

Case Study Emily

Emily was born in April 2019. She was almost a year old when she was admitted to hospital in March 2020 with a torn frenulum, severe developmental delay and significant weight loss. The hospital also identified that she was suffering from sepsis, had two unexplained oral injuries and a long-standing subdural haematoma on the brain. The paediatrician concluded that this was the direct result of shaking or an impact injury. She was also discovered to have brain atrophy (a shrinkage of the brain) which seemed to have been a consequence of malnutrition.

The Health Visitor noted in her visits to the home after Emily was born that the baby's mother was experiencing low mood, that mother's partner was dominating and that both parents were struggling to cope with the baby's crying and with her feeding. There were frequent missed appointments for immunisations, GP appointments, dietician appointments, paediatrician appointments and Health Visitor appointments. Emily didn't see a medical professional one to one from September 2019 until March 2020 when she was admitted to hospital.

Emily and her parents were not known to CYPS. As a result of new information by medical professionals regarding Emily's health, the baby's mother and her female partner were arrested. Police subsequently found that the mother's partner was using a false name and that she had previously had Child Protection involvement with another authority which included removal of her children and a conviction for GBH and neglect following an assault on her two-week-old child.

Summary of Learning

- Health colleagues to use and refer to recording systems to gather information on children in order to ensure they make fully informed decisions on risk and injury.
- A review of 'was not brought' policies in Health including ensuring the policies are embedded in practice.
- Clinical records in Health Visiting to be reviewed prior to contact with the family.
- Ensuring that professionals include important relationships (including partners) and gather information and relevant history to inform risk assessment.
- Recording evidence and avoiding the use of subjective terminology when examining and assessing a child.
- Curiosity and deeper questioning to be used when observing and analysing the child's situation, family dynamics and history.
- Robust communication and information sharing between Primary Care and Health Visiting Teams to be in place when following up on requests made for families for Health Visiting services.

Update on Emily

Emily is thriving in the care of her foster carer and is developing a secure attachment to the foster carer.