Plymouth Serious Case Reviews: Learning on a Page for 'Harry'

Harry's Lived Experience

Harry lived with his mother, father and older half sibling in Plymouth. Both his parents had mental health needs so when Harry's mum became pregnant with him the midwife referred the family to children's social care and following an assessment were helped under a child in need plan. There had also been worries about the care of Harry's half sibling.

Harry was born prematurely and lived in a home described as cold, dirty and smelling of smoke. There was a history of sudden infant death syndrome in Harry's family and so extra support was offered.

A neonatal nurse came to see Harry at home the day after he was born. The nurse found him extremely unwell and needing an ambulance. His parents hadn't recognised he was so poorly. Harry spent several days on life support with meningitis and septicaemia. He stayed in hospital for two weeks and left thriving and making good progress.

Back at home Harry's weight gain began to tail off. A family support worker noticed Harry had a red eye during a home visit and reported it to the health visitor. Harry's parents then declined on-going help from the family support worker and by this time the case was closed to children's social care.
At four months old Harry was put down for his sleep, face down on a duvet in a bed, not a cot. He was found not breathing and sadly passed away. During his post mortem Harry was found to have multiple fractures to his lower limbs, the type of which were most likely caused by non-accidental injury.

What we Learned from Harry

Neglect: Harry's home was thought to be no worse than other families in safeguarding services. This can lead to 'professional desensitisation' to chronic levels of neglect especially if working in areas with high levels of deprivation. Overtime the not OK can become OK.

Sentinel injuries and physical abuse: A sentinel injury is an injury that may seem minor but has major significance and suggests physical abuse. We know neglected children often also suffer physical abuse. The fractures to Harry's lower limbs were difficult to detect. He had a red eye which can be a sign of physical abuse. An example of best practice is the family support worker recognising the significance of a red eye and reporting this to the health visitor but the parents explained this away, no health colleagues communicated with each other about it and child protection procedures weren't followed.

Safe Sleeping: Another example of good practice is that Harry's risk of sudden infant death syndrome was recognised and support put in place to minimise the risk. However it was known Harry's parents weren't following the advice given and as contact with services reduced there was no reassessment of the safe sleeping risks for Harry.

Supervision: Reflective safeguarding supervision helps keep children safe. Services showed Harry great care and commitment with lots of good planning and communication around the time of his birth and discharge from hospital. As it became more challenging to offer help to the family, along with Harry's weight loss and other vulnerabilities, Harry should have been discussed in supervision.

Professional Curiosity & Challenge: Understanding what life is like for a child and having the confidence to be curious, ask questions and challenge the accuracy of information is sometimes really difficult. Harry was vulnerable with his parents described as 'child like' themselves. As his parents started to decline help services needed to be Harry's voice and follow up information about him.

Learning into Practice for Harry

'I've seen worse': If you think, say or hear this phrase take a moment to **pause, reflect** and **discuss** with colleagues in supervision. You might be so used to dealing with high levels of neglect you've unconsciously lost sight of the true level of risk for a child.

Safer Sleep is Everyone's Business: Whatever our job we can all promote the safer sleep message and ask where and how babies are put to sleep. But it's **more than** knowing and sharing the message. It's also about **understanding if** families are **following advice**, what the **barriers** are and **reassessing risk**. So, get to know the safer sleep message in Plymouth and have those follow on conversations with families and professionals to help babies sleep safely. The **safer sleep message in Plymouth** is **The Lullaby Trust**. Follow them on Twitter or Facebook to stay up to date. You could also suggest families do the same so they get all the latest safer sleep messages quickly and direct to their phone.

Follow the signs, follow the process: Children don't or can't always tell us what's going on, but **Harry was showing us**. He had a red eye, was unsettled with poor feeding and growth. **If you notice** a bruise, bleeding or injury to a non-mobile baby follow the signs and process and contact **The Gateway in Plymouth 01752 66800** who will support and advise you.

The process will include referral to the **Multi Agency Safeguarding Hub** (MASH) and a health professional for an examination of the baby to help understand if abuse has taken place or if the injury was accidental or part of a medical condition. The staff at the Gateway and MASH are there to support you through the process. Take a moment to **read** the **Procedure on Bruising and Injuries to Non Mobile Children** on the South West Child Protection Procedures website
https://www.proceduresonline.com/swcpp/plymouth/p_bruising.html
and remember…..

Babies That Don't Cruise Shouldn't Bruise

Your curiosity is a powerful thing: We can sometimes not want to think the worst and so believe in what we are being told. When it comes to child protection **do not take adult explanation** of injuries to children at **face value.** Be curious, follow up explanations given and check for accuracy with other agencies involved.

To take or not to take? That is the question. Knowing what cases to raise and discuss in safeguarding supervision is key so let's think about how we make use of supervision. Take a **fresh look** at those children who we might think are 'rumbling along,' 'the parents are really trying' or have started to decline help and **reconsider** the **risks**….does it need supervision? Which children to discuss should be a joint responsibility and not fully on the shoulders of the practitioner.

To read the full report on Harry please go to 'Harry Full Report'

Or you can scan the QR Code