

Serious Case Review - Safeguarding Children from Dangerous Dogs

Dog attacks causing child fatalities are fortunately very rare in England. However, this issue has recently been highlighted both by the recent death of a child in the family home and by the publication of a Serious Case Review Overview Report into another such death – ‘Child Q’ – (<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/scr/child-serious-case-review/>). This policy briefing considers, in particular, the findings and recommendations from this Serious Case Review.

Section 1 of the Dangerous Dogs Act 1991 makes it a criminal offence to possess any dog of the type known as the pit bull terrier and three other named dogs, (Japanese Tosa, Dogo Argentino and Fila Brasileiro) which the Act also refers to as type rather than breed. This is because ‘type’ has a wider meaning than ‘breed’ (R v Knightsbridge Crown Court ex parte Dunne). The only way to determine whether a dog is a banned breed is by way of expert examination using various measurements, or by post-mortem examination.

A recent Review conducted by Public Health Wales concluded that the most important piece of advice for members of the public is *‘to never leave a baby or young child unsupervised with a dog, even for a moment, no matter how well you know that dog’*. It also made the recommendation that this should be included in information for parents, the parent-held personal child health record and other routes relating to public information on home and family safety. (http://www.wales.nhs.uk/sitesplus/documents/888/20140811_CDR_RapidReview_DogBites_CH_v1_Final.pdf)

In the case of Child Q, the review concludes that, whilst poor practice could be identified among some agencies, ‘nothing suggests that any single professional could, or should, have prevented Child Q’s death’.

Child Q died because she was attacked by a dog which was one of two brought into the family home by her mother. The dog was so fierce that a Vet had earlier refused to examine it for an illness unless it was first fully sedated. Child Q’s mother was fully aware that her own mother had alcohol-related problems yet she went out for the evening leaving her in sole charge of the baby while the dogs were in the house. In the resultant criminal proceedings, the child’s mother was sentenced to two years imprisonment after she admitted being the owner of a dangerously out of control dog while her mother (the child’s maternal grandmother) was handed the same sentence for being in charge of a dangerously out of control dog.

The Importance of a Holistic Approach to Assessing the Capacity of Carers to Safeguard the Child

Whilst the Serious Case Review found that the mother engaged in disguised compliance in order to withhold information from agencies, in particular health professions, it identified missed opportunities and areas in which practice should be improved.

The mother presented well to midwives and health visitors and so no safeguarding concerns were raised. However, the Report stresses the importance of taking a holistic approach and assessing the full picture of the home situation for the child.

Maternal grandmother, maternal grandfather and the baby's father were known to agencies such as Police and Health in relation to domestic abuse and substance and alcohol misuse. However, the wider situation as to the home in which the baby would be living was not adequately considered.

The Midwives who visited the family home did not confirm with mother, who was actually living at home, whether the grandmother would play an active role in the child's care. At the time of Child Q's death, she had been left in the sole care of maternal grandmother who was reported to be intoxicated. One of the dogs escaped from its cage in an adjoining room and fatally attacked the baby.

The Police had been made aware of the presence of an aggressive dog within the household, but had not acted on this information or shared it with other agencies.

The following questions should have been asked:

What did professionals know about the mother and maternal grandmother and their likely capacity to be able to safeguard the baby from any hazard within the home (including the dogs), and what did professionals do with this information?

What did / didn't agencies do to safeguard the child, knowing that a dog was in the property and was subsequently identified to be a dog which exhibited aggressive behaviour towards other people and dogs and of a banned type?

Missed Opportunities

- Three months before Child Q was born, a vet who treated the dog was very concerned about the aggressive temperament of the dog, and was also concerned that the dog may be of a banned type. He contacted the RSPCA who in turn alerted the Police. The information was not acted upon by the Police, either by way of a home visit, or by considering whether children may be present in the same household as the aggressive dog. Potential options would have been for an officer to visit the home and seek to inspect the dog, or else apply to the Magistrates Court for a warrant to enter the house, take possession of the dog and assess it. In the latter case, the Magistrates could potentially have ordered the dog to be destroyed or else allowed the owner to keep it under strict conditions;

- At least one Health Visitor was aware of the presence of dogs within the home, but this did not arouse her professional curiosity to prompt further discussion with mother as to issues of safety around the baby.

Suggestions for Improved Practice

- A dog should be considered in the same way as any other safeguarding hazard within a household, for example an open fire with a toddler nearby, and should trigger further enquiries;
- As part of the suite of information which Midwives and Health Visitors proactively seek from families about the home circumstances, the presence of pets within a household where babies and young children live should be included. For example, completion of ante-natal pathway documentation by midwives, especially the section on 'preparing for your new baby', should be used to provide an opportunity to explore what the home environment for the baby will be like, and this should include discussion around parental relationships, pets, and extended family relationships;
- Once the presence of a pet has been established, the professional will, as in the case of any potential hazard, have to make a judgement about what, if any, risk the pet may pose; Whilst there is no expectation that universal service professionals such as Midwives and Health Visitors should be proficient in identifying dangerous types or breeds of dogs, they should exercise their professional curiosity to make appropriate enquiries;
- Once they have established the presence of a dog within a household containing babies or children, a Health Visitor or Midwife should proactively provide the parent or carer with some simple information material about staying safe around dogs. For example, the RSPCA has a series of resources which help parents and children understand the different signals a dog may use to express his underlying emotional state as well as a set of rules to help keep children safe and dogs happy (<http://www.rspca.org.uk/adviceandwelfare/pets/dogs/company/children/safe>);
- Safeguarding training for frontline police patrol officers should include the recognition of aggressive dogs as a potential hazard to children within the home, and the need for appropriate safeguarding referrals to be made if Police are aware of an aggressive dog in a household where a child is ordinarily resident.

How can we help?

If you're one of our customers, we'll be covering this issue as part of the next scheduled update of your procedures manual. If you are not already a customer, we'll be glad to discuss procedures provision with you. We have a large team of specialists who monitor the statutory and legislative landscape incorporating changes and best practice into procedures and can assist with your organisational and training requirements. We are cost effective and committed to improving outcomes for children and families. To find out more, visit our website or contact us.

Contact Us

To find out more about working with tri.x contact us on: Telephone: 024 7667 8053 or visit our website www.trixonline.co.uk.

Copyright: The content of this Briefing can be accessed, printed and downloaded in an unaltered form, on a temporary basis, for personal study or reference purposes. However any content printed or downloaded may not be sold, licensed, transferred, copied or reproduced in whole or in part in any manner or in or on any media to any person without the prior written consent of Signis Group.

tri.x is part of the [Signis Group](#), which also includes [PRICE Training](#) (Positive approaches to challenging behaviour) and [Reconstruct](#) (Training, consultancy and direct work). As a group we provide those working with children and vulnerable people with the best information, practice guidance, training and consulting available.