



## CASE SCENARIO - MADISON

### Notification criteria

No single incident triggering the review.

### Age

16 years

### Theme

Emotional and physical abuse.

### Case Scenario

Madison lived with her mother, stepfather and four half-siblings in an area with relatively low levels of deprivation. Madison's birth father died when she was not yet two. Her stepfather is self-employed, worked long hours and was the primary source of income for the family.

Madison was only a few months old when concerns about risk of harm in relation to domestic abuse were reported to social care services. Section 47 enquiries was undertaken but the case did not progress to a child protection conference.

Paediatric services had contact with Madison for several years in regard to slow physical growth and speech development, falls and headaches.

When Madison started primary school there were referrals to support services which included psychology, education welfare and speech therapy.

The concerns raised involved hair pulling, Madison being frequently hungry,

faltering growth, minor or unexplained injuries and frequent absences from school. Various referrals for specialist assessment or support were declined by mother on several different occasions.

When education welfare services gave notice that Madison's school attendance needed to improve she was moved to a different school which involved a longer journey.

The new school contacted Children's Social Care services to discuss a bruise to Madison's face but the outcome was no further action. A multi-agency meeting was convened by the education psychology service to discuss a number of concerns and agreed that Children's Social Care would be invited to attend a follow up review meeting.

The mother consulted the GP about her concerns about Madison's scratching of arms and head banging in the hope that paediatric services were going to provide a diagnosis to explain the problems. Children's Social Care accepted a referral about the mother's concerns that Madison had ADHD and/or autism and was self-harming (pinching).

Madison was subsequently moved to a third school on the request of her parents. They contacted Children's Social Care to report a bruise that Madison said was the result of colliding with a table at home and concerns were raised that she was not being fed.

The community paediatrician wrote to Children's Social Care to confirm that a referral had been made to the CAMHS and expressed concerns that Madison was being emotionally abused. The perinatal mental health consultant psychiatrist also advised the GP about concerns regarding mother's bonding with Madison and the apparent scapegoating of Madison.

Madison was subsequently admitted for an in-patient paediatric assessment to explore Madison's emotional responses and reasons for her failure to thrive. Mother did not visit much and although Madison was needy of physical contact she looked to receive this from hospital staff rather than from her mother. Madison had a large appetite when at hospital.

Following a home visit by the paediatrician and Children's Social Care the parents agreed to participate in work with the family centre but continued to deny that they treated Madison differently to their other children. The parents then attempted to change the paediatrician.

Children's Social Care services completed a further assessment which described a positive picture of relationships within the family noting that the parents refuted the view of professionals that they were not meeting Madison's emotional needs. The assessment identified several positive aspects in parenting and the family relationships and the GP reported that Madison had gained more than two kilograms of weight. The case was closed to Children's Social Care.

Two years later, Madison was taken to the hospital emergency department complaining of suffering pain in her chest for a week. Tests confirmed that Madison was not suffering from a significant condition or illness; a differential

diagnosis of abdominal migraine was noted in the hospital records although subsequent notification to the school nurse stated that a diagnosis was unspecified. Madison continued to complain of pain.

Madison subsequently spoke to the school pastoral team and was attending secondary school at this stage. A social worker visited the school and spoke to Madison who confirmed longstanding physical and emotional abuse from mother, stepfather and half-siblings.

A strategy discussion decided that a joint enquiry by Children's Social Care services and the Police would be conducted. It was agreed that Madison would become looked after within ten days to allow arrangements for an appropriate carer to be identified.

Madison was aged 16 and therefore in law was regarded as having the legal and mental capacity for giving or withholding consent on important decisions regarding arrangements about where she should live as well as other matters such as health care.

Madison was moved to a foster care placement with her consent. Her mother and stepfather were informed of the section 47 enquiries being undertaken. The four half-siblings were spoken to separately at school by a social worker and a police officer; none of them reported any concerns or worries.