

## Case Study Luke

---

Luke was aged two and a half at the time this review was undertaken and was reported by his mother to be living at home with her and her partner. Luke had limited contact with his birth father due to his birth father shielding during lockdown. Luke attended nursery for 18 hours a week from September 2020 and was receiving support from the Health Visiting service. He was open to Social Care from November 2020. Prior to this, the case had been open in Social Care for reasons of neglect. A social work assessment was completed with recommendation for support from Early Help. Early Help had undertaken a Graded Care Profile 2 and held Family Network Meetings. Luke sustained two injuries, one to his head and one to his eyebrow from early November to mid-December 2020 and was admitted to hospital on the 24<sup>th</sup> of December with concerns for a suspected cardiac arrest. A CT scan showed a depressed skull fracture. Professionals noticed a lack of warmth and empathy towards Luke from his mother and there were concerns about the accounts of the injuries his mother was giving.

## Summary of Learning

---

- To ensure familiarisation with the Emergency Duty Service and escalation process for GPs and incorporate both into GP training.
- Development of a pathway to show when to involve a paediatrician in a strategy discussion.
- Ensure that all decisions reached in MASH strategy discussions should be actioned by social care teams, including those pertaining to health as in accordance with statutory guidance and the Comms message from the Assistant Director.
- To ensure all workers and agencies who are key to the understanding and progress of a case are always kept informed and updated on progress and outcomes of decisions made (including assessments) and work closely to ensure opportunities are not missed for assessment and intervention.
- Health visiting teams should liaise regularly with GP surgeries on cases to discuss social care updates and any concerns and worries they may have about children.
- Non-Accidental Injury and the resultant increased risk should always be considered when children receive multiple injuries and bruises and when parent's explanations for these are inconsistent.
- History and past referrals should always be checked as part of casework.

- The need for workers to ensure they continually build a picture of children's lives at home from observations, regular home visits and discussions with other agencies and professionals.
- Professionals should feel supported to revisit decisions and risks and revise where necessary.
- Professionals including managers and supervisors at supervision to be clear about who are the key adults in a child's life. Agency record keeping procedures and databases should be updated to reflect this if they don't currently.
- Early Years training for nursery workers should include an explanation of social care processes and procedures including Section 17 and Section 47.
- Professionals should be guided to read the report on the Myth of Invisible Men (September 2021) and it should be included in safeguarding updates.
- Social Care Managers to refresh themselves with supervision guidance.
- Decisions on when to start Section 47s should always be determined by the level of risk.

## **Update on Luke**

---

Luke is now living with Foster Carers. He has weekly contact with his mother and father and sees his grandparents within these contact sessions. He has been able to progress and achieve developmental milestones and responds well to positive praise and rewards. He is also making good progress with his health, and he can see and hear. He is attending nursery. He is described as a playful and happy child.