Northamptonshire Safeguarding Children Board

Serious Case Review
6 Step Briefing
Child Ad

The Background

During the new birth visit, Child Ad was noted to have unexplained bruising.

Safeguarding Concerns

Child Ad presented on a number of occasions with episodes of several unexplained bruises before they were made subject to a Child Protection Plan and extended family provided care to Child Ad.

The Incident

While still living in family care, child Ad had child protection medical investigations including XRays. These were later reported to show a suspected fracture.

The Review

This case was presented to the Serious Case Review Sub Group and whilst it did not fit the criteria for a Serious Case Review, it was agreed to undertake a Case Mapping Exercise to capture the learning. Agencies across the partnership engaged well in the process, contributing substantial information to aid the workshop, where robust multi-agency discussion led to identifying the learning and subsequent recommendations.

The Findings

- One of the unexplained bruises to the abdomen was initially considered to be a potential birth mark which led to the mark being lost in records ad not explored any further.
- The Health Visitor tried to speak to a Social Worker in Multi Agency Safeguarding Hub (MASH) regarding her concerns about the child's bruising but was unable to. This is part of the policy and an audit should be undertaken to ensure this procedure is robustly followed.
- Three referrals into MASH resulted in no further action. This meant each time a new referral was made there was no link to previous referrals as they had only been recorded as Initial Contacts. Even then, that information could only have been shared if a Strategy meeting was convened, which would have meant the case had progressed to consideration of a Child Protection investigation.
- MASH information is held on MASH Protect, a secure system that no agency can access other than MASH professionals. Information held on MASH protect would only be shared if a case progressed to a child protection investigation.
- It is unclear whether mother had self-diagnosed her mental health condition, however, all professionals were acutely aware of her behaviours, which were highly inappropriate at times. Despite mother's behaviours the family did engage and appeared happy when the child's care was transferred.

20th July 2017

Good Practice and Evidence as a result of this Review and similar Reviews

The Findings continued

- Consideration of suspected non-accidental injury versus confirmed non-accidental injury continues to be an issue between agencies, particularly in terms of the Court process where non-accidental injury has to be evidenced rather than suspected. Each case is considered under its own merit and in this case, non-accidental injury was never ruled out and always a consideration.
- Process for reviewing x-rays continues to be a national issue. In Northamptonshire, processes have been put in place to manage this issue. Kettering General Hospital has an agreement with Leicester Royal Infirmary where they can electronically send x-rays for consideration by a specialist. Northampton General Hospital has a pool of specialists they can call on. With this case, the x-rays were reviewed by a specialist and no fracture was identified. Through the current Court process there continues to be differing specialist medical views as to whether fractures can be identified from the x-rays or not.
- There was a lot of information available to professionals and it is unclear as to why MASH took no further action with the three referrals, especially as they had the additional information regarding mother being on a Referral Order for Actual Bodily Harm.
- There was a delay in the Child Protection medical being undertaken at Northampton General Hospital. This was addressed and dealt with immediately after the incident.
- Sharing of information appears to have been appropriate but can fall down at critical points of transfer. This issue has been ongoing for many years, but steps are being taken to reduce this risk within agencies by looking at and implementing the same IT systems. However, there remains a potential risk when transferring a case between agencies.
- This case was transferred between acute Trusts with robust records and discussion, however, the receiving trurst did not appropraitely recognise the significance of the case.

Good practice:

- The Health Visitor was tenacious in pursuing and sharing her concerns with other agencies and her actions are acknowledged as good practice.
- Health Services discussed and shared information appropriately with the each other, but the interpretation of the information could be viewed differently.
- Non-accidental injury was never ruled out by health professionals but because they could not definitively confirm non-accidental, Safeguarding Children's Services chose not to initially respond.

Recommendations

1. Further analysis to be undertaken to understand the MASH decisions of no further action relating to the three referrals.
2. MASH procedures require a qualified Social Worker to be available to speak to any professional contacting them. It is recommended that an audit is undertaken of a random sample of referrals received into MASH where a professional asks to speak to a qualified Social Worker to identify whether this procedure is working.
3. The Bruising Protocol should be reviewed to ensure it is robust and up-to-date. The revised protocol will then be re-

Good Practice and Evidence as a result of this Review and similar Review

The current Bruising Protocol was developed after the Serious Case Review for Child N and can be found on the NSCB website for reference by clicking here. This will be replaced with the amended version once reviewed.

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