky started at the nursery attached to West Park Primary two months ago.. There are five sessions available each week and Jacky's attendance at these is 80%. The average attendance rate for children at the nursery is 95%.

Child Development

Since Jacky started nursery she seems to have settled in well. She really enjoys playing with the sand and water tray.

Jacky has difficulty with her speech and language and consequently gets frustrated when she cannot communicate what she wants and this can lead to tantrums.

Sometimes Jacky appears very hungry and will try to take the other children's drinks and food; her clothes often smell of smoke and appear grubby.

Parenting Capacity

When Stella has come to drop off or collect Jacky she appears tired and depressed and she has told me she "struggles with the kids".

Stella has reported she finds Jacky "a handful" and we have been trying to help Stella with tips about "positive parenting". As part of the Team around the Family I understood from the Lead Professional that Stella and Tony were referred to a Triple P Parenting Support Group. I understand from Stella that Tony refused to go and that she did not find it helpful.

Family and Environmental factors

I have very little information about the family's living circumstances. However, Stella has told me that when her mother comes to stay she finds she copes much better and has more energy to attend to the children.

Community Psychiatric Nurse Report

Stella Wade was referred to the psychiatric services for counselling to help with post-natal depression following the birth of her daughter Jacky. Stella was offered two appointments by letter but she did not attend either and the service was not contacted to say why. There has been no further involvement by this service since that time.

GP report (This report is read out by the Chair)

This family has been known since they moved in to the area seven years ago. Ms. Wade was pregnant with her second child and was referred to the midwifery service.

Tony Johnson is not registered at this practice.

Child Development

Jacky was seen at the surgery three weeks ago. She had been unwell with a nocturnal cough following a cold. Physical examination was normal.

Rosa was delivered by Caesarean Section at full term.

Rosa was seen at the surgery by a Locum two months ago for apparent difficulties sleeping. No medical cause could be ascertained. Locum suggested discussion with Health Visitor about establishing sleeping routines.

Jermaine has not been seen at the surgery in the last six months.

Parenting Capacity

On her most recent visit to the surgery with Jacky, Stella appeared stressed and expressed concern about Jacky's behaviour. She was advised to speak to the Health Visitor.

Family and Environmental factors

Following Jacky's birth I referred Stella to Adult Mental Health Services for counselling as she was reporting feeling depressed. I understand from Stella that she was sent two appointments but missed them because she felt too anxious to attend. Currently Stella receives a regular prescription for anti-depressants, but she has told me her use of them is erratic as she dislikes the side effects they can have.

BRIGHTON MEDICARE - NHS TRUST (This report is read out by the Chair)

The Royal Hospital for Children
Median Health Complex
Brighton BN1 1AA
Tel 01273 323299
Fax 01273 654562

Results of a Child Protection examination performed by Dr White BSc.Hons.MBCHB, Ph.D, MRCPCH on (date) at 2 pm at the Royal Hospital for Children at the request of Social Worker.

Jacky Wade/Johnson dob aged 3
6 Fonthill Drive
Brighton BN2 6TY

I was requested to examine this child by the Social Worker from the Advice, Contact and Assessment Service. I examined Jacky in the presence of her mother and the Social Worker.

Height (70th centile)
Weight (90th centile)

Jacky was initially reluctant and then subsequently fully co-operative to the examination. ENT, cardiovascular, chest and neurological examinations were normal.

External examination revealed the following:

1. Intact skull, no facial bruising
2. 3 x one cm diameter bruises in a semi-circular pattern just below the right shoulder blade

The pattern of bruising on Jacky's back was probably caused by being slapped and is suggestive of non-accidental injury.

I found no other injuries which were suggestive of non-accidental injury. I have also examined Rosa and found no evidence of non-accidental injury. Jermaine declined to be examined.

Report from the Child Protection Team

CPT was contacted by a Duty Manager at the Advice, Contact and Assessment Service on (date) regarding an injury to Jacky Wade/Johnson, aged 3. It was agreed there was a need of joint investigation and a home visit was undertaken. Stella Wade was seen at home with the children, Tony Johnson was not present.

Following the medical, at which Jacky Wade/Johnson's injury was identified as likely to be non-accidental, Tony Johnson was arrested on suspicion of causing actual bodily harm and bailed to his brother's address.

Tony Johnson is known to police in respect of domestic violence allegations and also he has a criminal record for drugs offences and property offences.

Police records indicate that the first incident of reported domestic violence was two years ago. A neighbour of the family contacted police when she heard shouting and screaming from inside the Johnson/Wade home. Police attended, but no further action was taken as Stella refused to make a statement and did not appear to be injured. The children were observed to be asleep and safe.

There was a further incident on (date) when the children were at school. Tony Johnson had been drinking alcohol and a row broke out between the couple. Tony Johnson left the flat and on his return Stella Wade refused to let him back in. He then kicked the door in and Stella Wade contacted the police expressing fears for her safety. Tony Johnson was arrested on suspicion of criminal damage. However, after his arrest Stella Wade refused to give evidence and so no further action was taken against him.

The most recently reported incident was two months ago on the evening of (date). A neighbour reported hearing raised voices and children crying at the home address. Police attended and found that, following an argument over money, Tony Johnson had grabbed hold of Stella Wade and threw her across a room causing her to strike her face against a door. She was seen at casualty and made a formal complaint about Tony's violence towards her. In her statement Stella Wade alleged that Tony Johnson hit her on a regular basis and one of the reasons she did not get her children to school sometimes was because she did not want people to see the bruises on her. Stella Wade later withdrew her statement, saying that Tony Johnson had not intended to hurt her.

On (date) - Police executed a stolen goods warrant at the Johnson/Wade address. Items were recovered, drugs were found within children's reach. (There were also concerns about the home environment which are detailed in the social worker's report.) Tony Johnson became verbally abusive to the Police in front of the children. He was arrested on suspicion of possession of Class B and Class C drugs. Tony Johnson has six previous convictions for possession of illegal drugs and ten convictions for property offences, mainly thefts from motor vehicles.

School Nurse Report for West Park Primary

Child Development

I have seen Rosa for her standard school entry assessment. At Rosa's assessment she appeared overtly friendly and immediately attempted to sit on my lap. Her clothes are often grubby and on this occasion her clothes were dirty and smelt strongly of cigarette smoke. Rosa is a robust little girl who appears to have no difficulty making friends. Information from her teacher indicates her attention span in class is quite poor.

Rosa is often late for school and her attendance has deteriorated significantly during the last six months. Attendance records suggest Rosa is off school at least once a week with minor ailments.

Parenting Capacity

I have had no contact with Mr. Johnson. I have met Stella Wade on two occasions; from what she told me she struggles with depression and feels she needs more help if she is to meet the needs of her three children.